



Stewarts
Per Tenebras Ad Lucem

STEWARTS CARE 2016



Annual Review of Quality and Safety of Care and Support, Designated Centres 1-14, 2016; including Day Services and Support Services



Stewarts Care 2016

Annual Review of Quality and Safety of Care and Support, Designated Centres 1-14, 2016; including Day Services and Support Services

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Glossary



Number of Whole Time Equivalents (WTE's) working in the department.



Total spend reported by the department.



Absenteeism within the department.*



Compliance with Core Competency Training within the department.**

* figures obtained from the Human Resources Department

** figures obtained from the Training and Education 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.

Message from the Chief Executive

Dear Resident, Service User, Colleague, Supporting Family Member,

The 2015 Annual Review set a challenge to broaden and further the quality of care reporting in Stewarts. It challenged the organisation to report deeper into Designated Centres and to commence reporting across Day Services, where many Residents receive further support and care outside of their homes. This 2016 Annual Review sets out a strong measurement of performance across care and support services. It is now the challenge for all staff members in Stewarts to reflect on the 2016 performance and to involve themselves in designing and developing an enhanced care service through 2017.



The HIQA Standards have been an excellent guide to improving services for Residents and the Standards remain challenging for compliance. It is encouraging to find that it is now generally accepted that these Standards are the minimum sought by the organisation and that staff members are ambitious for the quality of care and support provided to Residents and Service Users.

A new approach to meeting HIQA compliance commenced during 2016 resulting in the development of a 'Quality Assurance Document Set'. This Document Set is now widely used across all Designated Centres and has been credited with ensuring a strong compliance focus on the delivery of quality care services to each Resident, as an individual. The Quality Steering Committee also commenced a Day Services Baseline Audit against the HSE (Interim) Standards for New Directions. The findings from both the Quality Assurance Document Set and the Day Services Audit have been reported in this Annual Review and set out a baseline / starting position for the standard of care in Stewarts. The findings illustrate the scale of the challenge ahead and I hope that you read them with interest.

2017 will see Stewarts launch its Strategic Plan 2017-2019 with some key measures identified such as; the introduction of a new quality accreditation system in care, further Service User and family involvement in service design, and commitment to a community and social care orientated service model.

Stewarts is a service fortunate enough to find itself with a committed and motivated workforce who have a desire for improvement, and who now also have a baseline to start from. The Stewarts community of Residents, Day Attendees and their families is a strong, active community and Stewarts will support and encourage the community to become stronger and more connected over the next few years.

2017 is the start of an ambitious renewal in Stewarts and both the Board of Stewarts and I are excited to be part of this renewal where the person who we all support is standing tall and strong at the heart of everything we will do.

Best wishes,
Brendan

A handwritten signature in dark ink, appearing to read 'Brendan O'Connor', with a long horizontal flourish extending to the right.

Brendan O'Connor
Chief Executive

The Board of Stewarts Care

Board of Directors –2016

Mr. Dan O’Sullivan	Chairman
Ms. Elva Gannon	Vice Chairman
Ms. Frances Fletcher	Honorary Secretary
Mr. Gerard Fagan	Board member
Mr. Michael Green	Board member
Mr. Tom Doherty	Board member
Mr. Robert Grier	Board member
Mr. Michael Murphy	Board member
Ms. Frieda Finlay	Board member
Mr. John Hynes	Board member

Board of Directors –2017

Ms. Elva Gannon	Chairman
Mr. Gerard Fagan	Vice Chairman
Ms. Frances Fletcher	Honorary Secretary
Mr. Michael Green	Boardmember
Mr. Tom Doherty	Board member
Mr. Robert Grier	Board member
Mr. Michael Murphy	Board member
Ms. Frieda Finlay	Board member
Mr. John Hynes	Board member

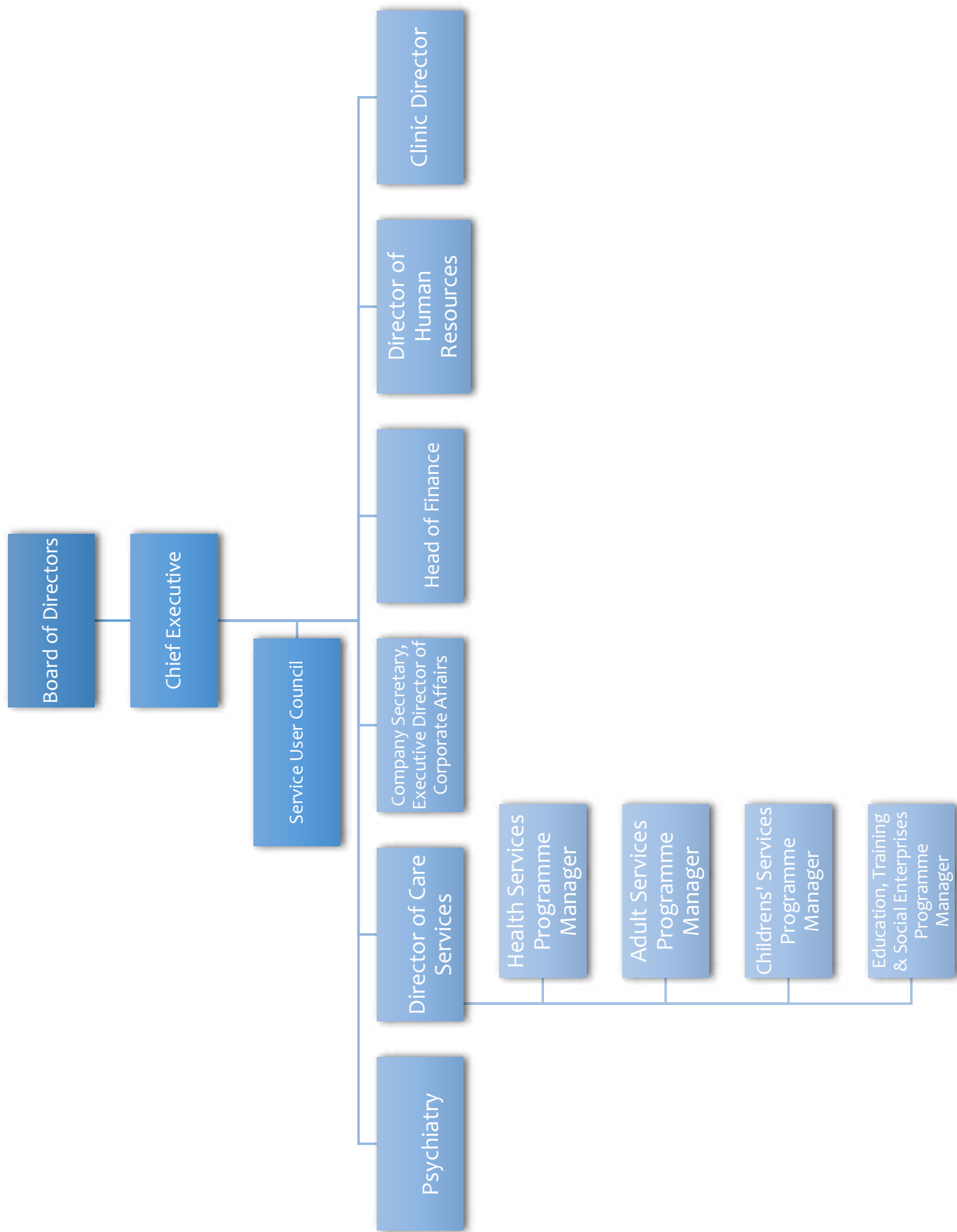
A sincere thank you to retiring Chairman, Mr. Dan O’Sullivan for his contribution to Stewarts Care during his tenure.

Board of Directors – March 2017



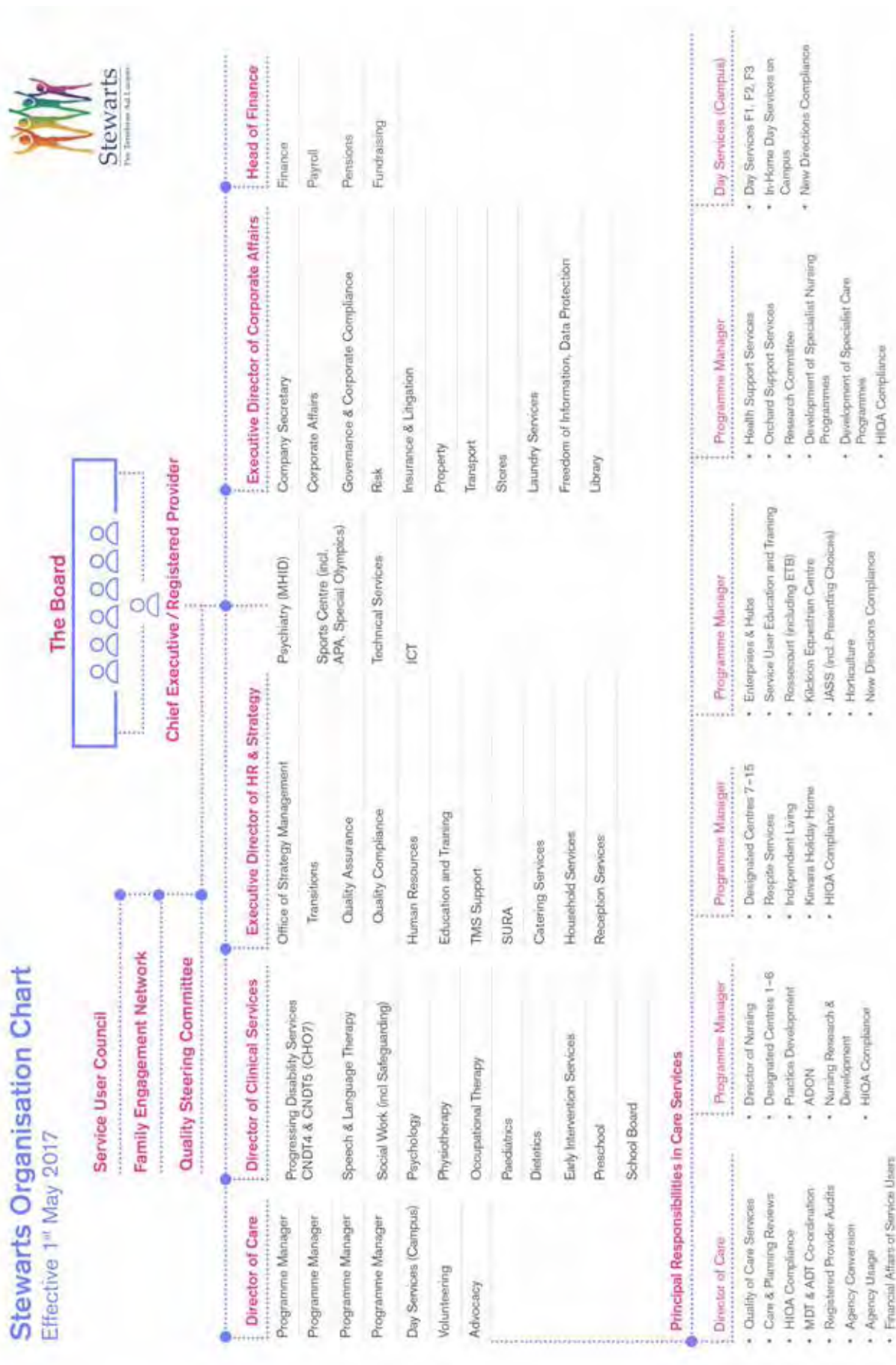
Front row (left to right): Mr. Gerard Fagan (Vice Chairman), Ms. Elva Gannon (Chairman), Ms. Frances Fletcher (Honorary-Secretary) **Back row (left to right):** Mr. Robert Grier, Ms. Frieda Finlay, Mr. Michael Green, Mr. John Hynes, Mr. Michael Murphy, Mr. Tom Doherty

Organisation Structure 2016



Organisation Structure (effective May 2017)

Stewarts Organisation Chart Effective 1st May 2017



Service User Demographics

Residents Services; Residential and Community.

Age of Service Users	Male	Female	Total number of Service Users
0-17 years	1	2	3
18-34 years	20	16	36
35-65 years	110	82	192
66 years +	12	19	31

There are a total of 262 Service Users in Residents Services; Residential and Community.

Day Services

There are 377 people attending Stewarts Care Day Services as their primary service.

Stewarts School Services

There are 186 children attending Stewarts School, the Preschool, Infant Stimulation and the Integrated Preschool.

Respite Services

Number of adult respite places	144
Number of children respite places	39

Family Support Services

Number of adult places	140
Number of children places	70

Referrals and Waitlists for Stewarts Services (as at February 2017)

Review team	New referrals in 2016	Referrals suitable for waitlist	Referrals placed	Number of people on waitlist	Referrals in progress
Adult services on campus	8	7	3	74	2
*R.C.T.E.C.	20	17	3	17	17
Day services	32	32	0	32	32
School	24	24	0	24	24
Early Services	7	7	0	7	2
Family Support – adults	6	6	15	45	5
Family Support – children	8	8	10	5	3

*Ronanstown Community Training & Education Centre





The Service User Council 2016-2017 has 32 members supported by 9 facilitators. The members represent all Service Users and work to ensure that Stewarts Care is truly a person centred service.

Service User Council elections took place on October 26th 2016 electing the following 32 Service Users:

Palmerstown Day Attenders (7)	Rossecourt (7)	Kilcloon (4)	Residential (6)	Community (8)
Stephen T Conway	Craig Smith	Joe Ennis	Richard Curtis	Gerry Cornally
Susan Dale	Deborah Orr	Sarah Ennis	Kenneth Dooley	Gregory Hitchings
Caoimhe Mahady	Sean Gilbert	Graham Hamilton	Bridget McMahon	Carmel Long
Charlene Mulqueen	Una Coates	Derek Smyth	Robert O'Brien	Elizabeth Mannix
Paul Mullen	Stephen Bramble		James Rynne	Emma O'Connor
Cathy Nichol	Pamela Keogh		Philomena Shiels	Lorraine O'Halloran
Aishley Ward	Leah Murphy			Lazarian Walsh
				Jessica Woods

The first joint meeting of all five councils was held on November 17th 2016. A presentation by facilitators explained the role and purpose of the Service User Council, for example; 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, agendas, attendance sheets, minutes, and talking to other Service Users about issues in preparation for meetings.



From left to right: Ken Dooley, Robert O'Brien, Paul Mullen, Carmel Long, Philomena Shiels, Bridget McMahon, James Rynne and Richard Curtis at a Service User Council meeting.

Each of the five new councils will hold monthly meetings from December 2016 through to September 2017. Two elected representatives from each of the five councils will meet with the Chief Executive and the Director of Care regularly throughout 2017 to discuss issues raised at the council meetings and follow-up and feedback meetings will be arranged.

Accessibility

The council worked with Stewarts Care management to have accessible wheelchair doors installed in the Coach House.



Grounds Maintenance

The council worked with Stewarts Care Horticulture Department to have shrubs, hedges and briars cut back along pathways.



Bungalow 9

The council have begun work with Stewarts Care management to have the garden in Bungalow 9 upgraded.



Road works

The council worked with Stewarts Care Technical Services Department to have potholes filled in and pedestrian paths on the Palmerstown campus successfully repaired.



Social Club

The council worked with Stewarts Care management to have a club set up in the Great Hall for Service Users on a weekly basis.

Wages

The council worked with Stewarts Care management to reinstate payment for Service Users working in Stewart's enterprises.



Transport

The council worked with Stewarts Care management to:

- Purchase a new buses for Home Support and Adult Education in Rossecourt.
- Provide parking space at Roseville and parking for buses only at F1.
- Arrange transport to bring Service Users from the Beehive to the Sports Centre.



Rights Review Committee

Two council members; Elizabeth Mannix and Robert O'Brien continue to participate on The Rights Review Committee.



South Dublin County Council

The council members continue to work with South Dublin County Council in conjunction with the Palmerstown Tidy Towns Committee to ensure safe crossing at the Coach House and Clarkeville.

AIM Group

The Service User Council members provided support to the AIM (Accessible Information Media) Group on the development of Easy Read Preventing Fall Guidelines.



Annual Outing

Members of the council were supported in participating in a tour of Croke Park on October 19th 2016. They were accompanied by the Dublin Senior Football Player Dean Rock.

Dean gave the members an insider view of the stadium and presented them with their Stewarts Certificates in the Auditorium.





Service User Council - Plans for 2017

- To ensure that all Service Users are aware of who the members of the Service User Councils, posters with names and photographs of the members of each the five councils are to be displayed in all homes and Day Service Programmes.
- Email addresses are to be set up for each of the members of the Service User Council.
- Arrangements have been made for an engineer from South Dublin County Council to meet with Service User Council representatives in Palmerstown to discuss the issues raised at the Service Users Council meetings, for example, pedestrian crossing; footpaths; double yellow lines and street lighting. It is expected that this will lead to an action plan for completion.
- Service User Council members have agreed to participate in the Lámh 'Sign of the Week' videos.
- Proposals and ideas from the members are to be brought to their monthly meetings.

In order to bring issues to the attention of the Service Users Council, contact forms for each of the five councils are available to all Service Users.

RESIDENTIAL SERVICES

CONTACT FORM FOR SERVICE USER COUNCIL



I would like to bring the following concern to the attention of the Service User Council:

Signed _____ **Date** _____

Completed forms can be given to council reps.

Family Involvement

Planned enhancements from the Annual Reviews 2014 and 2015 included the desire to increase family involvement across the service. Efforts were made to advance this agenda during 2016 through engagement in advocacy and best interest groups, and by continued involvement and promotion of parents, siblings and other representatives in PATHs, primarily in residential service but being advanced to Day Services.

Stewarts Family Network 2000, currently made up of eight family members and named after the year in which it was established, is a forum that was set up to improve communications as their family members transitioned from school into Adult Services. The committee meets in the Palmerstown Community Centre on the last Wednesday of each month. They invite a broader group of parents to coffee mornings at Rossecourt on the last Thursday of each month, and to coffee evenings and talks to discuss and share practical advice in relation to issues that parents encounter. The Family Network 2000 Committee meets formally with the Chief Executive about four times per year.

It was through this group that a nomination was sought for a family member to be appointed to the Board of Stewarts Care, culminating in the welcome appointment of Mr. John Hynes. John represents all families on the Board and brings forward issues and suggestions with the ultimate goal of ensuring the best outcomes for Service Users. John is also a member of the Stewarts Care Research Ethics Committee.

Mr. Damien Douglas, a family member is a member of the Rights Review Committee. During 2016, Damien was invited to become a member of the Quality Steering Committee (QSC). Involvement of a family member on the QSC fosters open and clear communications and draws from a broader experience base.

Stewarts Care has recently appointed a family member Ms. Stephanie Coen to the Respite Committee. It will greatly enhance the Respite Committee to have a parent participate, with practical knowledge and experience in availing of Respite Services.

The Chief Executive has tasked the Quality Steering Committee with forming a Family Engagement Committee in 2017, which will be representative of all services offered in Stewarts Care. The QSC is reviewing best practice for Family Engagement Committees in other organisations and studying the requirements for the Commission on Accreditation of Rehabilitation Facilities (CARF) Quality Assurance in relation to family involvement.

It is expected that the Family Engagement Committee will be established by mid-year 2017 and commence its work immediately thereafter. This committee will report directly into the Chief Executive and will be a working committee, tasked with implementing agreed projects for the benefit of Service Users.

Quality Steering Committee (QSC)

Chair 2016: Mr. Brendan O'Connor

Chair 2017: Ms. Miranda Tully

Throughout 2016 the Quality Steering Committee developed a number of quality initiatives. The Quality Steering Committee coordinated quality assurance, including consideration of HIQA inspection reports and accepted action plans.

This was supported with the development of a number of initiatives such as:

- Day Services Metrics: a one-day review of the Quality of Life Metrics for Day Services with the support of an auditor, the purpose of which was to monitor compliance in regards to the HSE Interim Standards for New Directions.
- Residential Services Metrics: Development of Quality Assurance Document Set with the support of an auditor.
- The Quality Steering Committee was responsible for distribution of Service Users surveys and family and friends surveys, the committee also collate, analyse and disseminate the key information from this work.
- The Quality Steering Committee was responsible for the drive of relevant national requirements for standards and quality in order to prepare Stewarts Care for new registrations, maintaining registration and accreditation compliance, and also engaged in broadening the knowledge base of the organisation in this regard. In addition to development of initiatives, the Quality Steering Committee seeks to implement accreditation to CARF. A quality assurance office will be established in 2017.
- The Quality Steering Committee published quarterly newsletters which were distributed to all homes and throughout Stewarts Care services. The newsletters circulated through 2016 provided information sharing of the achievements, success and pride of Service Users and staff. They provided promotion of learning with topics such as communication, independent living, autism, risk, PATH and also promotion of initiatives such as the development of a journal club by staff.
- The Quality Steering Committee undertook a review of the Strategic Plan 2013-2016. The review had two aims; to assess the content of the document in order to influence the design and development of the next iteration of the strategic plan (Strategic Plan 2017-2019), and to assess the performance of the organisation against the stated objectives within the strategic plan. This effort has been undertaken as part of the Quality Steering Committee brief on the development of Quality Strategy and Quality Initiatives. This review was conducted on behalf of the Chief Executive to determine the status of activities and initiatives proposed. It took the format of a clause-by-clause assessment to determine compliance and progress using traffic-light coding and commentary.

The learning from this undertaking was presented as matters for consideration for the development of the 2017-2019 Strategic Plan, as per below;

- Strategic Plan 2017-2019 should reflect the right set of initiatives, commit and cascade them into Stewarts Care.
- It should set forth an organisational roadmap for the future in consideration of relevant business, environmental, and other factors.
- It must include input from all stakeholders using a variety of mechanisms.
- Sound business practice demands that the strategic plan be used as a dynamic tool, thus it should be performance reviewed quarterly for the duration of its lifecycle. Assessment should be reported back to the Executive Management Team.
- It should be supported by a separate implementation plan.



- Each action/aim/activity should be linked to a person or group who will be accountable and responsible for implementation.
- Operational activity and developments will be contained in the ‘Annual Review of Safety and Quality of Care and Support, Designated Centres 1-14’ which will detail activity from across the entire organisation.
- Stewarts Care will produce an Annual Report which is distinct from the Annual Review. The Annual Report will be a summary of the Annual Review and will include financial reporting and other regulatory compliance information (e.g. Companies Act, Charity Regulator, etc.)
- The Strategic Plan 2017-2019 should specifically address national policy initiatives.
- It should be a concise document.
- The development of the next strategic plan should be supported by an external facilitator if possible. An expert in strategy development leading a master-class / workshop with the Executive Management Team / QSC, supported the delivery of a superior quality strategic plan.
- The plan for 2017 is to continue the promotion of learning and education but also to expand information sharing across all services in Stewarts Care and with Service Users families.

Membership of the committee evolved in 2016 with the welcome addition of Board Member, Ms. Frances Fletcher and family representative Mr. Damien Douglas, in addition to the introduction and retirement of existing members.

The Chair of Quality Steering committee submits a quarterly report to the Chief Executive and the Executive Management Team.

The Quality Steering Committee would like to express its thanks and gratitude to all members and extended project team memberships for their dedicated work and contribution to achieved tasks in 2016.

Membership: (as at 31st December 2016)

Brendan O'Connor (Chair)	Frances Fletcher (Board Member)	Gerry Shaw
Damien Douglas (Family representative)	Gillian Ledwidge Dunne	Pat Quinn
Miranda Tully	Siobhan Kearins	Mary Burke
Maria Kavanagh	Lasarina Maguire	Heather Curran
Elaine Caraway (Administration)	Maria Kavanagh	

Thanks to Emer Murphy, retiring committee member in 2016.

Policies and Procedures - 2016

The Quality Steering Committee has taken on board additional responsibility to ensure that policies and procedures required to underpin the quality assurance process will be developed and reviewed as required by the relevant stakeholders.

New policies	Retired policies	Ratified Procedures
7	21	21
Total number of Policies and Procedures dealt with in 2016: 49		

*See Appendix 1 for details of policy review and approval by QSC.

Quality Steering Committee Audit Committee

(Disbanded in January 2017)

Chair: Ms. Siobhan Kearins, Director of Care

The focus of the Quality Steering Committee - Audit Committee for 2016 was to ensure that all audit teams 'closed the loop' and that required actions were implemented. This year the themes of audits were Service User Activity, Restrictive Practice, the implementation of New Directions in Day Services, Risk, Social and Community Access and Healthcare Needs.

Audit Statistics for 2016: (not including Registered Provider Audits)

January 2016 – June 2016

Audits completed: 50
Action Plans completed: 50
Audit Evaluations completed: 50

July 2016 - December 2016

Audits completed: 33
Action Plans completed: 33
Audit Evaluations completed: 28

Audit Findings:

- A breakdown was identified between the flow from PATH and the goals identified for each Service User. Activities were inconsistently recorded and documented on the Personal Support Plan. Meaningful activities in the home and in the community needed to be reviewed and the variety increased.
 - Action taken - Weekly activity plans, weekly Service User meetings and key worker meetings have been introduced and are monitored by the Person in Charge and through compliance meetings. A review group has been established to identify how PATH goals should be recorded on Service Users' Personal Support Plan.
- Documentation in the form of needs sheets to be developed for Service Users in order to implement recommendations from behaviour support plans.
 - Action taken: Training has been provided by the Clinical Behavioural Nurse Specialist to staff in developing needs sheets.
- A review of Day Services is required to assess compliance with Interim Standards for New Directions.
 - Action taken: At the request of the Quality Steering Committee, a quality audit of Day Services is being carried out in January 2017 against the Interim Standards for New Directions.
- A local risk register to be developed for each Designated Centre. Staff training on risk is required for all staff.
 - Action taken: Each home has developed a local risk register. Staff training on risk is available.

Plans for Quality Steering Committee Audit Committee in 2017 is as follows:

A review of the QSC - Audit Committee was carried out in January 2017. In 2016 a system of weekly compliance monitoring (the Quality Assurance Document Set) was introduced for each Designated Centre which has replaced the need for themed audits. The Audit Committee's work is now being captured through this new system of monitoring, hence the decision has been made to disband the Audit Committee. The Chair of the Audit Committee, Director of Care Siobhan Kearins will on a quarterly basis meet with other departments who have an audit function to receive and review audit reports.



The Chair of the Audit Committee would like to thank committee members for their commitment and work on the Audit Committee.

Registered Provider (Unannounced) Audits

There is a requirement in the Health Act 2007 that:

23(2) The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall—

(a) prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support; and

(b) maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.

Between January and December 2016 Gerry Mulholland, Chief Executive, Brendan O'Connor, Chairperson of the QSC, Siobhan Kearins, Director of Care, and Gillian Ledwidge-Dunne, HR Director carried out 26 Unannounced Registered Provider Visits, with a focus on the themes; Governance and Leadership, Social Care Needs, Risk, Staff Training and Complaints.

Homes Audited:

- Designated Centre 1: Aisling, Carraig Apartment, Bungalow 23
- Designated Centre 2: Woodlands 22, Bungalow 13
- Designated Centre 3: Bungalow 4, Bungalow 6, Bungalow 8
- Designated Centre 4: Woodlands 28
- Designated Centre 5: Bungalow 10
- Designated Centre 6: Bungalow 20, Bungalow 11
- Designated Centre 7: Roseville
- Designated Centre 8: Manor Road (Min-A-Cree), Palmerstown Heights, Oakcourt Close
- Designated Centre 9: Woodfarm Acres, Hollyville Terrace
- Designated Centre 10: Balgaddy Cottage
- Designated Centre 11: Weston Way
- Designated Centre 12: Louisa Valley, Gleneaston Drive, Gleneaston Court, Gleneaston Avenue
- Designated Centre 13: Dochas Lodge
- Designated Centre 14: Ferrier House

Main Findings:

- Communication passports were undated and therefore it was not possible to establish a review date.
 - Action taken: as part of the Quality Assurance Document Set, communication passports are to be completed for all Service Users. This is monitored through compliance.
- The use of restrictive practices to be reviewed in each home. This was an organisation wide issue that required urgent attention.
 - Action taken: all Designated Centres have had a restrictive practice review.
- Training Gap Analysis reports are not filtering to Person in Charge and Deputy Person in Charge level. This required attention.
 - Action taken: as part of weekly compliance the Person in Charge is required to monitor staff mandatory training.

- Local risk registers did not yet exist in each home.
 - Action taken: all Designated Centres have a local risk register, and a quarterly analysis of incidents is produced for each Designated Centre.
- The daily routine for Service Users was not always meeting their needs in the evening time.
 - Action taken: the daily routine for each Service User should be person centred and is to be monitored by Person's in Charge. The Adult Services Programme Manager visits homes as part of monitoring daily activities.
- Staff Supervision was not being completed in all areas.
 - Action taken: supervision training has taken place for Person's in Charge, Deputy Person's in Charge, Clinical Nurse Managers and staff nurses. Supervision is now occurring in all Designated Centres.
- Area Specific Induction: currently agency staff receive area specific induction. New starters (i.e. staff employed directly by the organisation) receive the official induction training, however they do not appear to receive the area specific induction that is provided to agency staff.
 - Action taken: a checklist for all agency staff and unfamiliar staff to an area is available in each living area.
- Through the registered provider visits it was clear to see the strong influence of the Person in Charge where this individual attended the home frequently.
 - Action taken: the Person in Charge is to visit each home on a frequent basis and this will be monitored by the Programme Manager during visits to each home.
- Communication in the form of staff meetings was weak.
 - Action taken: meetings are held monthly in each home with appropriate documentation and are attended quarterly by the Person in Charge or the Deputy Person in Charge. The Programme Manager will monitor this activity through the Quality Assurance Document Set.
- Staff recording of care and support of Service Users in SURA needs review.
 - Action taken: a committee has been established to review the workings of SURA/PATH/documentation.
- Family involvement continues to be promoted and is evident in all areas.
 - Action taken: family engagement to be promoted, through engagement in PATHs, Family and Friends Surveys and family days and coffee mornings.

Rights Review Committee

Chair: Ms. Siobhan Kearins, Director of Care

The Rights Review Committee was established in June 2014 with membership as follows:

Service Users

Ms. Elizabeth Mannix
Mr. Robert O'Brien

Parent

Mr. Damian Douglas

Staff

Ms. Siobhan Kearins
Ms. Joan Rapple
Ms. Lorraine Carmody
Ms. Jackie Flanagan
Ms. Yvonne Herd
Ms. Barbara Wright (Administration)

The Rights Review Committee met on four occasions in 2016. During 2016 the Rights Review Committee worked to promote rights awareness among Service Users and staff. A Right of the Month is distributed to all homes and Day Services programmes.

In 2016 the Rights Review Committee received four right restriction referrals. Two referrals were in relation to two Service Users requesting a move to community living, the third referral was related to a Service User having the opportunity to access meaningful activities and the fourth referral required a business case to be submitted to the HSE in relation to staffing.

Kilcloon Day Service undertook an innovative approach to educating Service Users on the Stewarts Charter of Rights. Group discussions were held to talk about the meaning of each right and Service Users drew pictures and illustrations to aid understanding of the Charter of Rights.

Number of referrals for rights restrictions in 2016: 4

Number of referrals on-going: 1

Number of referrals resolved: 3

In 2017 the Rights Committee plans to review the Stewarts Charter of Rights.



Stewarts Care Ltd
Rights Restriction Form
Respect my rights

This form can be filled out by

- you
- your key worker
- a family member
- anyone advocating for you

Your name: _____

Write down how you feel your rights are not respected:

Why do you think your rights are not being respected?



Has anything been done about respecting your rights up until now?

What would you like to happen about your rights?
How would you like your rights to be respected?

Sign your name: _____ Date: _____

Sign your name: _____
Please include: (Advocate/Parent/Guardian/Family Member/Friend - if person needs help signing)

Received by Rights Review Committee/Secretary:
Date: _____ Signature: _____
Address: _____
Telephone: _____
Acknowledgement sent to service user/advocate

Stewarts Care Ltd

Stewarts Research Committee

Stewarts Care Research committee is committed to supporting research throughout Stewarts Care. The committee aims to ensure that all research undertaken 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 projects value and contribution towards the literature relating to Intellectual Disabilities

During 2016 Stewarts Care Research Committee received one submission, which was approved by the committee and forwarded to the Research Ethics Committee.

Members:

Ms. Lorraine Gallagher – Chair (Education & Training)
Ms. Siobhan McCrystal – (Librarian)
Ms. Patricia Mehigan – (Deputy School Principal)
Ms. Cathy Hayes – (Senior Psychologist)
Ms. Lasarina Maguire – Programme Manager (Health Services)
Ms. Aileen O’ Doherty (RIP) – Programme Manager (Children’s Services)

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
Dr. Marina Bowe – Consultant Psychiatrist
Ms. Siobhan Kearins – Director of Care
Ms. Patricia Healy – Head Social Worker

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 (depending on the number of research proposals referred to it) and has had a variety of different research proposals before it.

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 a Master’s 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 staff and Service Users of Stewarts Care.

During 2016, Stewarts Care Research Ethics Committee dealt with one application and one meeting was held in April 2016.



P.A.T.H. (Planning Alternative Tomorrows with Hope)



2 WTE



N/A



N/A



75%

Activity for 2016

Path is a graphic representation of an individual's goals and dreams. There are eight steps, each exploring an aspect of the person's life. This is an enabling process that supports personal choice and changes that can be made now and in the future.

Words, symbols, images and colour are visually recorded on a large wall chart. This is then used to form an individual plan for the next three years.

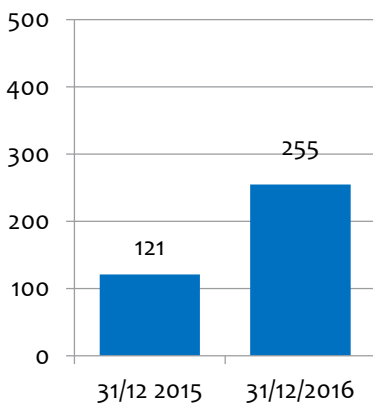
All Service Users are invited to take part in developing their own PATH. Key workers, support staff, family and friends are all partners in the planning and achievement of the PATH goals.



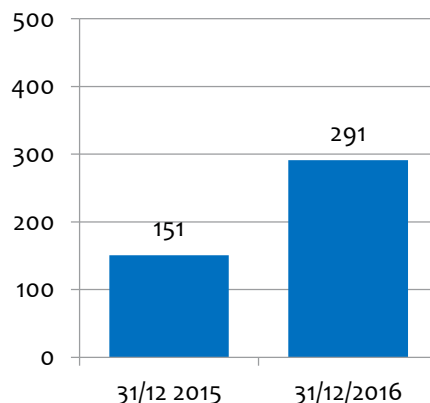
PATH provides direction, it values inclusion, and it gives the Service User a voice.

- The number of PATHs completed in 2016: 134
- The number of staff who received information on PATH: 123
- The number of families contacted regarding PATH: 140

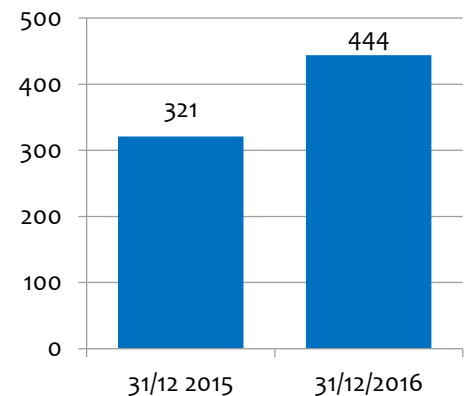
Number of PATHs Completed



Number of Families engaged in PATH



Staff involved in PATH info. sessions



Service Users PATHs outstanding (as of 31st December 2016)

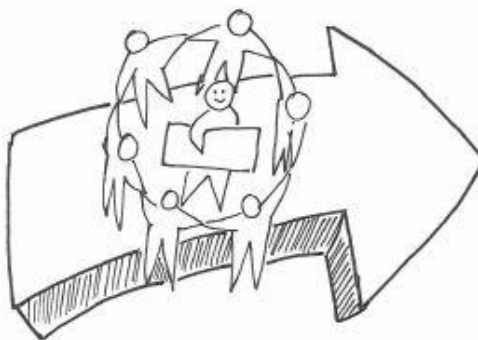
In Residential Services	27
In Community Services	17

In January 2016 a paper titled 'Person Centred Planning as Organisational Transformation' was submitted to IASSIDD Scientific Journal and was accepted for publication. This paper was presented at IASSIDD International World Conference in Melbourne Australia, August 14th – 18th, 2016.

In October a conference was held in Stewarts on the Development of Person Centeredness within Stewarts Care. Presentations on the day were from Professor Mary McCarron, Trinity College and Dean of Health Sciences, Dr. Philip McCallion distinguished professor Albany University N.Y. State, Stephanie Buckley, staff Roseville, Bernard Curtis, family member, Emer Gaj McKeever, Path Team, Noel McCarron, Senior Manager and Mr Sean Priestley, Executive Director of Corporate Affairs.

Planned activity for 2017

- To complete outstanding PATHs in all homes - 44 in total.
- There are 377 Service Users who use Day Services as their primary service. All of these Service Users are to be assisted to complete a PATH.
- To commence PATHs for Day Attenders in Rossecourt.
- Staff information sessions on PATH planned for January, February, March, April, May, September, October, November, December 2017.
- To create a PATH easy read review document and to develop its management with the Director of Care and Programme Manager.
- For Service Users who have a majority of PATH goals complete or PATHs that are over two and a half years old, the process of commencing a new PATH will begin.
- To review the 149 PATHs that are completed and identify if there were any change in opportunities identified for the Service Users and their families. The findings of this review are to be collated and analysed and a paper prepared and submitted for publication to a scientific journal or possible IASSIDD World Conference in Scotland 2019.



Family member's comments on their experience of PATH:

"He really enjoyed the process. It was very easy for him to take part. He was pointing at the pictures and showing us what they meant using his Lamh signs. This showed us how happy he is with life" (Mother)

"When I came here as a child to visit my brother I felt so hopeless and down. But looking at Dermot's PATH today I feel there is so much hope and lightness in it." (Brother)

"The time allowed us to get an insight into our brother's life. It was a pleasure and an emotional experience after so many years." (Sister)

Respite Services and Family Support

Stewarts Care provides Respite Services to adults and children. Children's respite is provided in Dochas Lodge in Straffan, Co. Kildare. Dochas Lodge opened in October 2014 and is registered to provide four respite beds to children. Adult's respite is provided in three houses; Beechpark, Lucan, Royal Meadows, Kilcock and Ferrier House, Kilcloon and provides 15 respite beds in total.



Dochas Lodge

Admission to Stewarts Care Respite Services is based on a priority rating system and is based on a multidisciplinary assessment of need. Admission is also governed by Stewarts Care policies on Respite Services for Adults 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.

There is a six month schedule of respite for individual respite users and these schedules are issued in April and October each year. The Respite Committee meets on a monthly basis to; process referrals for respite, manage waitlists, schedule respite, review and manage issues arising from respite, and review incident reports. It is planned for a family member to join this committee in 2017.



Ferrier House

Stewarts Care Respite Services organised a coffee morning in December 2016 for parents and families of respite users. This was a great opportunity for families to meet up with other families and with staff. In 2016, Dochas Lodge created a multisensory corner for the children to enjoy and benefit from. Adult Respite Services secured a new house in Maynooth which will provide an improved service for Service Users, particularly those with mobility requirements.

Referrals and Waitlist for Adult's Respite Services and Children's Respite Services:

Children's Respite Services	Adult's Respite Services
4 beds in total	15 beds in total
41 children receiving Respite Services	110 adults receiving Respite Services
13 children on waitlist	44 adults on waitlist

Additionally, seven Service Users who are leaving Children's Respite on 30th June 2017 must be considered for moving into Adult Respite Services.

Family support is a network which provides a service for children and adults living at home to mix with their peers in a social setting at Saturday club, evenings out, summer camp and provides one to one support for Services Users who have been assessed as requiring this level of assistance.

Kinvara Holiday Home



2.3 WTE



N/A



N/A



83%

Activity for 2016

Kinvara Holiday Home was purchased by Stewarts Foundation in June 2002 and it provides one possible choice of holiday location for Service Users. Service Users are accompanied on holidays by Stewarts staff specifically assigned to the holiday home or staff from Residential Services often support Service Users to spend some time in Kinvara.

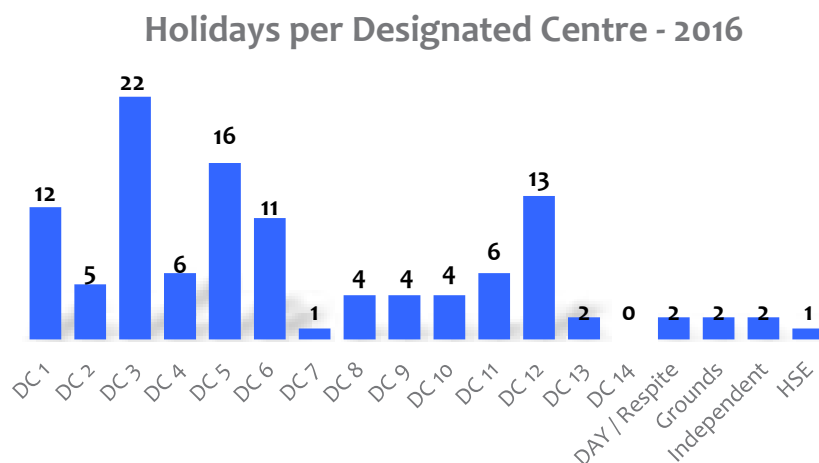
The holiday home is set in a rural area outside the village of Kinvara, Co. Galway and is wheelchair accessible with profiling beds, wet rooms, a hydro pool and a lift to access the lower floor of the home. The living areas have access to a balcony overlooking the countryside and there is a nice open fire.



Each week a group of 3 to 4 Service Users are supported to go on holiday to Kinvara.

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

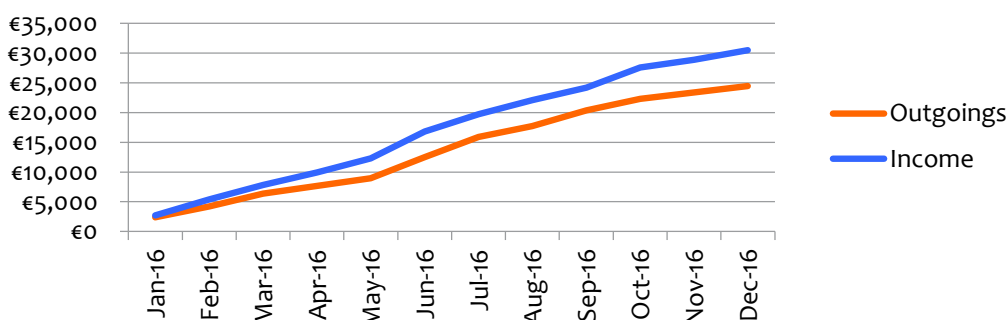
It is available to another service provider at certain times of the year.



The graphs above provide some details with regard to the number of holidays availed of per Designated Centre

Outgoings / Income Kinvara (Accumulated - 2016)

(Salaries not included)



The graph above provides details on the income and expenditure for the Holiday Home (Salaries not included).



Service User Surveys and Family and Friend Surveys

The needs, views and wishes of Service Users is central to the development and delivery of services in Stewarts Care. One way in which the opinion of Service Users is obtained is via the 'Let me tell you... Service User survey where every adult Service User is encouraged to have his/her say on various aspects of the service received from Stewarts Care.

Themes addressed included:

- Personal Support Plan
- Goals
- Choices
- Health
- Accessibility
- Things you Do
- Keeping Safe
- Additional ways the service can support.



The Quality Steering Committee is responsible for distributing the surveys and for collating, analysing and disseminating the key information from this work.

In 2015 adults from Residential Services and their families or representatives were given the opportunity to take part in the survey process. In 2016 this was expanded to all adults receiving services, for example those receiving Day Services and also those in residents services (community and residential).

Residential Homes	Number of responses	Day-Services Programmes	Number of responses	Family & Friends	Number of responses
DC1	17	Beehive	11	Family & Friends	204
DC2	28	Café kaizen	6		
DC3	35	Jazz	53		
DC4	21	Stewarts Grounds	6		
DC5	29	Balgaddy Grounds	10		
DC6	28	kilcloon Grounds	22		
DC7	12	Coach House	17		
DC8	6	Mill Lane	8		
DC9	13	RosseCourt	35		
DC10	9	RosseCourt Day	30		
DC11	6	RosseCourt Restaurant	8		
DC12	25	RosseCourt Adult Ed	50		
		Day F1	7		
Totals:	229		263		204

Given that Stewarts Care provides care and support to a wide range of Service Users with a variety of communication abilities, the committee has attempted to meet the needs of independent readers, Service Users who may require assistance and those who require a representative view. It was noted that the survey process would not suit all those receiving supports and it was agreed this would be addressed in 2017.

A pilot was developed which incorporated Service Users with varying abilities and communication needs attending a cross-section of services. Service Users were supported in the completion and their comments noted for inclusion in the development of the survey. Meetings were also held with the Service User Councils for consultation and feedback.

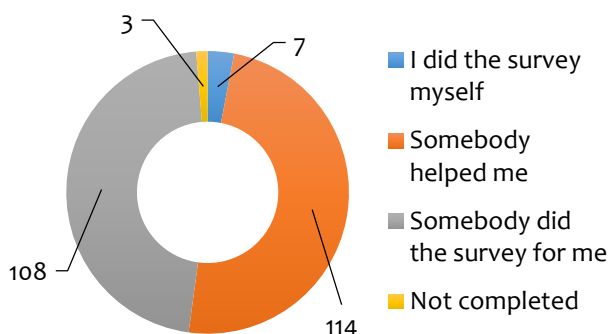
The surveys were supported with information, both text and visual, to provide guidance on topics. The documents were easy read in order to provide Service Users with increased opportunity to complete independently if they wished to do so.

The satisfaction scale used faces in colour format green, amber, and red.

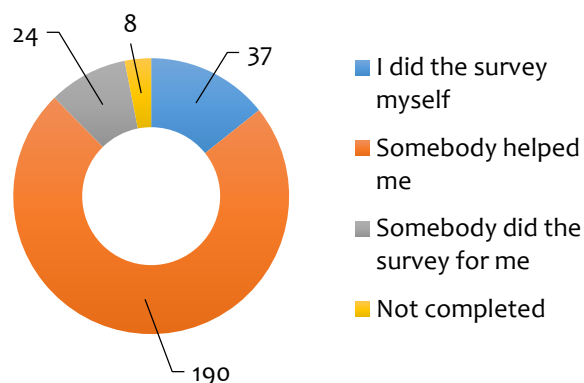


Findings resulting from the surveys are outlined in the following pages.

Who completed the survey ? - Residential Services



Who completed the survey ? - Day Services



The graph above shows the response in relation to how the survey was completed. Analysis of surveys returned indicated that a high number were completed on the Service User's behalf. The reasons may be twofold:

- 1) Alternative tools and methods are required to ascertain the views of Service Users; and
- 2) Staff require additional information and guidance in promotion of Service User active involvement in decision making / life areas, etc.

In response to this, a group linked to the Accessible Information Media (AIM) group has been suggested, which will include family, staff and Service User representatives to develop a tool kit to support those with communication or additional difficulties to participate effectively in the survey process in 2017.

To ensure that there is an acceptable response to surveys, the Programme Managers were allocated findings from the survey process for services pertaining to their areas of responsibility. Outcomes from this process will be further discussed to ensure shared learning and progression of services.

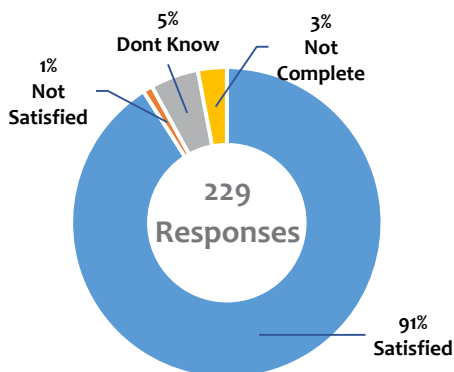
Plans for 2017

- Progression, in conjunction with Service Users, in obtaining their views and participation in service delivery.
- Development of a toolkit that looks at alternative methods to support Service Users to express their level of satisfaction on the service they receive.
- Enable staff to support Service Users to make choices – increase active involvement in decision making in life areas, etc.
- Ensure action from survey responses so that Service Users, their families and representatives are confident that their views are taken seriously.

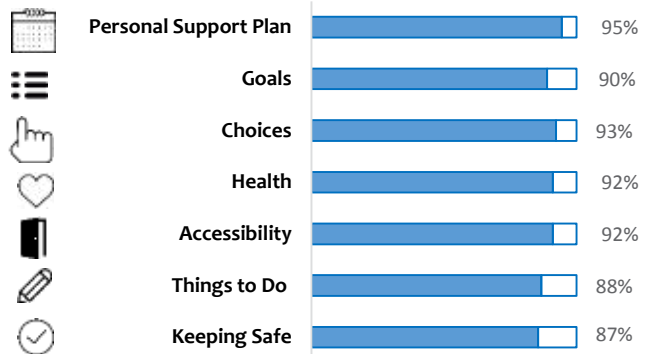


Service User Survey 2016 - Residential / Community

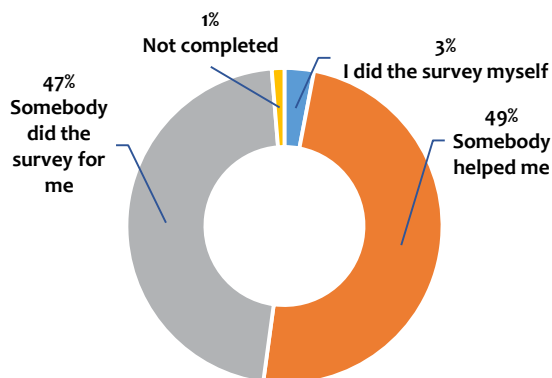
Overall Satisfaction Rating



Themes



Who completed the Survey?



Key learning from Service Users Surveys

- Availability of staff skilled in recognising and using the means of communication that a Service User employs is required.
- Many Service Users rely on others to interpret how they communicate their needs. Therefore staff require experience in using Talking Mats, using Lámh, offering visual choices or using general communication strategies (e.g. reducing language load, waiting longer etc.), this will allow staff to listen to the Service User's Views.
- Staff to support Service Users to make choices – increase active involvement in decision making / life areas, etc.
- All staff to act upon the feedback they are getting – in order for Service Users to feel confident that their views are taken seriously.



Service User survey response in relation to choice of holiday.



Access to Money:

Service Users requested easier access to their money and also identified the wish to access opportunities to earn more money or be paid for work they complete at Day Service.



Personal Development:

Service Users requested increased opportunities to learn new skills and improve their own personal development. A number of Service Users request to attend day programmes, a change in where they live, or in fact, a home of their own.



Communication:

Service Users identified a need for increased supports communicating their choices and views. Service Users also requested increased access to multi-media and development of skills in using such resources.

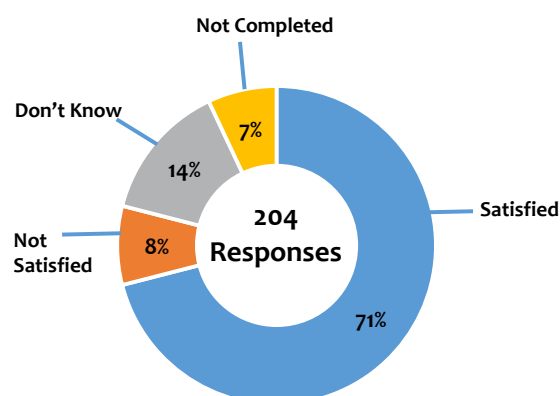


Resources:

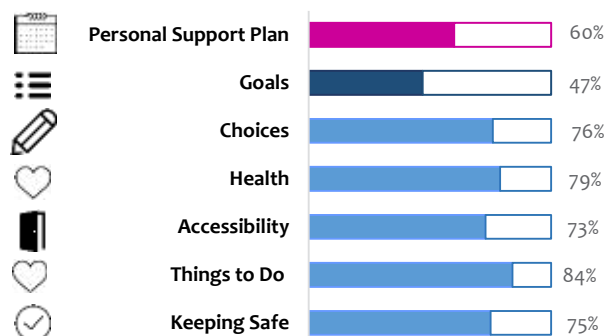
While many Service Users identified having a key worker as a great asset, their absence or deficits in staffing contributed to a loss in opportunity. Access to transport was also identified as a gap in resourcing with many Service Users

Family & Friends Survey 2016

Overall Satisfaction Rating



Themes



Personal Support Plan

Q1 Does your relative have a key worker?



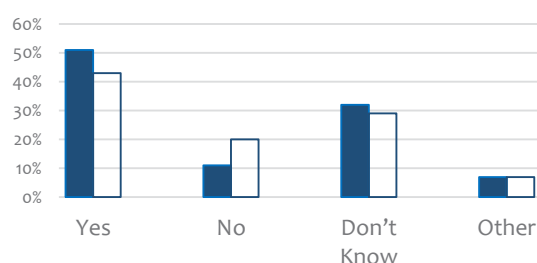
Q2 Does your relative have a Personal Support Plan?



Q3 Have you seen your relative's Personal Support Plan?



Goals



■ Is your relative working on goals now ?
□ Does your relative have plans for the future ?

Comments

“ [Name] has improved immensely since commencing there four years ago. His confidence, self-esteem and ability performing tasks has really blossomed. We have never heard his voice so much at home and his laughter, since he started there. ”

- Service User Parent



Acknowledgment and Gratitude (70% of Comments)

- Respondents acknowledged and appreciated the personal support for their relative / friend and the staff engagement.
- There is a recognition of improved independence, especially for those in community / independent living.
- Many compliments on the standards of residential accommodation and on recent improvements made.
- PATH was acknowledged to have helped improve Service Users' outcomes and improve family involvement.



Communication and Engagement

- Requesting more updates and information from the service through newsletters, meetings at more convenient times.
- Family members indicated that they would like to be able to attend specific medical appointments.
- Responses indicated a lack of involvement in Care Planning / Goal Setting.



Accessibility

- Transport was mentioned as a critical issue, leading to missed activities & outings.
- There were many requests for additional access to Respite Services.
- Request for own bedroom from the family member of a resident who has shared a dormitory for 45 years.
- Clinical Services wait-list of up to 3.5 years for Psychology.
- Dissatisfaction with changes in front line and clinical staff.



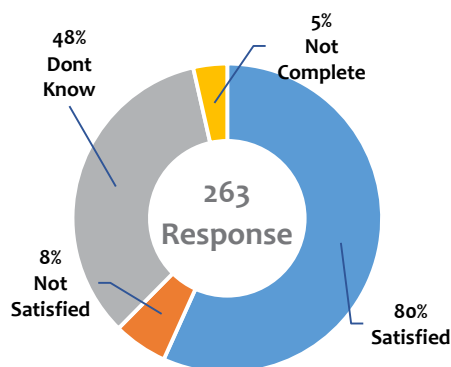
Staffing Resources and Activities

- Recognition of contribution of staff members (some named) by many respondents.
- Mention of missed activities due to staff shortages.
- Staff turnover and the impact of un-familiar staff was commented upon.

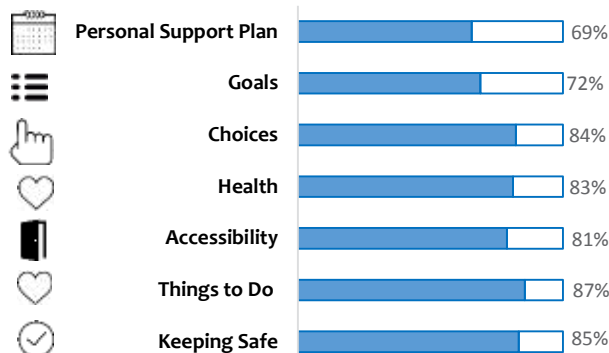


Service User Survey 2016 - Day Services

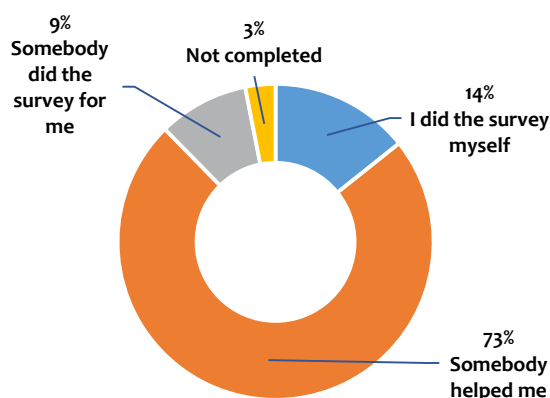
Overall Satisfaction Rating



Themes



Who did the survey?



Key Learning

Key learning from Service User Surveys

- Availability of staff skilled in recognising and using the means of communication that a Service User employs.
- Many Service Users rely on others to interpret how they communicate their needs, therefore staff require experience in using Talking Mats, using Lámh, offering visual choices or using general communication strategies (e.g. reducing language load, waiting longer etc.). This will allow staff to listen to the Service User's Views. Enable staff to support Service Users to make choices – increase active involvement in decision making/ life areas, etc.
- All staff to act upon the feedback they are getting – in order for Service Users to feel confident that their views are taken seriously.

Service User Comments

“The group sometimes have to stay together to do activities I don't choose. This happens when there are less staff.”

“I would like help to be more involved in my community.”



Resources

Service Users identified deficits in staffing contributing to a loss in opportunity. Access to transport was also identified as a gap in resourcing with many Service Users requesting either wheelchair accessible transport or improved skills for using public transport.



Accessibility

Service Users with mobility issues have identified that accessing buildings and pathways in the community can be difficult which impacts on movement and interaction with community.



More varied opportunities

Service Users identified a request for change in day placement either due to time in a particular area and / or seeking to develop their skill set. A number of Service Users requested opportunities for paid work or work experience.



Individualised Support

Services Users highlighted the request for more individualised supports, with time spent listening and responding to their individual supports, needs or goals development.

Quality Assurance Document Set (Residents Services; Residential and Community)

The Quality Assurance Document Set is a tool that has been developed to assist the Persons in Charge to review, manage and advance the quality of the care and support provided to persons living in the Designated Centre. It sets out many of the building blocks for a standards driven service, creating a common understanding of quality and safety. It provides a structure to the Persons in Charge to systematically and continuously improve the safety and quality of the service delivered.

The Quality Assurance Document Set sets out to:

- Ensure Service Users are at the heart of the care process.
- Set a clear expectation of the standard of care that Service Users can expect to receive.
- Provide a strategic approach to improving safety, quality and reliability in our service.
- Be a benchmarking tool.



The document contents are as follows:

Weekly Service User Meeting; this meeting is held in every home every week. A standard template was created and must be used to record weekly meetings in all homes. This is to ensure that Service Users are actively involved and supported in the day to day running of their home and service. At the weekly compliance meetings with Persons in Charge, the quality of these meetings are reviewed in order to ensure that Service Users are being fully supported to participate to the level that they wish.

Weekly Service User Activity Monitoring; a template has been provided to all areas for completion at weekly Service Users meetings. For on-campus homes this includes morning, afternoon and evening activities. Service Users plan these activities with the support of staff. This planning is to assist in Service Users having a structure to their day and must include community based activities on a regular basis. For community based residential services, Service Users use various planners for their activities – activity boards, diaries, etc. At the weekly compliance meeting the Persons in Charge reviews the quality of the planned activities, with Service Users’ preferences being of paramount importance. The quality of documentation on SURA with regard to meaningful activities is also reviewed.

Key worker Meetings; these meetings are held monthly with every Service User and their key worker. A template was provided and is currently in use however it has been suggested that the Service User Council may wish to review this template to ensure that Service Users are satisfied with the content. These meetings require one-to-one Service User / staff interaction where plans for the month ahead are agreed and to ensure that any issues are addressed.

Monthly Staff Meetings; a standard template was developed for use at monthly staff meetings, outlining the expected agenda. This covers all relevant issues that should be addressed at staff meetings. It covers items such as protection and welfare, advocacy, complaints, risk and restrictive practices and provides a platform to ensure that staff are familiar with, and have a strong understanding of such matters. Due to the smaller staff numbers and staff shifts in Community Services, these meetings take place on a two monthly basis. In all services those staff that were not in attendance at the meeting must review and sign the minutes.

Service User Council Representative Invitation & Service User Council Effectiveness; this check-sheet is to ensure that representatives from the Service Users Council are supported and encouraged to visit all

homes and that all Service Users are encouraged and supported to raise concerns, complaints and queries with their representative, which they will raise at Service User Council meetings.

There are individual check sheets for each of the headings below. Each consists of a range of information which the Person's in Charge review both on SURA, in the homes and in consultation with Service Users and staff. Every Person in Charge reviews between six to eight Service Users throughout each of the following check sheets weekly.

Family Inclusion, Behaviour Support Plan, Communication Needs, Healthcare Assessment & Evaluation, Nutrition and Hydration Checklist, Medication Management, Review of Restrictive Procedures, Fire Evacuation Checklist, Safe and Suitable Premises.

In addition to the above there is a quick reference to the **HIQA notifications** which have been made throughout each quarter. A note is placed in the relevant section each time a notification is made to HIQA. There is a form to record the **Contract of Care** status of each Service User within the Designated Centre.

The monitoring of **Health Act 2007 Regulations 2013, Schedule 4** and **Schedule 5 requirements** is contained within the Quality Assurance Document Set and provides the Person in Charge with a clear agenda in the checklist.

The final pages contain the initials of each staff in the Designated Centre and the dates of completion of the most recent Core Competency **Training**. Additionally, there is a check sheet to record the date of the staff member's most recent **Supervision**, providing the opportunity to review the standard of completion.

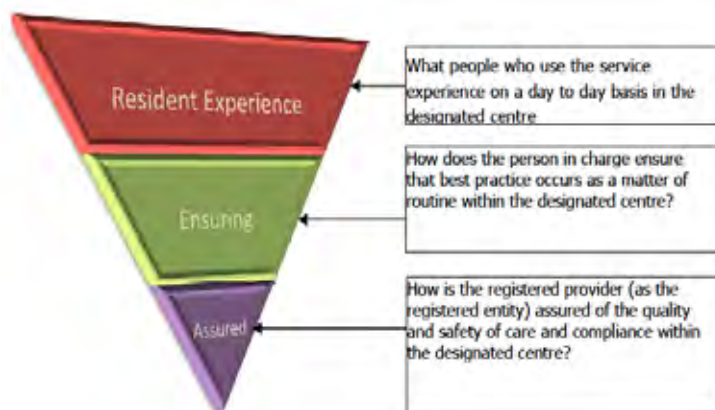
In summary, The Quality Assurance Document Set provides a structure for Person's in Charge to systematically monitor and review their compliance with regard to HIQA requirements and the Health Act 2007, with the emphasis being firmly placed on quality and exceeding standards. The Quality Assurance Document Set is subject to review to ensure best possible outcomes for Service Users.

Results from monitoring using the Quality Assurance Document Set at the end of 2016 are presented for each Designated Centre 1 – 14; in the following pages. There is additional information presented in relation to Designated Centre's, and this includes:

- Outcomes from the most recent HIQA inspection. This is represented by reporting the judgement made, beside the outcomes that were inspected on.

Major non-compliant	Moderate non-compliant	Substantially	Compliant
---------------------	------------------------	---------------	-----------

- Staff absenteeism (represented as a percentage for nursing and care staff)
- A focussed improvement plan; each Person in Charge was provided with a self-assessment form which was adapted from the template provided by *HIQA. The aim of the self-assessment was to give Person's in Charge a tool to measure their performance against national standards.



*HIQA annual review report regulation 23(1) (d)

Designated Centre 1 (as at 31st December 2016)

Profile

Designated Centre 1 is a Residential Service for ladies and gentlemen ranging in age from 22 - 65 years. There are four single apartments in House 25, one double apartment, Carrig Apartment, two bungalows on-campus, Bungalow 3 and Woodlands 23 and one house just off campus on Mill Lane, Aisling House.

Day services are available to Woodlands 23, 2 Service Users in House 25 and Service Users in Carrig Apartment. All homes are supported by Nursing and Care Staff.

Bungalow 3, Woodlands 23 and House 25 are all practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Padraig O'Rourke

Deputy
Person in Charge
Marie Byrne

HIQA Inspection Reports

DC 1 was inspected by HIQA in June 2016.

Outcome	Compliance
1	Major
4	Moderate
5	Major
6	Substantially
7	Moderate
11	Substantially
12	Compliant
14	Major
17	Major

A follow up inspection was completed in DC1 on 24th January 2017

Outcome	Compliance
1	Moderate
4	Compliant
5	Substantially
6	Compliant
7	Moderate
8	Substantially
11	Compliant
14	Compliant
17	Substantially

Service User Involvement



A member of the Service User Council visited all homes in DC 1



Service User Surveys were distributed to all Service Users in DC1

Key worker Meetings

- DC 1 achieved 100% compliance in ensuring that every Service User had the required one key worker meeting per month. Every Service User experienced a person centred key worker meeting which reflected their goals and wishes.
- The process and follow up required to ensure this result took dedication from all involved.
- Moving forward all key worker meetings will be uploaded on SURA to ensure continuity and Service Users will keep the hard copy if they wish.

Family Involvement

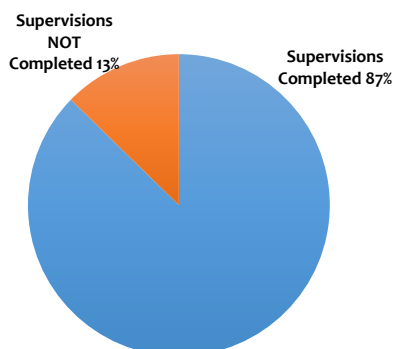
- Family Days: No family days were held in DC 1 in 2016.
- All families were provided with a Family and Friends Survey
- Where PATHs have been completed, families were invited to take part in the PATH process.

Behaviour Support Plans (BSP)

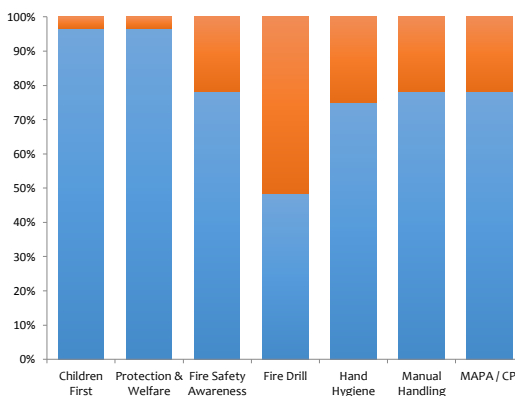
- Behaviour Support Plans were present for all Service Users that required them and were up to date.
- DC2 were made a priority to ensure BSP's were compliant, following HIQA inspection June 2016.

Designated Centre Performance

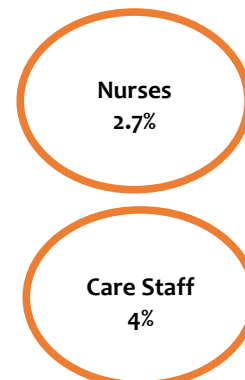
DC1 Staff Supervisions*



Core Competency Training Compliance



DC1 Absenteeism

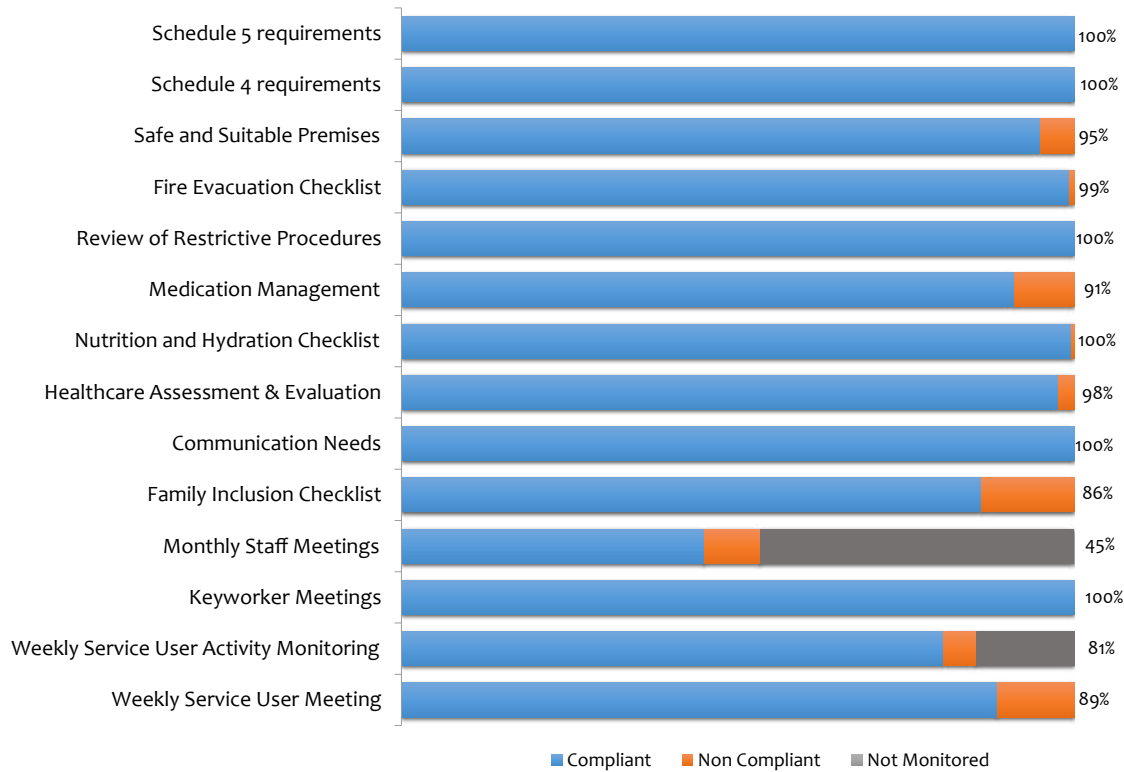


* As per organisational policy



- Carraig Apartment
- Bungalow 3
- Woodlands 23
- House 25
- Aisling House

Quality Assurance Document Set



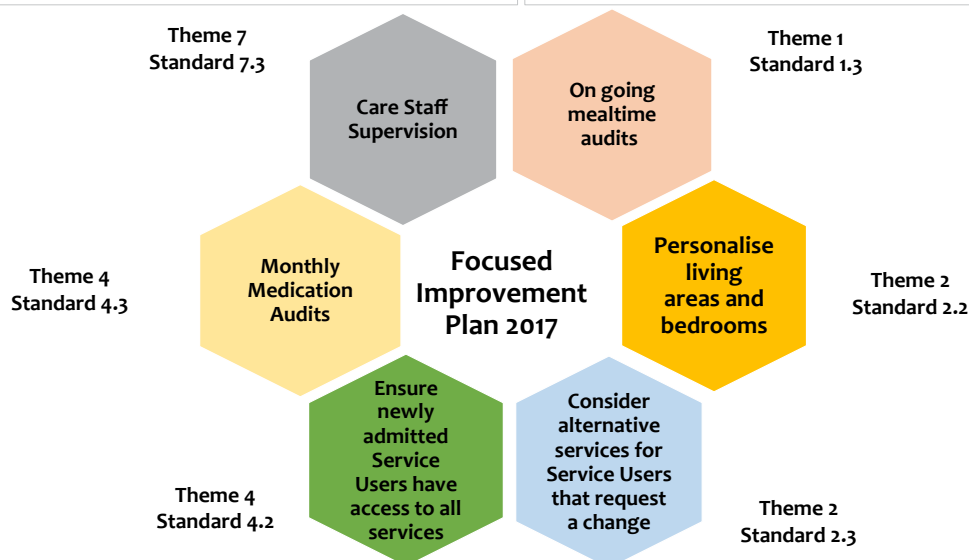
**Quality
Rating
92%**

Weekly Service User Activity Monitoring

- Reoccurring issues around engagement in meaningful activities are failure to record activities daily on SURA.
- Activities that Service Users are being supported to plan and take part in are appropriate with some inconsistencies noted in one home. The Person in Charge is monitoring this on a weekly basis.
- Planning activities for the week ahead must involve Service Users and all staff supporting the Service User – Residential and Day Service staff. This had to be promoted and encouraged.
- Activities which the Service Users were supported to engage in were overall of good quality with community inclusion being promoted.

Weekly Service User Meetings

- Service Users meetings have become a normal and expected part of the week in DC 1. The process of planning, completing, documenting and providing minutes to Person in Charge is completed by homes.
- Staff and Service Users engaged in the process since compliance meetings commenced.
- 100% compliance is generally achieved each week for Service Users meetings.



Designated Centre 2 (as at 31st December 2016)

Profile:

Designated Centre 2 consists of five residences for 30 ladies and gentlemen. There are three bungalows and one single apartment on campus and one community based home.

Service Users living in DC 2 range in age from 27 – 72 years.

Four homes are supported by Nursing and Care Staff and have access to Day Service staff. One gentleman is supported by Care Staff with a Nurse on call.

Bungalows 12 and 13, Woodlands 22 and Red Cow Cottage are practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Padraig O'Rourke

Deputy
Person in Charge
Marie Byrne

HIQA Inspection Reports

DC 2 had two HIQA inspections in 2016
First inspection 7th June 2016

Outcome	Compliance
1	Major
2	Moderate
4	Compliant
5	Major
7	Moderate
8	Moderate
11	Compliant
12	Compliant
14	Major
17	Major

Second inspection 17th November 2016

Outcome	Compliance
1	Moderate
2	Compliant
5	Compliant
7	Compliant
8	Moderate
14	Compliant
17	Moderate

Service User Involvement:



All homes in DC2 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users DC2

Key Worker Meetings

- Prior to the commencement of compliance monitoring key worker meetings were not regularly held in DC 2. Through support and guidance staff and Service Users realised the benefits that can be achieved through these meetings and for the last quarter DC 2 achieved 100% in key worker meetings.
- Moving forward all key worker meetings are to be uploaded to SURA to ensure continuity and review of meetings. Service Users may choose to keep hard copy.

Family Involvement

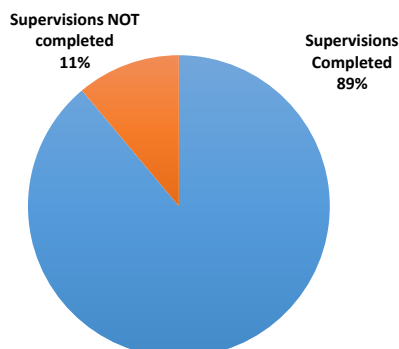
- Red Cow Cottage had a Family Day in September 2016.
- All families were invited to engage in Family and friend Surveys.
- Where PATHs have been completed, families were invited to take part in the PATH process.

Behavioural Support Plans (BSP)

- Behavioural Support Plans were present for all Service Users that required them and were up to date.
- DC2 was a priority to ensure BSP's were compliant following a HIQA inspection, June 2016.

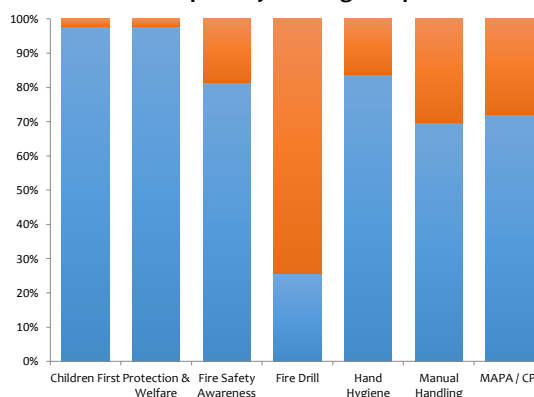
Designated Centre Performance

DC2 Staff Supervisions*

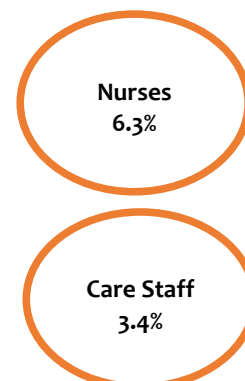


* As per organisational policy

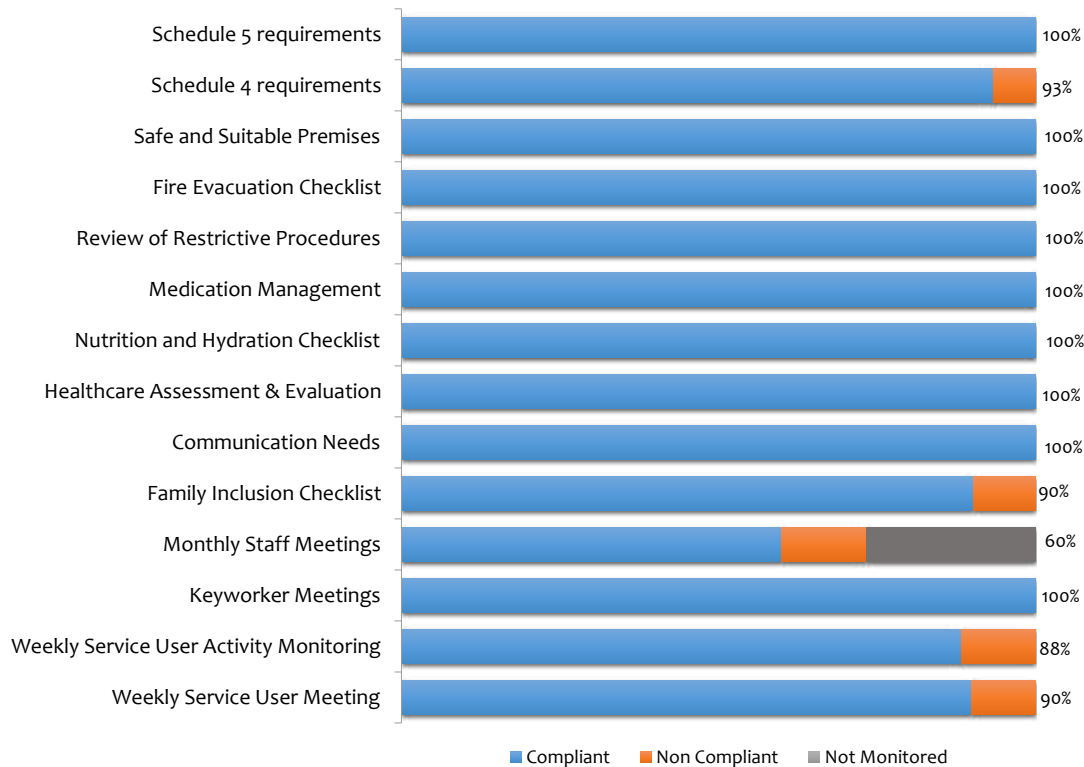
Core Competency Training Compliance



DC2 Absenteeism



Quality Assurance Document Set



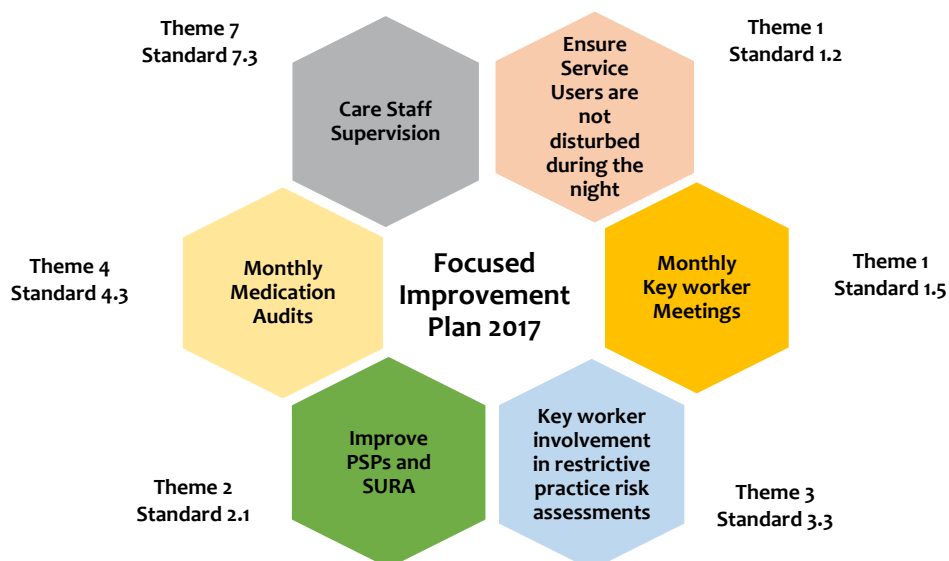
**Quality
Rating
96%**

Weekly Service User Activity Monitoring

- The planning, recording and quality of Service Users activities is monitored weekly by the Person in Charge. The quality of activities that Service Users are engaging in has improved significantly over the last quarter.
- The most common issue regarding activities is documenting involvement on SURA, the Person in Charge continues to ensure that this occurs daily.
- One home in DC2 has required continuing support and direction in regards to meetings and documentation.

Weekly Service User Meetings

- Service Users meetings occur on a weekly basis in all homes in DC2. Ensuring compliance through weekly monitoring has been ongoing in DC 2 since August, the benefits are evident with 100% compliance being achieved in every home for the last four weeks of the quarter.
- Ensuring that the correct meeting template is being used has been an issue that has reoccurred in a number of homes and this now appears to have been resolved.



Designated Centre 3 (as at 31st December 2016)

Profile

Designated Centre 3 consists of five homes on Stewarts Care campus in Palmerstown; Bungalow 4, Bungalow 6, Bungalow 7, Bungalow 8 and House 24. 38 ladies and gentlemen live in DC3 and they range in age from 13 to 68 years

All homes are Nurse led with support from Care Staff. There is a Day Service staff available in Bungalow 4, Bungalow 8 and House 24 and a number of Service Users attend a Day Service.

All homes are practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Pamela Daly

Deputy
Person in Charge
Aine O'Reilly

HIQA Inspection Reports

The most recent HIQA inspection in DC3 was on the 3rd and 4th November 2016. The following outcomes were inspected:

Outcome	Compliance
1	Compliant
2	
3	
4	Compliant
5	Substantially
6	Moderate
7	Moderate
8	Substantially
9	
10	
11	Compliant
12	Moderate
13	
14	Moderate
15	
16	
17	Moderate
18	Compliant

Service User Involvement



All homes in DC3 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users in DC3

Key Worker Meetings

- Prior to the commencement of compliance meetings with the Persons in Charge in August 2016, key worker meetings were not regular and if they did take place were informal.
- Service Users and staff engaged with the process once introduced and following guidance and support from Persons In Charge have consistently produced meaningful person centred outcomes. Although some areas did not complete meetings on a monthly basis, this was addressed by the Person in Charge.
- The Designated Centre must ensure that these meetings are on a monthly basis.

Family Involvement

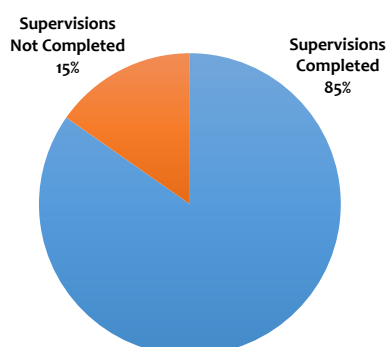
- Bungalow, 4, 7, 8 and House 24 each had a family and friends day or coffee morning in 2016.
- All families were provided with Family and Friend Surveys.
- Where PATHs have been completed all families were invited to take part in the PATH process.

Communication

- A total communication approach was completed with all staff and Service Users in Bungalow 4 in 2016. This was a pilot of this initiative.

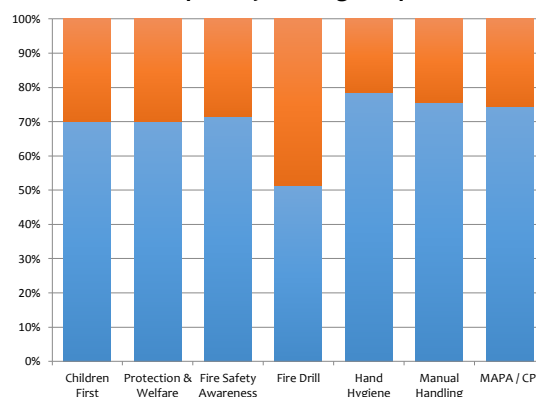
Designated Centre Performance

DC3 Staff Supervisions*

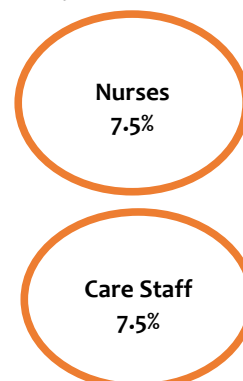


* As per organisational policy

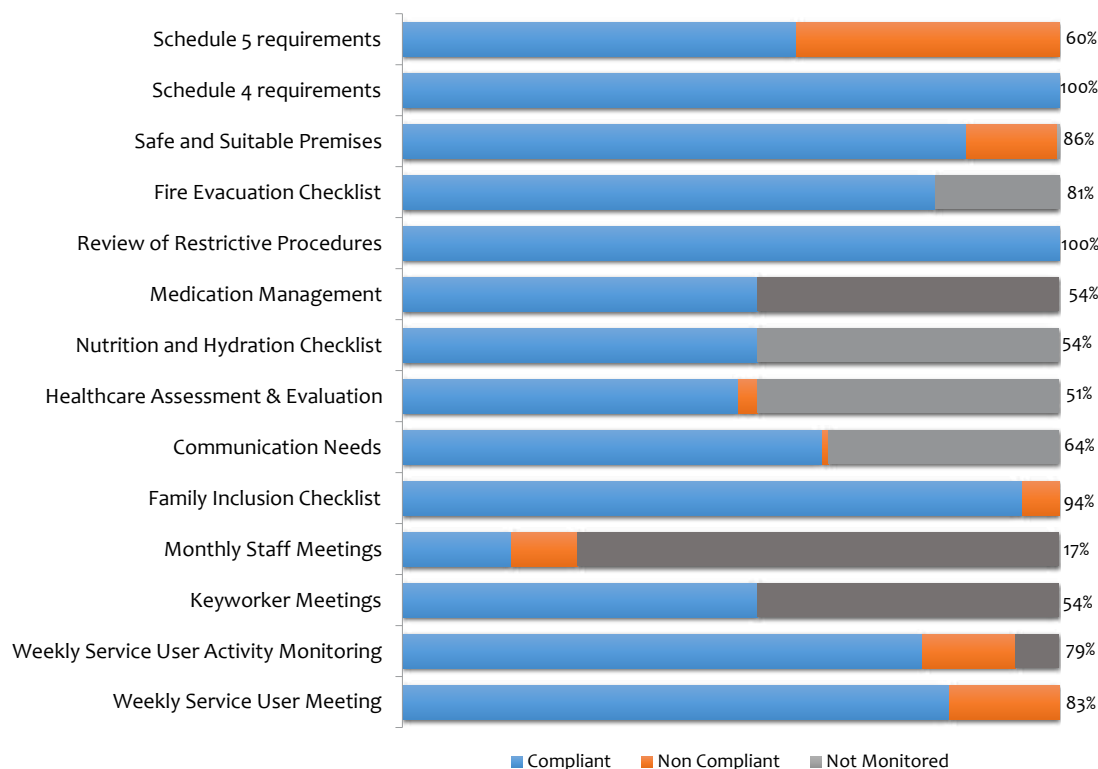
Core Competency Training Compliance



DC3 Absenteeism



Quality Assurance Document Set



**Quality
Rating
71%**

Weekly Service User Activity Monitoring

- Each home in DC3 was responsible for ensuring that a weekly activity plan was in place, which included home and community based activities for Service Users, while acknowledging the possibility that changes may occur.
- The standard and recording of the activities in DC 3 was generally high with a compliance rate of 79% reflecting improvements required in one home in particular.
- A tendency to focus on home based and campus -based activities was evident throughout the Designated Centre and community based activities were promoted by the person in charge and are expected when planning activities.

Weekly Service User Meetings

- Service User meetings were not being held prior to commencement of compliance meetings.
- For the first 2 weeks there was less than 50% compliance with organisational standards. On the last meeting of the quarter there was 100%.
- This was achieved through weekly follow up by the Person in Charge to provide clear direction and staff willingness to participate and ensure that these meetings became a normal activity which occurs every week.



Designated Centre 4 (as at 31st December 2016)

Profile

Designated Centre 4 consists of Woodlands 26, Woodlands 28 and Bungalow 9. Woodlands 26 and Woodlands 28 are two dormitory type residences which are home to 18 Service Users and Bungalow 9 is home to 5 gentlemen on Stewarts Care campus in Palmerstown.

The ladies and gentlemen residing in Designated Centre 4 have severe to profound intellectual disabilities as well as high physical needs. All homes have Nursing and Care Staff support and there is Day Service staff available.

All homes are practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Pamela Daly

Deputy
Person in Charge
Aine O'Reilly

HIQA Inspection Reports

The most recent HIQA inspection in DC4 was on the 23rd September 2014. The following outcomes were inspected

Outcome	Compliance
1	Moderate
2	Compliant
3	Compliant
4	Moderate
5	Moderate
6	Moderate
7	Moderate
8	Moderate
9	Compliant
10	Compliant
11	Compliant
12	Compliant
13	Compliant
14	Compliant
15	Compliant
16	Compliant
17	Minor
18	Minor

Service User Involvement



All homes in DC4 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users in DC4

Key worker Meetings

- Key worker meetings were not being carried out regularly prior to introduction of the Quality Assurance Document Set.
- The quality of meetings completed for the quarter was of a good standard from all homes but were not completed monthly as required. Only 3 service users across the DC had all 3 meetings.
- The Person in Charge will continue to monitor and provide support to Service Users and staff in ensuring that meetings are completed resulting in positive outcomes for the Service User.

Family Involvement

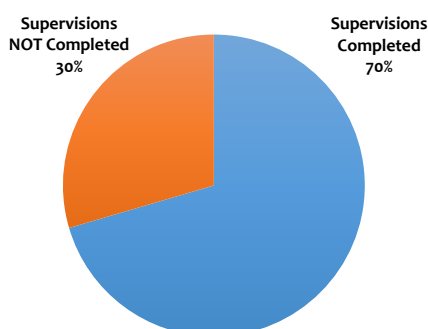
- Family Days were held in Woodlands 26 and Woodlands 28 in 2016.
- Where PATHs have been completed, families were invited to take part in the PATH process.
- All families were provided with a Family and Friends Survey.

Behavioural Support Plans (BSP)

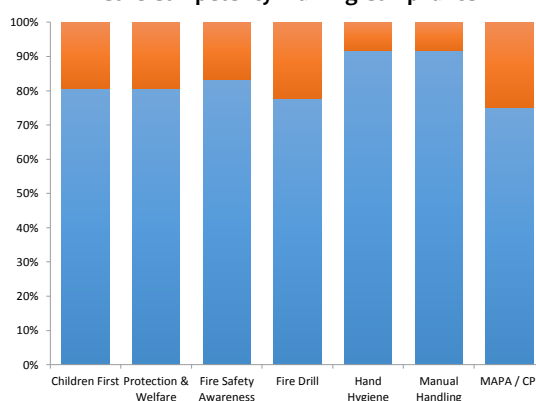
- There are no Behavioural Support Plans in place or required in DC 4.

Designated Centre Performance

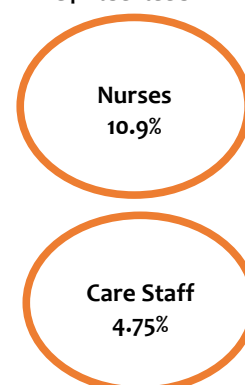
DC 4 Staff Supervisions*



Core Competency Training Compliance



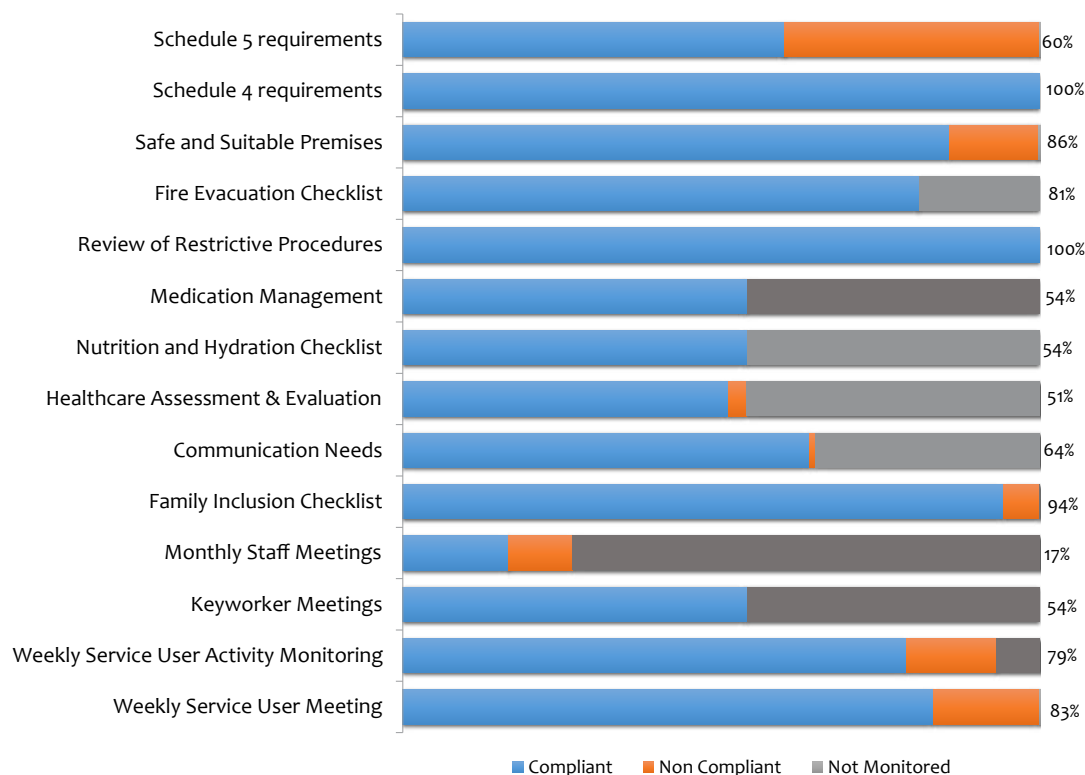
DC4 Absenteeism



* As per organisational policy



Quality Assurance Document Set



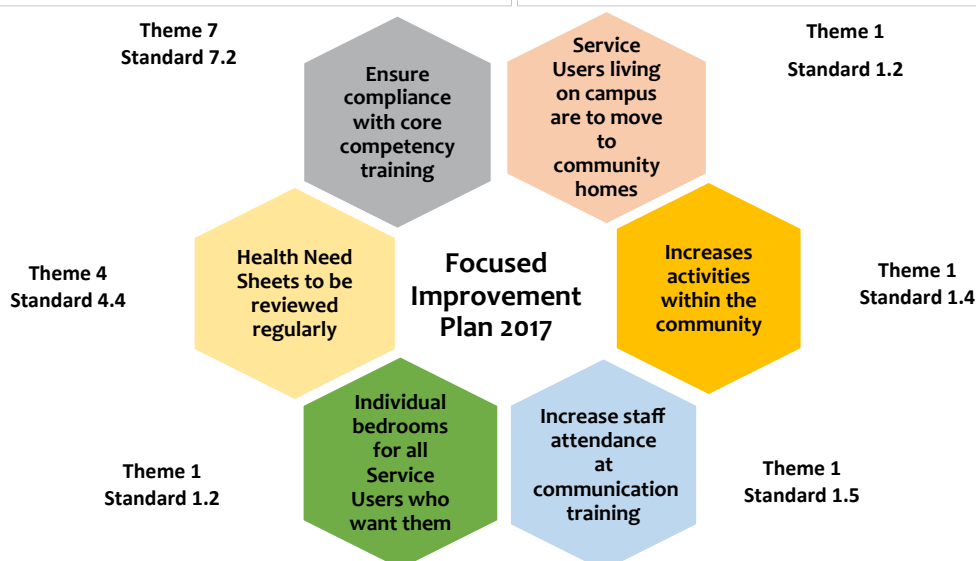
**Quality
Rating
71%**

Weekly Service User Activity Monitoring

- Compliance with regard to planning, taking part in and recording quality activities for each Service User achieved 79% compliance in DC 4.
- Every Service User living in DC 4 requires a wheelchair and one to one assistance for all activities and outings.
- The main issue with regard to activities was the reduced community inclusive activities, with activities such as watching TV and DVD's appearing excessively. The importance of community inclusion and access to the community is to be encouraged and promoted.

Weekly Service User Meetings

- During the first month of monitoring most areas in DC 4 struggled to complete Service User meetings as required. Difficulties included: not carrying out meetings, not recording it accurately and not providing Person in Charge with the minutes.
- However following initial problems the quality of the meetings in DC 4, they have improved significantly and compliance is now achieved consistently.
- A number of new initiatives have been developed in the homes as a result of Service User meetings and feedback from the Service Users Council was positive regarding interactive books.



Designated Centre 5 (as at 31st December 2016)

Profile:

Designated Centre 5 is an on-campus residential service for 29 gentlemen with intellectual disabilities. The gentlemen range in age from 34-73 years.

The Farmhouse is two story stone building where three gentlemen reside with the support of Team Members.

Bungalow 2 and Bungalow 10 are homes to 7 and 8 gentlemen respectively and these gentlemen are supported by both Nursing and Care Staff.

Bungalow 2, Bungalow 10 and House 17 are all practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Maura Grogan

Deputy
Person in Charge
Brian Bohan

HIQA Inspection Reports

There was no HIQA inspections in DC 5 in 2016.

The last HIQA inspection in DC 5 was on the 15th October 2015. The following outcomes were inspected:

Outcome	Compliance
1	
2	
3	
4	
5	Moderate
6	
7	Moderate
8	Compliant
9	Compliant
10	
11	
12	
13	Compliant
14	
15	Compliant
16	
17	Moderate
18	Compliant

Service User Involvement



All homes DC5 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users in DC5

Key Worker Meetings

- Key worker meetings had not been commonplace prior to monitoring meetings and had been informal or not documented.
- This is the area DC 5 scored poorest with 45% compliance. Only one Service User in DC 5 had the three required meetings.
- The Person in Charge had to provide support, guidance and follow up with all staff in order to embed this process, this continues to be a challenge.
- Staff are required to support the Service User to plan, carry out and record the meeting and then upload to SURA.
- Reference was made to previous meetings' goals and person centred goals were agreed.

Family Involvement

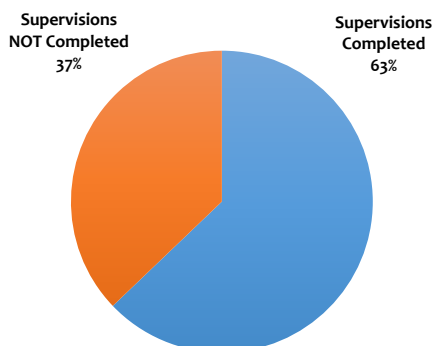
- Family Days were held in House 17, Bungalow 2, Bungalow 10 and the Farmhouse in June and December 2016.
- Where PATHs have been completed, families were invited to take part in the PATH process.
- All families were provided with a Family and Friends Survey

Behavioural Support Plans (BSP)

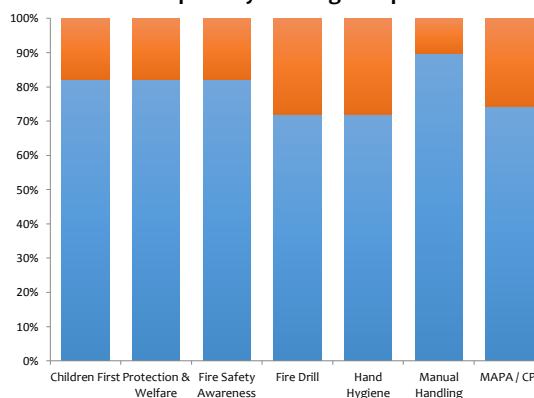
- 22 Service Users require a BSP, 11 BSPs were reviewed and up to date.
- 7 Service Users were waiting review of their BSP and 4 Service Users have been wait listed for 1 year+

Designated Centre Performance

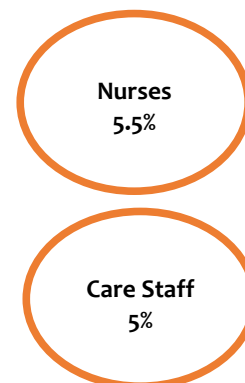
DC5 Staff Supervisions*



Core Competency Training Compliance



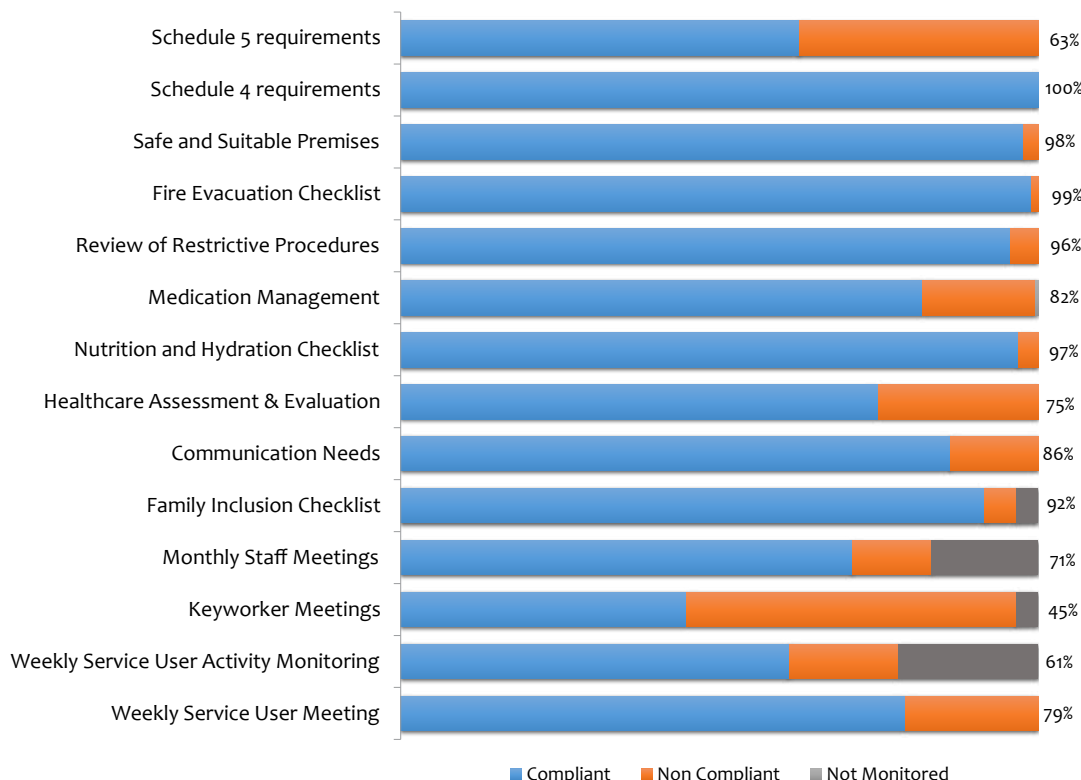
DC5 Absenteeism



* As per organisational policy



Quality Assurance Document Set



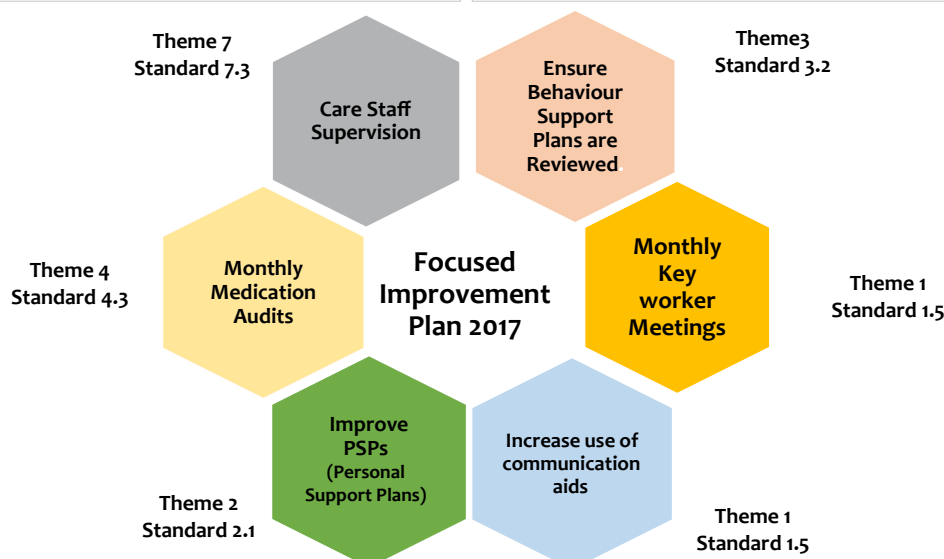
Quality Rating
87%

Weekly Service User Activity Monitoring

- Service User engagement in activities that are meaningful to them in their home, on campus and within the community were monitored by the Person in Charge.
- Documentation of these activities was inconsistent and required guidance. In some homes there were multiple goal sheets which caused difficulties for the staff to record clearly and efficiently.
- An activity planner was provided to give Service Users and staff the facility to plan the week ahead and ensure that activities were planned with all staff working with Service Users. It was noted that in many instances the planner was not followed throughout the week.

Weekly Service User Meetings

- Prior to commencement of monitoring, weekly service user meetings had not been held in DC5.
- DC5 commenced with 30% compliance in week one and was achieving 100% compliance in the final week of the quarter.
- As Service Users meetings were not previously taking place, staff had to be guided to differentiate between 'staff meeting' and 'Service User meeting' and ensure that the Service Users are supported to take part to the level they choose.
- Staff had to advocate on behalf of Service Users in many instances.



Designated Centre 6 (as at 31st December 2016)

Profile:

Designated Centre 6 consists of four bungalows on Stewarts Care Campus in Palmerstown; Bungalow 5, Bungalow 11, Woodlands 18 and Woodlands 20. The ladies living here are between 32 and 71 years of age.

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.

All homes are practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Maura Grogan

Deputy
Person in Charge
Brian Bohan

HIQA Inspection Reports

There was no HIQA inspections in DC 6 in 2016.

The last HIQA inspection in DC 6 was on the 16th & 17th of October 2014 the outcomes were as follows:

Outcome	Compliance
1	Moderate
2	Minor
3	Compliant
4	Minor
5	Moderate
6	Compliant
7	Moderate
8	Moderate
9	Compliant
10	Compliant
11	Moderate
12	Compliant
13	Compliant
14	Moderate
15	Compliant
16	Compliant
17	Moderate
18	Compliant

Service User Involvement



All homes in DC6 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users in DC6

Key Worker Meetings

- 50% of Service Users in DC 6 completed the 3 key worker meetings required for the quarter.
- Much encouragement was required and a high level of support and guidance was reported to have been provided by the Person in Charge.
- This process is being embedded throughout the DC where meetings are planned, held, recorded and documented on SURA, ensuring outcomes that are individual to the Service User.

Family Involvement

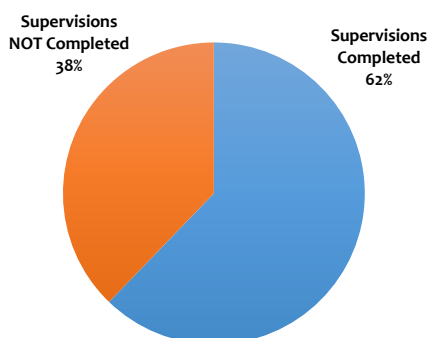
- Bungalow 5, Bungalow 11 and Woodland 20 had Family Days in 2016.
- Where PATHs have been completed, families were invited to take part in the PATH process.
- All families were provided with a Family and Friends Survey.

Communication

- There is very limited use of alternative and augmentative communication aids throughout the DC. Communication referrals have been made to the SLT department. 17 referrals have been made and are awaiting input.

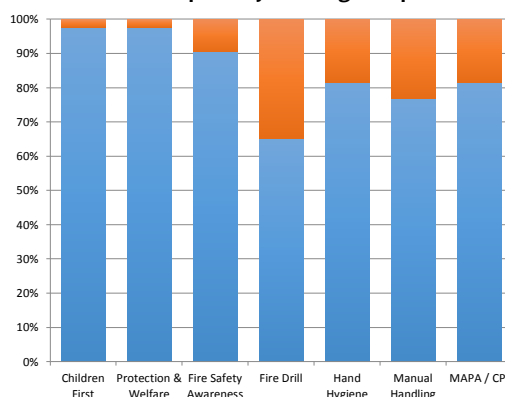
Designated Centre Performance

DC 6 Staff Supervisions*

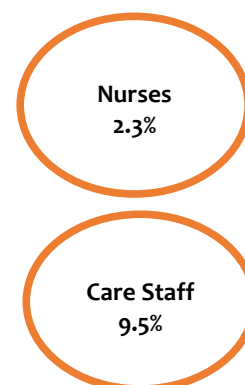


* As per organisational policy

Core Competency Training Compliance

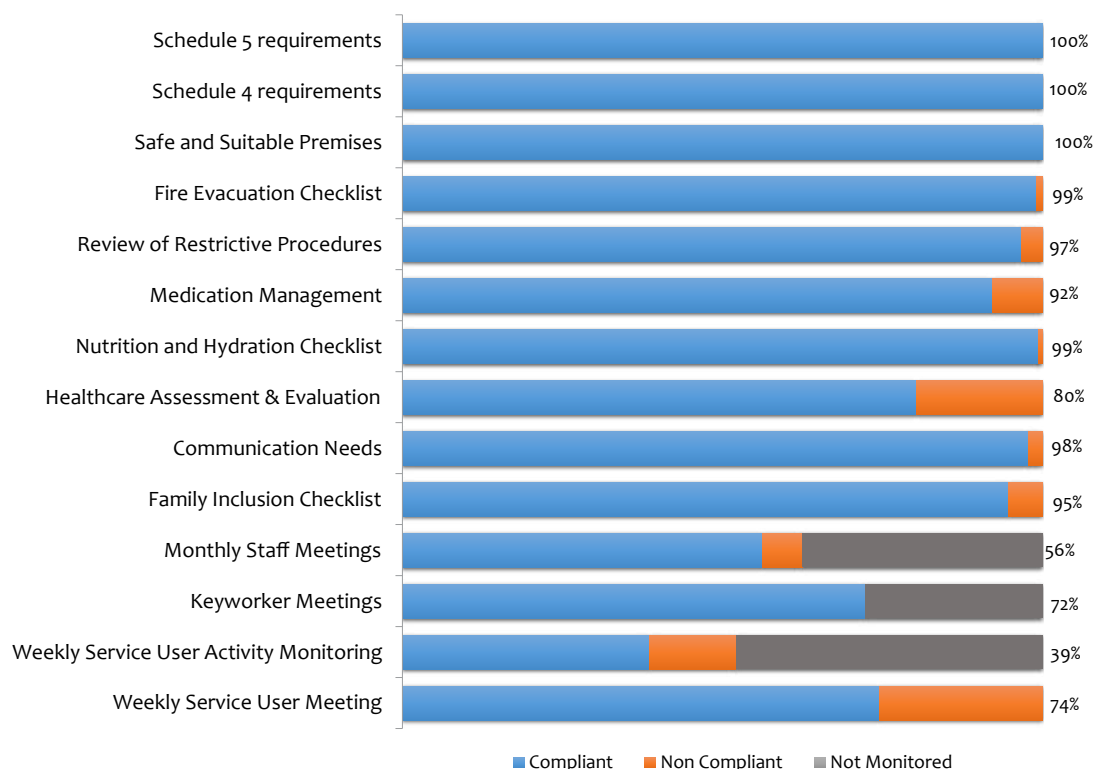


DC 6 Absenteeism



- Bungalow 5
- Bungalow 11
- Woodlands 18
- Woodlands 20

Quality Assurance Document Set



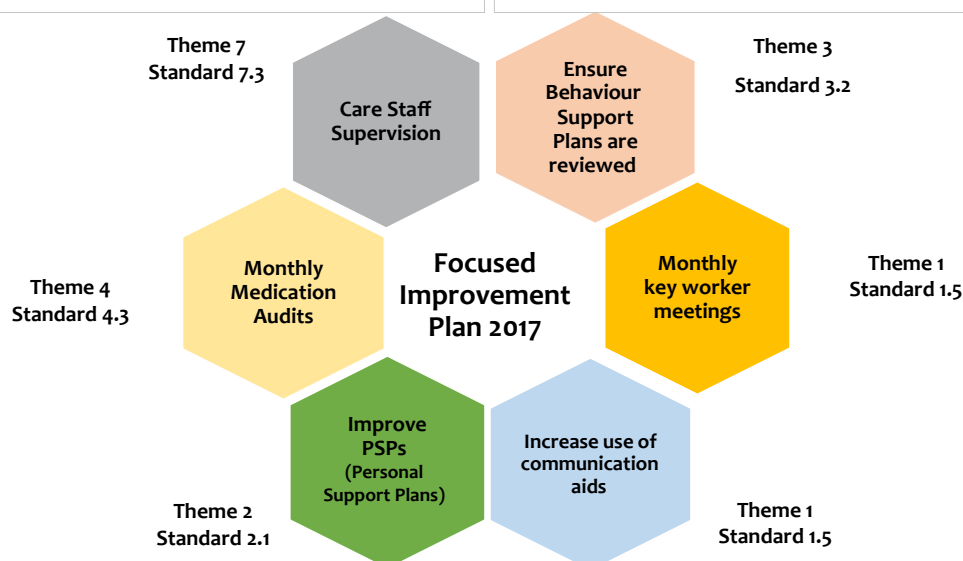
**Quality
Rating
88%**

Weekly Service User Activity Monitoring

- Staff had to be encouraged to promote community based activities and Service User integration to the community.
- The importance of activities such as going for a walk, having a purpose and not simply remaining on campus was promoted when planning activities.
- Service Users are engaging in a good number of meaningful activities and the Person in Charge will continue to monitor these to ensure the standard is maintained and improved upon.

Weekly Service User Meetings

- DC 6 commenced with 50% compliance in Weeks 1,2 & 3 and completed the quarter achieving 100% consistently.
- The quality of the meetings consistently improved throughout the process with all staff acknowledging responsibility to support Service Users in carrying out these meetings.



Designated Centre 7 (as at 31st December 2016)

Profile:

Designated Centre 7 consists of one house shared between four residents and one apartment complex that is shared by 10 residents.

There are 14 Service Users in DC 7 ranging in age from 36 to 72.

Both homes are supported by Nursing and Care Staff. Service Users attend a variety of Day Services in addition to supported employment.

One of the homes is a practice placement for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Kathleen Barry Murphy

Deputy
Person in Charge
Dolores Gorman

HIQA Inspection Reports

There was no HIQA inspection in DC 7 in 2016

The last HIQA inspection was on the 29th October 2014 the outcomes were as follows:

Outcome	Compliance
1	Compliant
2	Compliant
3	Compliant
4	Compliant
5	Compliant
6	Compliant
7	Minor
8	Compliant
9	Compliant
10	Compliant
11	Minor
12	Compliant
13	Compliant
14	Compliant
15	Compliant
16	Compliant
17	Minor
18	Compliant

Service User Involvement



All homes in DC7 were visited by a member of the Service User Council



Service User Surveys distributed to all Service Users in DC7

Key Worker Meetings

- DC 7 have consistently completed high quality key worker meetings.
- Staff have added photographs to minutes to assist with communication.
- All key worker meeting minutes are to be uploaded onto SURA and Service Users can keep hard copies if they wish.

Family Involvement

- Where PATHs have been completed, families were invited to take part in the PATH process.
- Family days and or coffee mornings were held in June 2016 in DC 7.
- All families were provided with a Family and Friends Survey

Communication

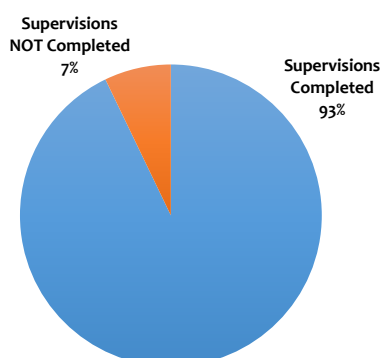
- All Service Users have Communication Passports and at present no Service User has a referral for a Communication Assessment.
- The Person in Charge may review this to ensure that if a referral is required that it will be made.

Behavioural Support Plans (BSP)

- There are no Service Users in DC 7 who require a Behaviour Support Plan.

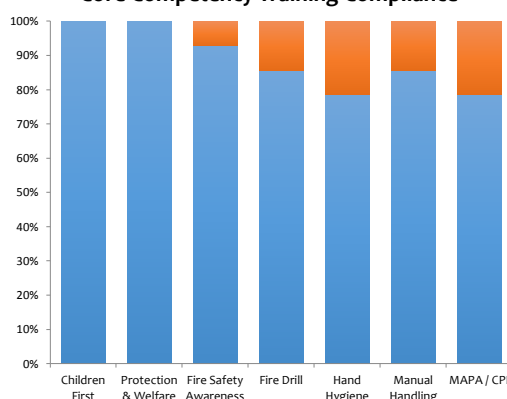
Designated Centre Performance

DC 7 Staff Supervisions*

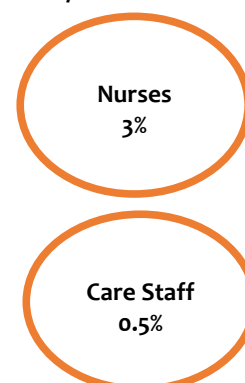


* As per organisational policy

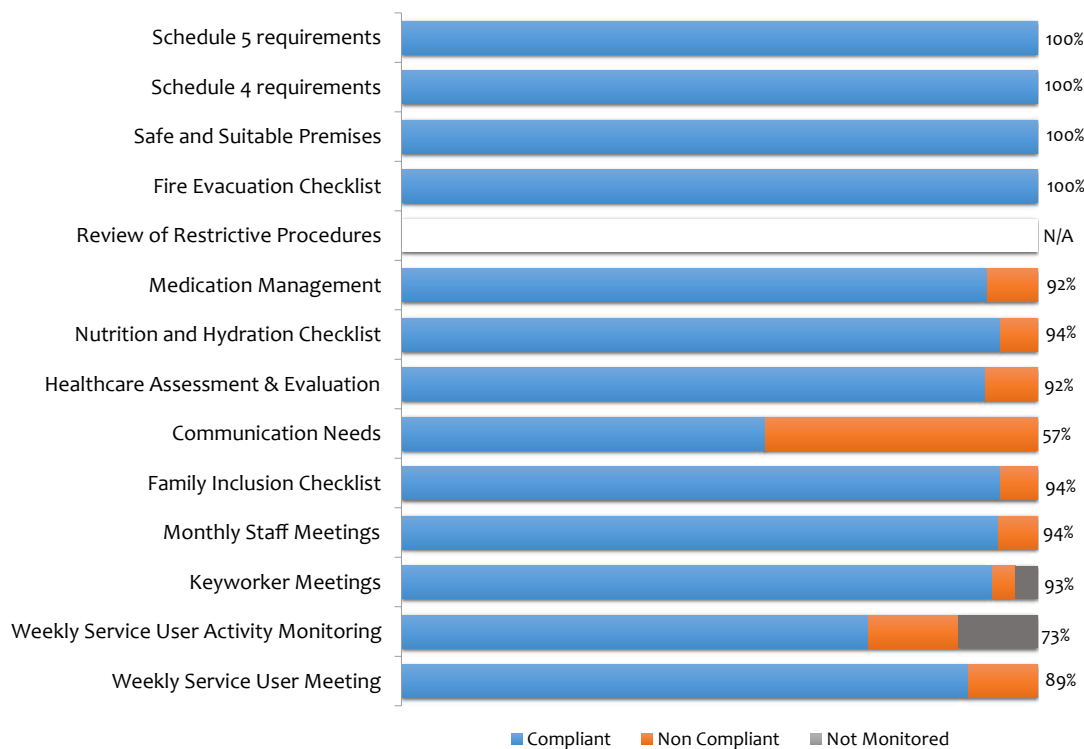
Core Competency Training Compliance



DC7 Absenteeism



Quality Assurance Document Set



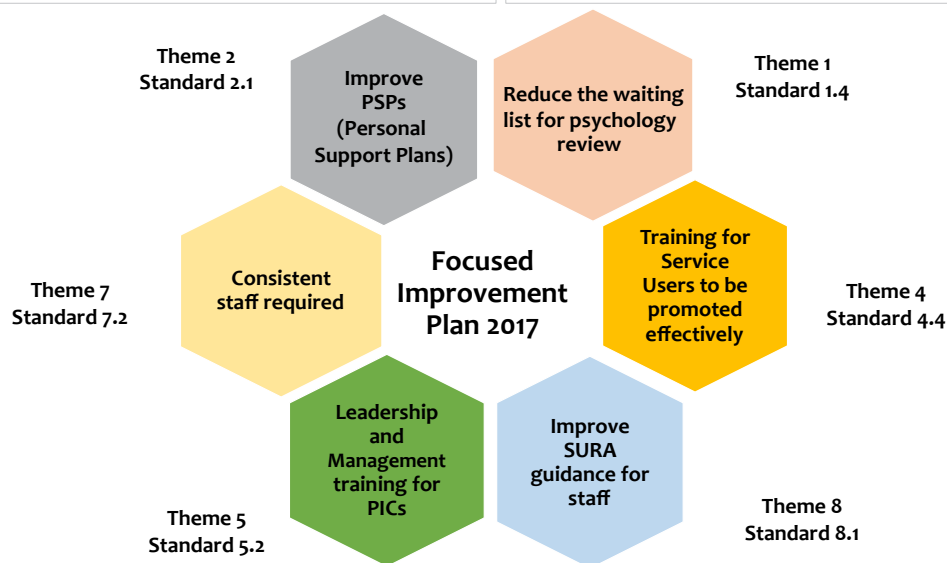
**Quality
Rating
93%**

Weekly Service User Activity Monitoring

- Some homes have required guidance in relation to planning and recording activities effectively and required increased monitoring by the Person in Charge to ensure compliance.
- Staff and Service Users in Roseville have planned, carried out and recorded activities effectively on a consistent basis.

Weekly Service User Meetings

- Service User Meetings have been taking place in DC 7 for a number of years. Prior to monitoring, these meetings were informal, a standard template was not used and meetings did not always occur.
- Since commencing monitoring, the areas have required guidance in relation to ensuring people are assigned responsibility for actions and that appropriate minutes are kept.
- Over the last 3 weeks of the quarter 100% compliance was achieved in meetings.



Designated Centre 8 (as at 31st December 2016)

Profile:

Designated Centre 8 is home to 8 ladies and gentlemen ranging in age from 32 to 73 years.

DC 8 consists of four homes in Palmerstown.

All homes are supported by Care Staff on a 24 hour basis.

Service Users attend a variety of Day Services in addition to supported employment.

One home in DC 8 is an apartment which is rented by one Service User.



Person in Charge
Kathleen Barry Murphy

Deputy
Person in Charge
Dolores Gorman

HIQA Inspection Reports

There was no HIQA inspections in DC8 in 2016

The last HIQA inspection was on the 11th November 2014 the outcomes were as follows:

Outcome	Compliance
1	Compliant
2	Compliant
3	Compliant
4	Compliant
5	Minor
6	Minor
7	Moderate
8	Moderate
9	Compliant
10	Compliant
11	Compliant
12	Compliant
13	Compliant
14	Compliant
15	Compliant
16	Compliant
17	Minor
18	Minor

Service User Involvement



All homes in DC8 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users in DC8

Key Worker Meetings

- There is good compliance with key worker meetings throughout the DC.
- All Service Users took part in monthly meetings and high quality goals were achieved or were in progress.
- All Key worker meetings to be uploaded to SURA with Service Users keeping hard copies if they wish.

Family Involvement

- Family days or coffee mornings were held in two homes in DC 8.
- Family surveys were provided to all Service Users families.
- Where PATHs have been completed, families were invited to take part in the PATH process.

Communication

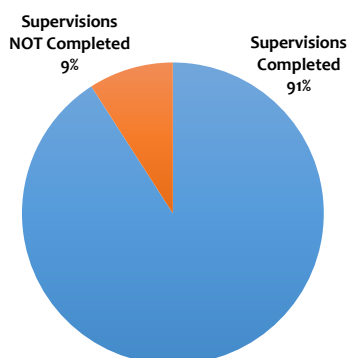
- All Service Users in DC 8 have Communication Passports in place and are reported to not require referral to speech and language department for a communication assessment.
- The Person in Charge will review this to ensure that all those that may benefit from a communication assessment will be referred.

Behavioural Support Plans (BSP)

- Three Service Users in DC 8 require Behaviour Support Plans, of these BSPs all three require review.

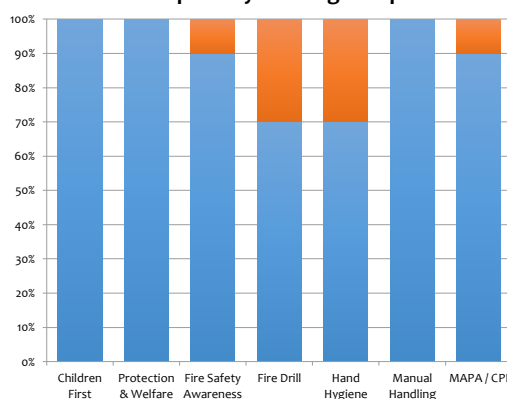
Designated Centre Performance

DC 8 Staff Supervisions*



* As per organisational policy

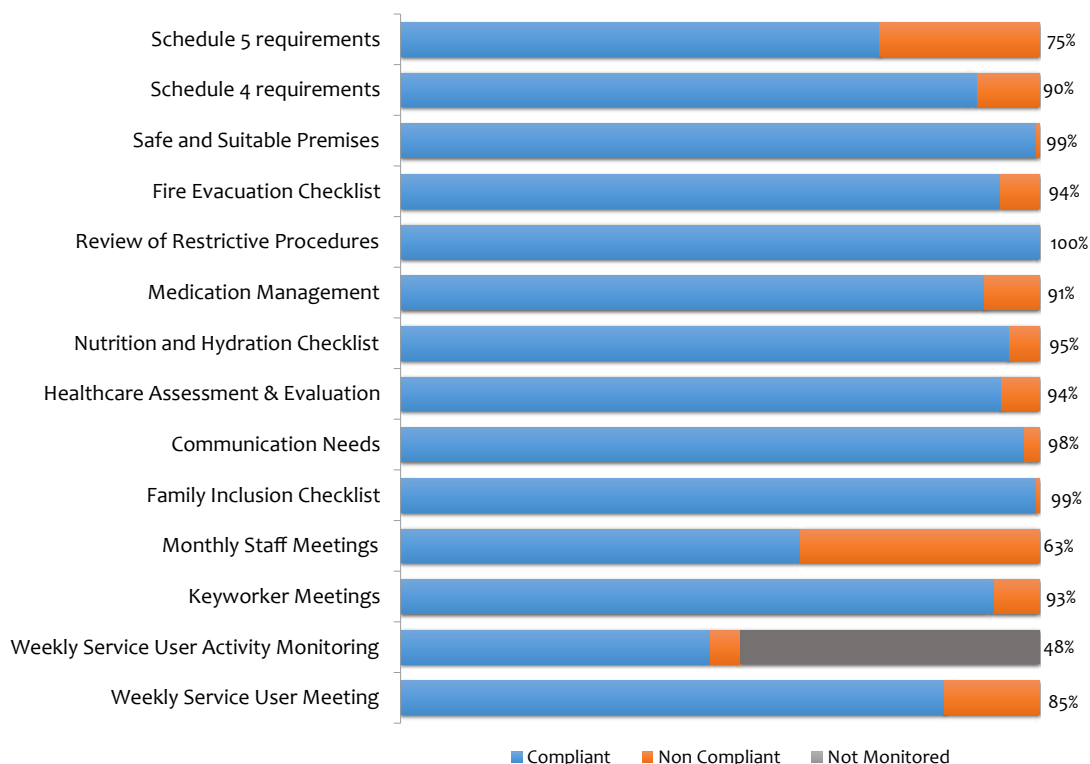
Core Competency Training Compliance



DC 8 Absenteeism



Quality Assurance Document Set



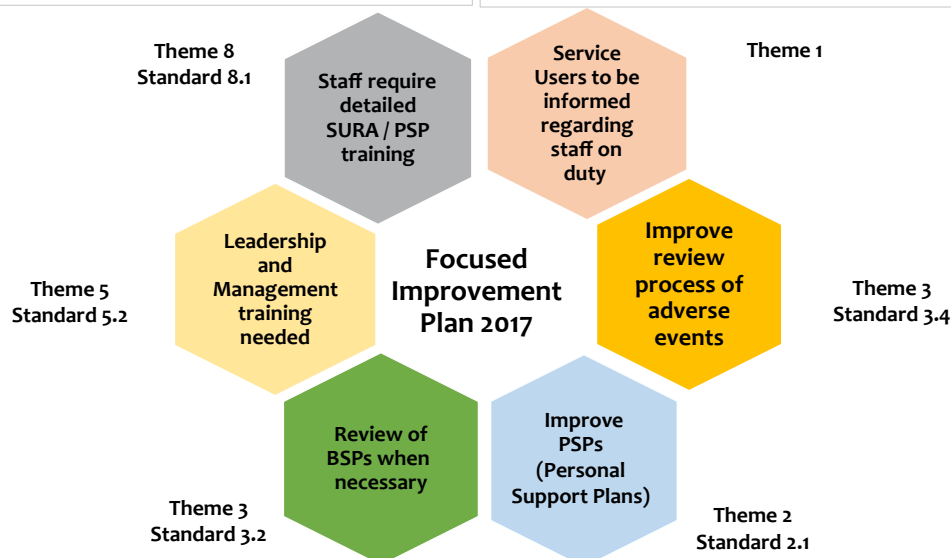
**Quality
Rating
89%**

Weekly Service User Activity Monitoring

- The monitoring of Service Users activities in DC 8 requires improvement. One home received no monitoring over the quarter, the Person in Charge will ensure that this is resolved.
- Activities are generally of a high quality, but some inconsistencies remain evident in recording.
- The issues regarding DC 8's planning, completing, recording and monitoring are being addressed.

Weekly Service User Meetings

- Service Users weekly meetings have occurred in DC 8 for the last number of years however these have not been structured and actions or outcomes have been unclear.
- A standard template has been introduced and is now being used consistently.
- One home has meetings twice per week due to Service User requirements.
- Generally meetings are of a high quality however inconsistencies do occur with the Person in Charge not consistently receiving minutes. This has been addressed and in the final week of the quarter 100% compliance was achieved.



Designated Centre 9 (as at 31st December 2016)

Profile:

Designated Centre 9 consists of three homes in Palmerstown. 14 ladies and gentlemen ranging in age from 24 to 73 reside in DC 9.

Two homes are supported by Nursing and Care Staff, the remaining home is supported by Care staff on a 24 hour basis. Service Users attend a variety of day services for education and training.

One home in DC 9 is a practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Kathleen Barry Murphy

Deputy
Person in Charge
Dolores Gorman

HIQA Inspection Reports

DC9 was inspected by HIQA on the 5th and 6th October 2016. The following outcomes were inspected, the timescale for completion of these actions was in 2016

Outcome	Compliance
1	Moderate
2	
3	
4	Substantially
5	Substantially
6	Moderate
7	Substantially
8	Moderate
9	
10	
11	Moderate
12	Compliant
13	Compliant
14	Compliant
15	
16	
17	Substantially
18	

Service User Involvement



All homes in DC9 were visited by a member of the Service User Council



- Service User Surveys were distributed to all Service Users in DC1

Key Worker Meetings

- Key worker meetings in DC 9 were of a high quality and reflected Service Users goals and supports required.
- A number were of poor quality and one Service User in the DC had no meeting. This has been addressed by the Person in Charge.
- Moving forward all key worker meetings are to be uploaded onto SURA.

Family Involvement

- Two Homes in DC 9 had Family Days or a coffee morning for family and friends.
- Family members were invited to take part in a Family Survey.
- Where PATHs have been completed, families were invited to take part in the PATH process.

Restrictive Practices

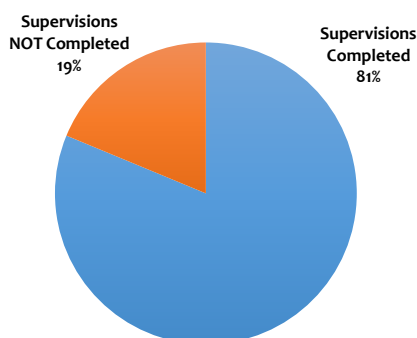
- There are two restrictive practices in place. Both are fully compliant.

Behavioural Support Plans (BSP)

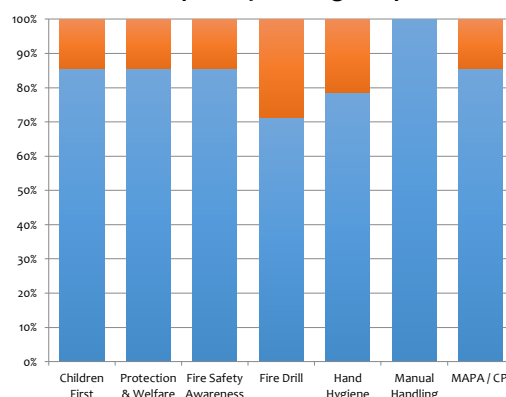
- Three service users require BSPs.
- One Service User is on a waiting list.

Designated Centre Performance

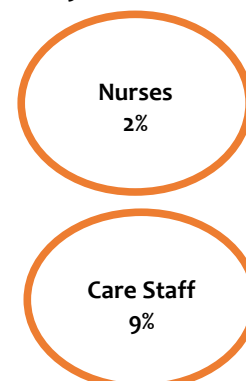
DC 9 Staff Supervisions



Core Competency Training Compliance



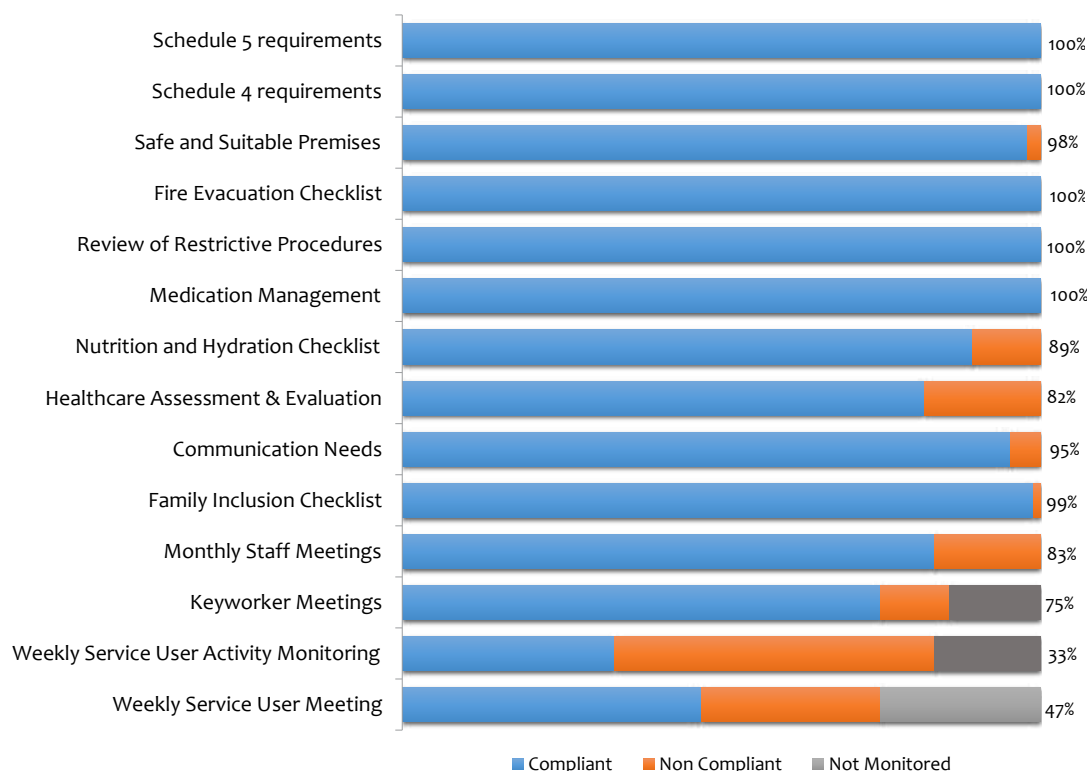
DC9 Absenteeism



* As per organisational policy



Quality Assurance Document Set



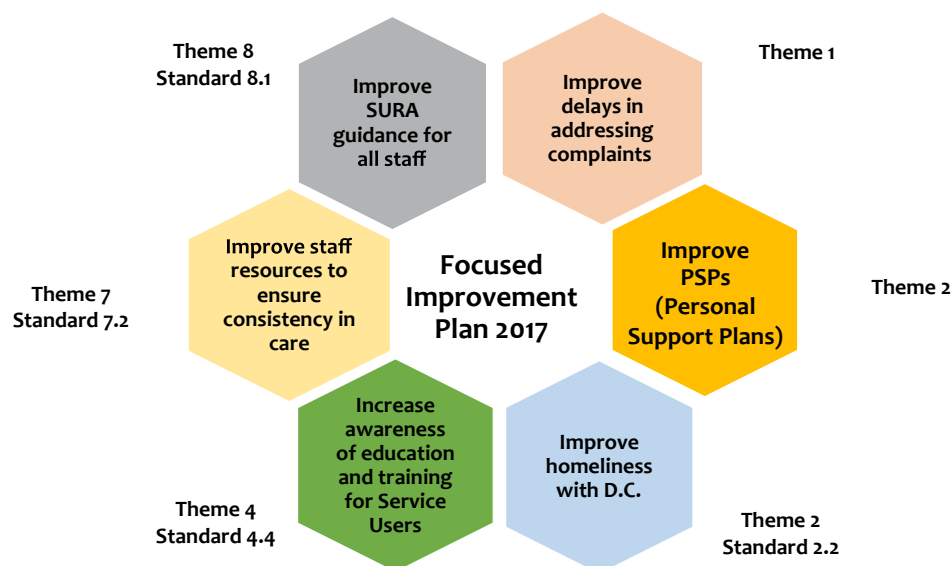
**Quality
Rating
86%**

Weekly Service User Activity Monitoring

- Monitoring of Service User activities was extremely poor in DC 9.
- Activities were not planned, unclear if activities took place as documentation was also very poor.
- From the monitoring of activities in DC 9 it is not clear that the social care needs of Service Users are being met.

Weekly Service User Meetings

- The standard of Service Users weekly meetings in DC 9 was poor, with one home not engaging in the process.
- The Person in Charge did not monitor this on a regular basis which resulted in non-compliance by the staff in the area.
- This is an opportunity for Service Users to ensure that they take part in and shape the service which they are part of.
- Service Users must be supported to take part while respecting their wishes around level of involvement.



Designated Centre 10 (as at 31st December 2016)

Profile:

Designated Centre 10 consists of three homes in West County Dublin. Ten ladies and gentlemen live in these homes and range in age from 31 to 55 years old. The Service Users in these homes are supported by Care Staff on a 24 hour basis with one home also having a Nurse present day and night.

Service Users attend a variety of day services for education and training.

One home is a practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Kathleen Barry Murphy

Deputy
Person in Charge
Dolores Gorman

HIQA Inspection Reports

The most recent HIQA inspection in DC 10 was on the 3rd and 4th November 2016. The following outcomes were inspected:

Outcome	Compliance
1	Compliant
2	
3	
4	Compliant
5	Compliant
6	Moderate
7	Major
8	Moderate
9	
10	
11	Compliant
12	Substantially
13	
14	Substantially
15	
16	
17	Compliant
18	

Service User Involvement



All homes in DC10 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users in DC10

Key Worker Meetings

- For the majority of Service Users, key worker meetings were completed monthly and were of a high quality, reflecting Service Users wishes and recorded appropriately
- A number of remaining staff only completed half the required key worker meetings with Service Users.
- This will continue to be monitored on a weekly basis to ensure that any lapses are addressed immediately by the Person in Charge.

Family Involvement

- Every Home in DC 10 had a Family Day or coffee morning for family and friends in 2016.
- Family surveys were provided to all families.
- Where PATHs have been completed, families were invited to take part in the PATH process.

Behavioural Support Plans (BSP)

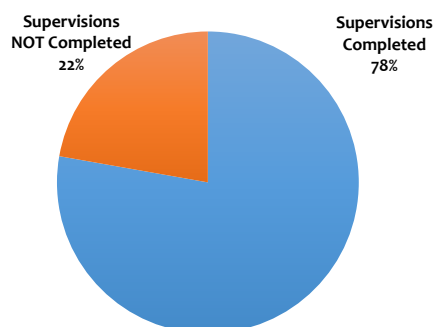
- 2 Service Users in DC 10 have Behaviour Support Plans and both are up to date.

Communication

- Nine Service Users in DC 10 have communication passports.
- The Person in Charge will ensure that any Service User that would benefit from an assessment will be referred for one.

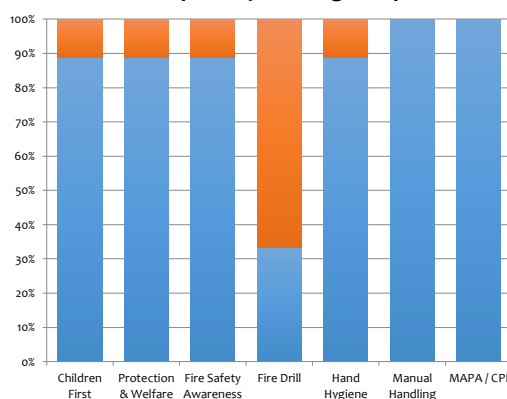
Designated Centre Performance

DC 10 Staff Supervisions*

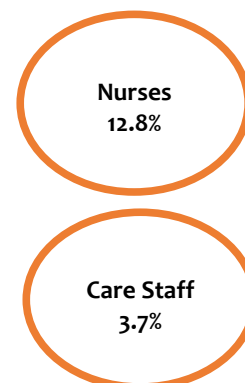


* As per organisational policy

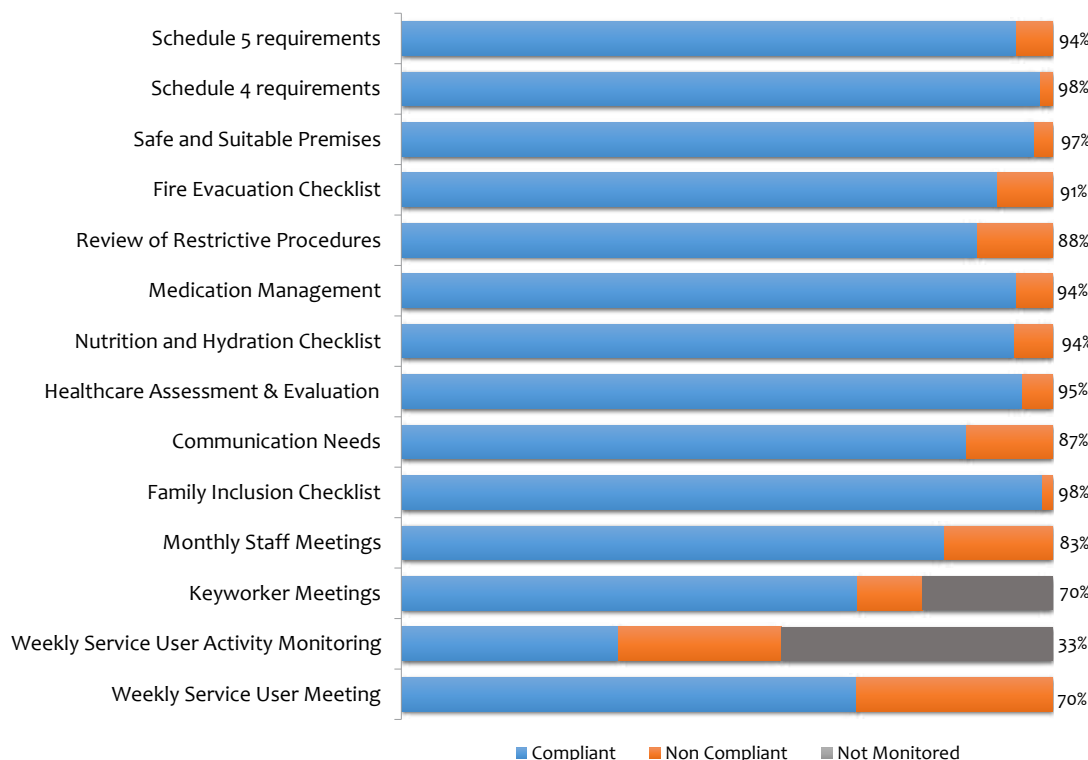
Core Competency Training Compliance



DC10 Absenteeism



Quality Assurance Document Set



**Quality
Rating
86%**

Weekly Service User Activity Monitoring

- Person in Charge monitoring of activities must be completed on a weekly basis as per plan to ensure that quality is acceptable.
- Ensuring that activities are being regularly documented is the most reoccurring issue and has been addressed by the Person in Charge with staff.
- A number of staff are carrying out documentation as required but this is not evident across the Designated Centre.

Weekly Service User Meetings

- Weekly Service User meetings had reported to have occurred for a number of years however these were in an unstructured format with no clear minutes.
- Service Users use these meetings to plan the activities that they wish to engage in during the week and what they would like to purchase during the weekly shopping.
- The first number of weeks required follow up and guidance from the Person in Charge with the quality of meetings requiring improvement. DC 10 continues to require direction in relation to carrying out quality meetings.



Designated Centre 11 (as at 31st December 2016)

Profile

Designated Centre 11 consists of five homes in West County Dublin. DC 11 is home to 19 ladies and gentlemen ranging in age from 23 to 63 years. Service users are supported by Care Staff on a 24 hour basis and one home receives nursing support. The ladies and gentlemen attend a variety of Day Services in addition to supported employment.

All homes are practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Barbara Murphy

Deputy
Person in Charge
Madeline McCormack

HIQA Inspection Reports

There was no HIQA inspection in DC 11 in 2016

The last HIQA inspection was 8th, 9th, 10th Oct 2014. The following outcomes were recorded:

Outcome	Compliance
1	Moderate
2	Compliant
3	Compliant
4	Minor
5	Compliant
6	Major
7	Moderate
8	Moderate
9	Compliant
10	Compliant
11	Compliant
12	Moderate
13	Moderate
14	Minor
15	Compliant
16	Compliant
17	Moderate
18	Compliant

Service User Involvement



All homes in DC11 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users in DC11

Key Worker Meetings

- Key worker meetings are not occurring on a monthly basis in DC 11 and are not being uploaded on SURA after they occur. It is the responsibility of each key worker to ensure that the meeting is planned with the Service User, is carried out and that the meeting is uploaded on SURA. The Service User may wish to keep the hard copy.
- One home in DC 11 completed all key worker meetings as required.

Family Involvement

- Four Homes in DC 11 had a family day or a coffee morning where family and friends could meet.
- All families were invited to take part in the Family Survey.
- Where PATHs have been completed, families were invited to take part in the PATH process.

Behavioural Support Plans (BSP)

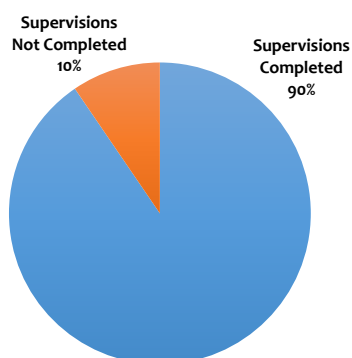
- Ten Service Users in DC 11 have BSPs and all are in date.

Communication

- All Service User who require a communication passport have one.
- The Person in Charge will ensure that any Service User who may benefit from a referral to the Speech and Language department for a communication assessment will receive one.

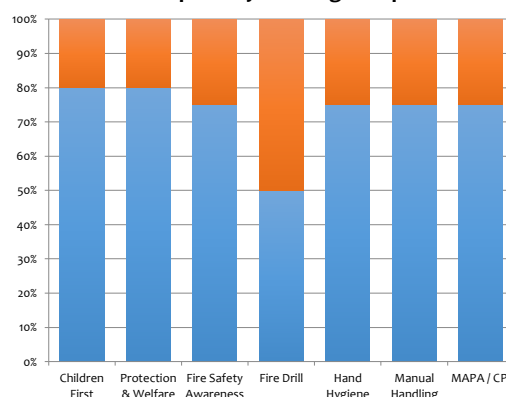
Designated Centre Performance

DC 11 Staff Supervisions*

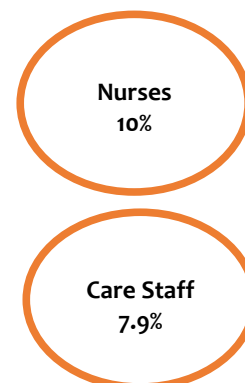


* As per organisational policy

Core Competency Training Compliance



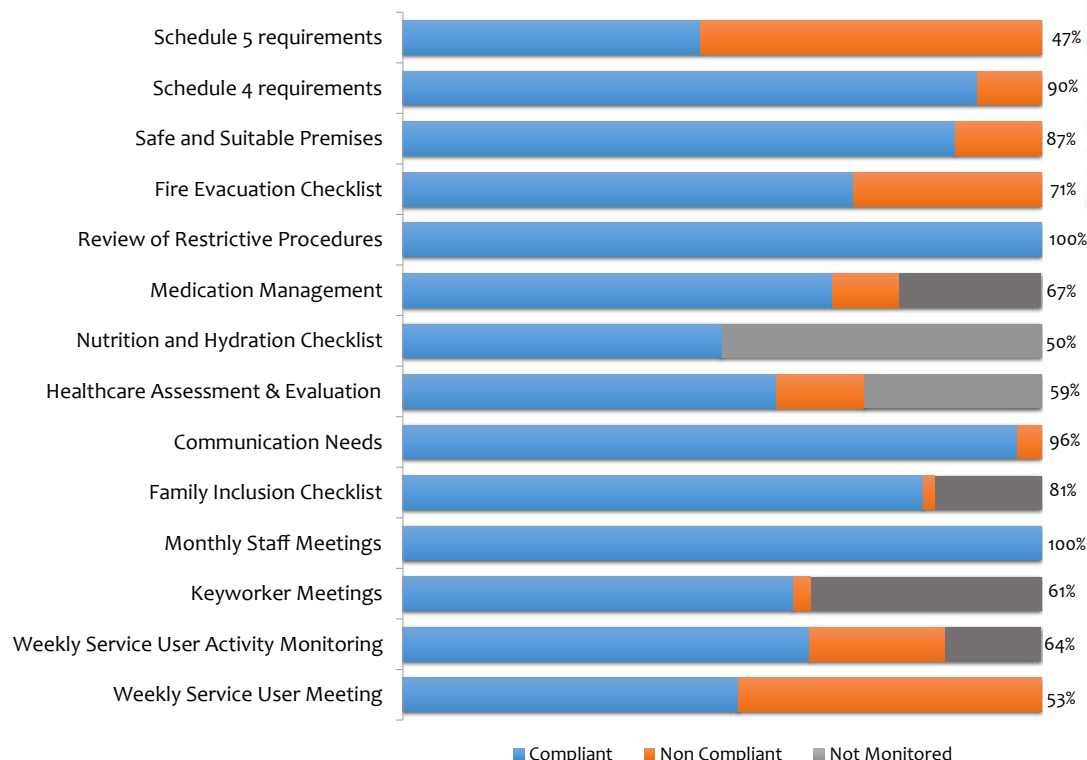
DC11 Absenteeism



- Beech Park
- Cannonbrook
- Westhaven
- Weston Court
- Weston Way

**Quality
Rating
69%**

Quality Assurance Document Set

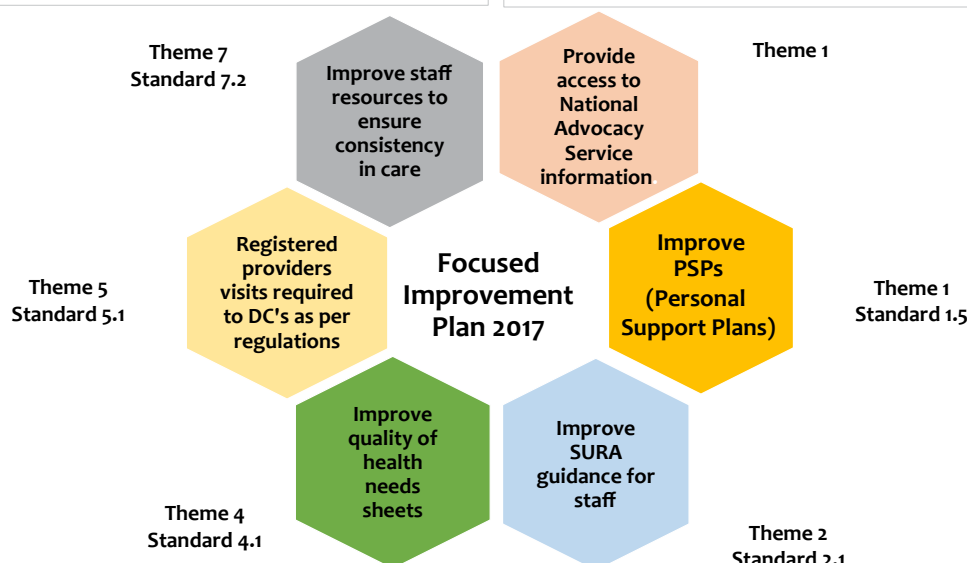


Weekly Service User Activity Monitoring

- At the beginning of the monitoring process there was no appropriate method of planning Service User activities for the week. The Person In Charge addressed this and ordered whiteboards which the Service Users could use with the assistance of staff to ensure that there was a clear plan for the week.
- Implementation of the use of the boards is occurring across DC 11 and is improving planning however attention now must be paid to the recording of activities as deficits still remain.

Weekly Service User Meetings

- The Person in Charge reported that Service User meetings had been taking place in Dc 11 for a number of years prior to monitoring taking place. On review, these meetings had been unstructured, with no clear minutes or actions to ensure that the Service Users participation in the running of the home was encourage and promoted.
- Despite direction and guidance being provided by the Person in Charge the majority of homes in DC 11 are not completing the meetings as per direction.
- Reoccurring themes are: meetings not taking place or Person in Charge not receiving minutes.



Designated Centre 12 (as at 31st December 2016)

Profile

Designated Centre 12 consists of six homes in the North Kildare area. DC 12 is home to 25 Service Users both ladies and gentlemen ranging in age from 29 to 64 years. Service Users are supported by Care Staff on a 24 hour basis with nursing supports available in five homes. Service Users attend a variety of Day Services for education and training.

All homes are practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Barbara Murphy

Deputy
Person in Charge
Madeline McCormack

HIQA Inspection Reports

DC 12 was inspected by HIQA on the 13th and 14th December 2016. The following outcomes were inspected:

Outcome	Compliance
1	
2	
3	
4	
5	Compliant
6	
7	Moderate
8	Moderate
9	
10	
11	Compliant
12	Compliant
13	Compliant
14	Substantially
15	
16	
17	Moderate
18	

Service User Involvement



All homes in DC12 were visited by a member of the Service User Council



Service User Surveys were distributed to all Service Users in DC12

Key Worker Meetings

- One home in DC 12 carried out key worker meetings as required. Service Users took part in one key worker meeting per month.
- The remainder of the homes had deficits in the number of key worker meetings held – all had at least 50% of the required meetings.
- These meetings must be held on a monthly basis, with meetings planned with the Service Users, recorded on the standard template and uploaded onto SURA. The Service User may wish to keep the hard copy.

Family Involvement

- Two homes in DC 12 had family days in 2016.
- All families were invited to take part in the family members survey.
- Where PATHs have been completed, families were invited to take part in the PATH process.

Behavioural Support Plans (BSP)

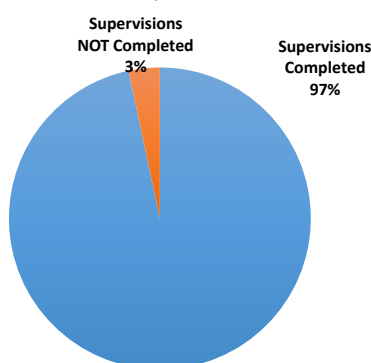
- Six Service Users in DC12 have BSPs, all are reviewed and one is in progress.

Communication

- There are a number of Service Users in DC 12 who require communication passports but they are not in place. The Person in Charge has identified this and has commenced the creation of these.
- The Person in Charge will ensure that all Service Users that may benefit from a communication assessment from the Speech and Language department will be referred.

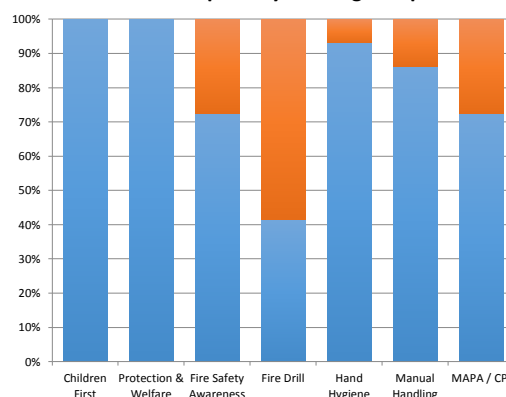
Designated Centre Performance

DC 12 Staff Supervisions*

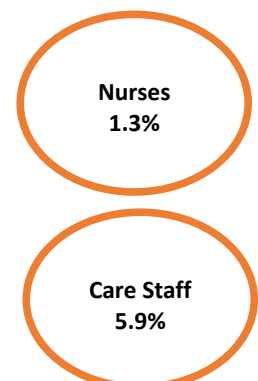


* As per organisational policy

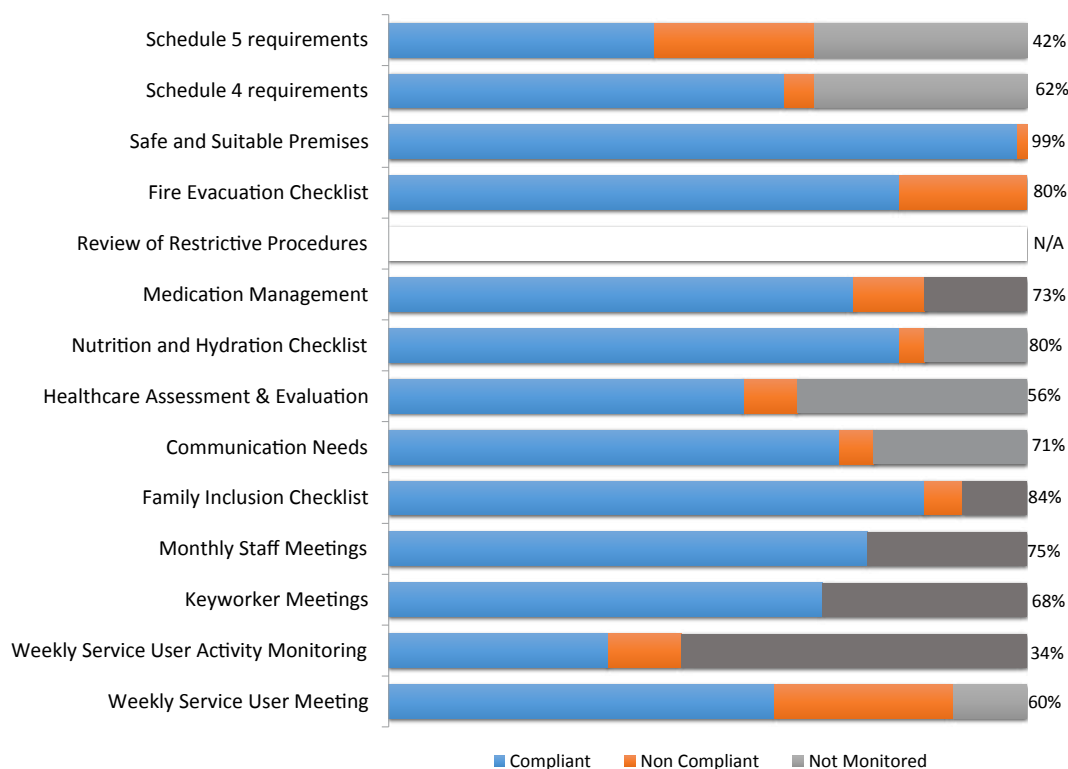
Core Competency Training Compliance



DC12 Absenteeism



Quality Assurance Document Set



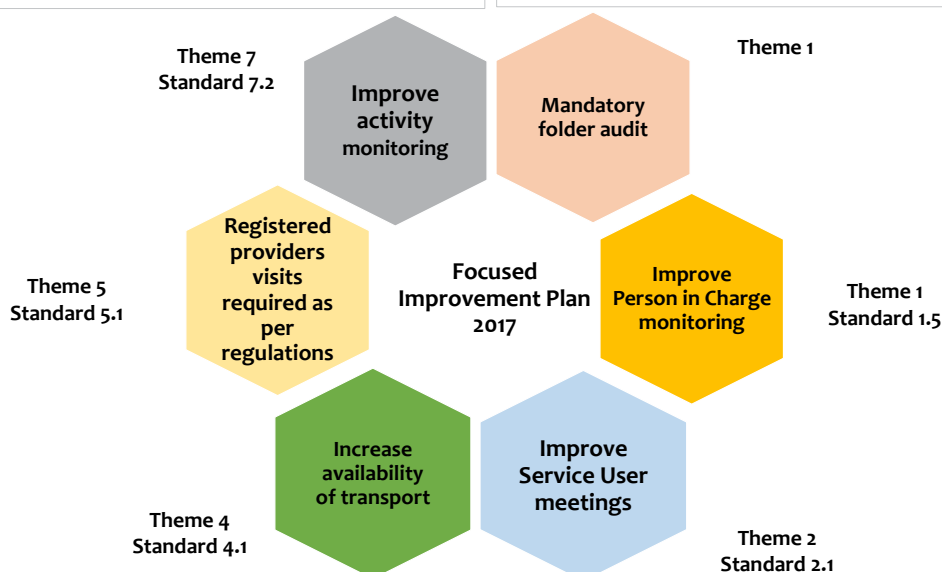
**Quality
Rating**
72%

Weekly Service User Activity Monitoring

- The monitoring by the Person in Charge of activities was less than 50% for the quarter resulting in poor quality planning and recoding of activities in most houses. Activities do appear to be taking place however these are not being recorded. This can result in a lack of continuity of services being provided.
- The Person in Charge will ensure that monitoring is completed weekly as per plan.

Weekly Service User Meetings

- The importance of continuous monitoring is extremely important and the process of planning, carrying out, recording and providing a copy of minutes to the Person in Charge is an organisational requirement. It is the responsibility of the staff on duty on the day the meeting is planned to complete this process.
- The quality of Service User meetings in DC 12 was high initially but diminished towards the end of the quarter.



Designated Centre 13 (as at 31st December 2016)

Profile

Designated Centre 13 consists two homes. Celbridge Abbey is residential home which provides full-time care for three children ranging in age from 13 to 18 years and Dochas Lodge, which is a respite house, located in Straffan, Co. Kildare which provides respite care for up to four children per night and residential care for one child.

The children are supported by Nursing and Care Staff and the attend school during the week.

Both homes in Designated Centre 13 are practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Betty Kearns

Deputy
Person in Charge
Mary Connolly

HIQA Inspection Reports

DC13 was inspected by HIQA on the 24th May 2016. The DC was inspected under the following outcomes.

Outcome	Compliance
1	
2	Compliant
3	
4	Moderate
5	Moderate
6	
7	Compliant
8	Substantially
9	
10	
11	
12	Compliant
13	
14	Substantially
15	
16	
17	Compliant
18	

Service User Involvement



Multisensory corner developed through Service User meetings.

Key Worker Meetings

- Key worker meetings do not take place in Dochas Lodge, the children's respite service. Annual reviews take place for each child and the key worker is involved in this process.
- Key worker meetings were monitored for the four Service Users that are full time residents.
- The quality of these meetings were high and reflected Services Users wishes and preferences.

Family involvement

- Coffee Mornings were held in Designated Centre 13 to provide families with the opportunity to meet other families and staff.
- All families were provided with a Family and Friends Survey.

Behavioural Support Plans (BSP)

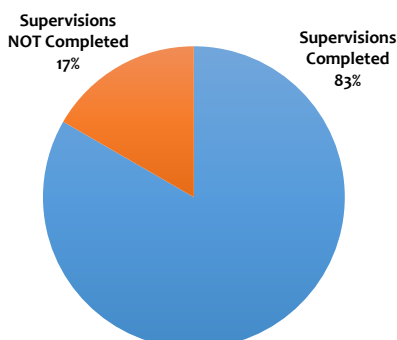
- Eight Service Users in DC 13 require Behaviour Support Plans. All are awaiting review.

Communication

- All Service Users in DC 13 have Communication Passports and many have alternative and augmentative tools to facilitate communication.

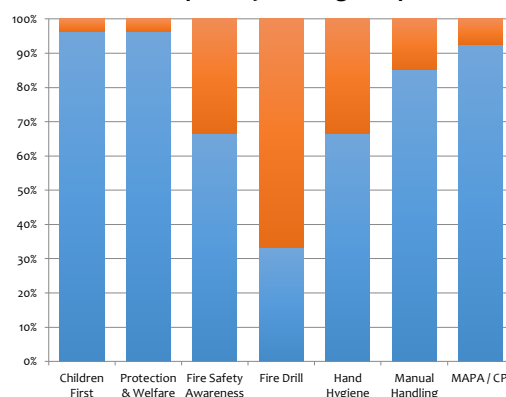
Designated Centre Performance

DC13 Staff Supervisions*

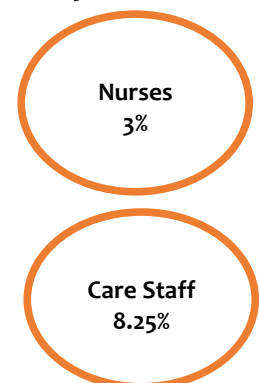


* As per organisational policy

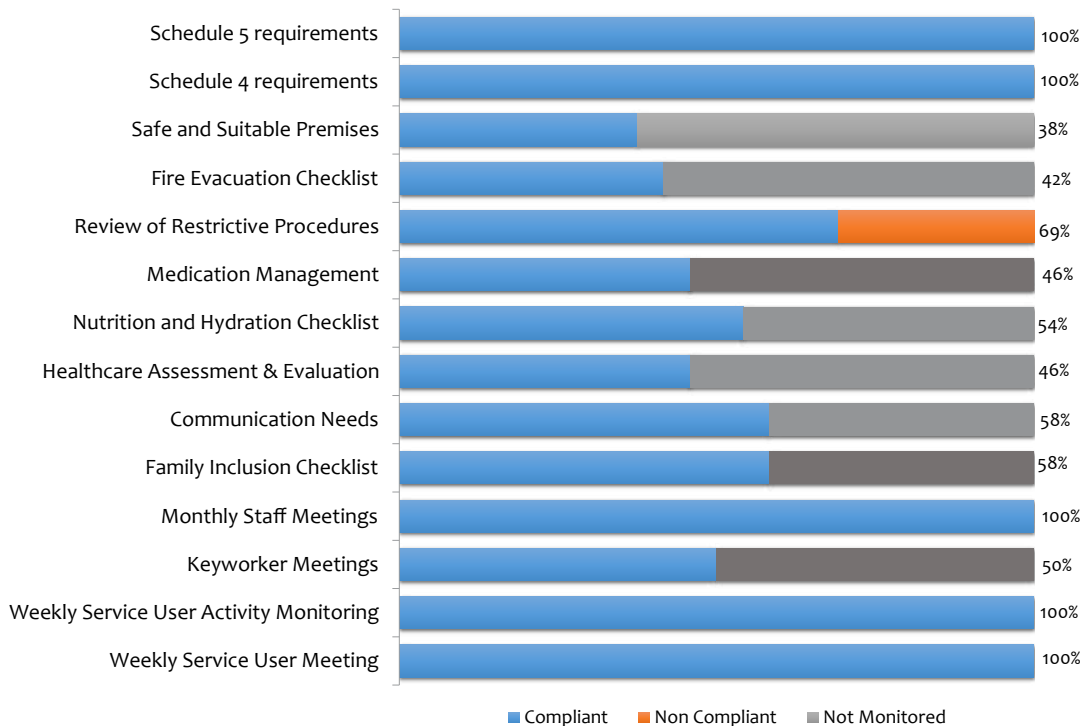
Core Competency Training Compliance



DC13 Absenteeism



Quality Assurance Document Set



Quality Rating
52%

*

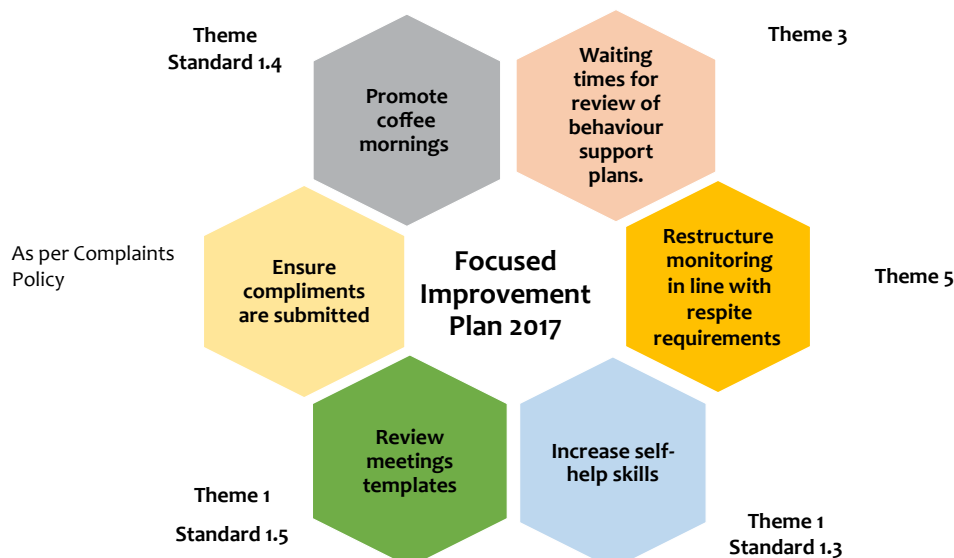
As Designated Centre 13 provides a Respite Service, adaptations to the Quality Assurance Document Set to reflect characteristics unique to that service are required. A number of meeting templates have already been modified and for Quarter 3 the Quality Assurance Document Set will be modified as appropriate.

Weekly Service User Activity Monitoring

- Planning, recording and carrying out high quality activities is reported by the Person in Charge through the monitoring process.
- Activity planning is carried out at weekly Service User meetings and recorded on SURA.

Weekly Service User Meetings

- A template which differs slightly from the standard template was created for Dochas Lodge, due to the requirements of the centre.
- Service User meetings take place on a weekly basis and on occasion more regularly depending on admissions to respite.
- Planning for the week is carried out at these meetings and the Service Users input is encouraged.
- Initiatives such as the multisensory corner was suggested at the Service Users meetings.



Designated Centre 14 (as at 31st December 2016)

Profile

Designated Centre 14 comprises of three homes all located in the community and provides Respite Services to adults.

Service Users in these homes are supported by Nurses and Care Staff on a 24 hours basis and Services Users attend a variety of Day Services and supported employment.

Two homes in Designated Centre 14 are practice placements for Student Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Person in Charge
Berry Kearns

Deputy
Person in Charge
Mary Connolly

HIQA Inspection Reports

DC14 was inspected by HIQA on 11th of January 2017. The following outcomes were inspected:

Outcome	Compliance
1	
2	
3	
4	Compliant
5	Compliant
6	Substantially
7	Compliant
8	Moderate
9	Moderate
10	
11	Compliant
12	Substantially
13	
14	Compliant
15	
16	
17	Moderate
18	Compliant

Service User Involvement



The Service Users in Adult Respite do not have representation on the Service Users Council. They do have access to members of the council at Day Service, the Person in Charge will discuss with Service Users if they would like to consider running in the next election.



All Service Users were invited to take part in Service Users surveys.

Key Worker Meetings

- Key worker meetings do not take place in adult respite houses due to the length of stay for admissions. Service Users are assigned a key worker who is available to them for support as required.
- Key workers assist in preparing for and attend annual Service User reviews.

Family involvement

- There was coffee mornings held in the adult respite homes in December 2016.
- Family and Friends Surveys were distributed to family members.

Behavioural Support Plans (BSP)

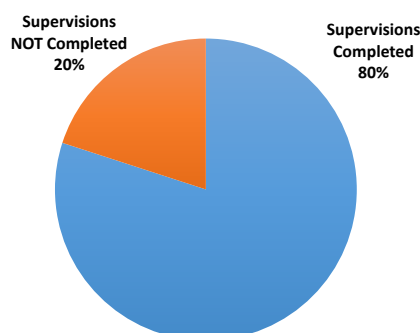
- There are no Behaviour Support Plans in DC 14.

Communication

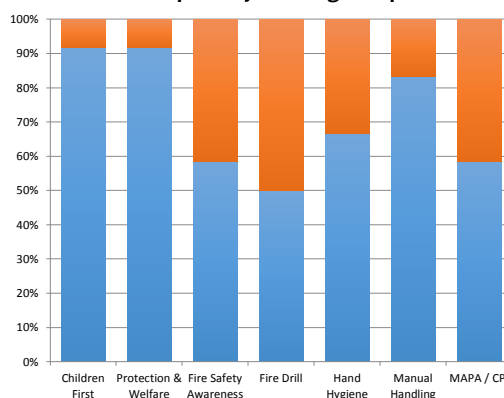
- All Service Users in DC 14 have a communication passports.

Designated Centre Performance

DC 14 Staff Supervisions*



Core Competency Training Compliance



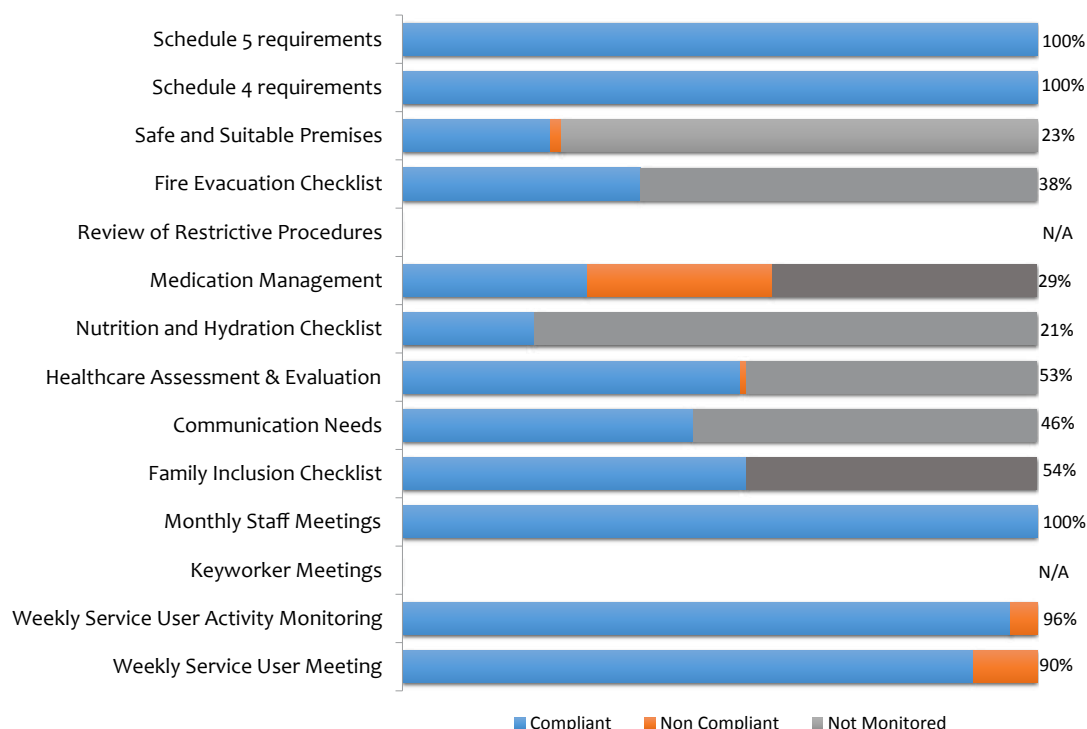
DC14 Absenteeism

Nurses
5.9%

Care Staff
17%



Quality Assurance Document Set



Quality Rating
43%

*

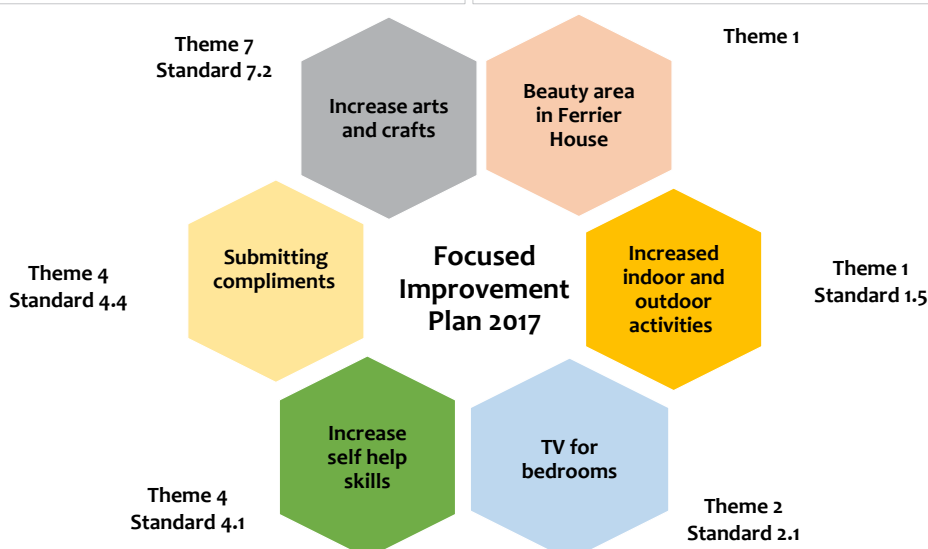
As Designated Centre 14 provides a respite service, adaptations to the Quality Assurance Document Set to reflect characteristics unique to that service are required. A number of meeting templates have already been modified and for Quarter 3 the Quality Assurance Document Set will have been modified as appropriate.

Weekly Service User Activity Monitoring

- Many of the Service Users in DC 14 are very independent and plan the activities that they wish to engage in for the week ahead.
- The Person in Charge is monitoring that the activities are recorded appropriately by staff and that Service Users are encouraged to explore new activities, increase community inclusion and be aware of where new skills may be explored.

Weekly Service User Meetings

- The template for Service User meetings was adapted to ensure that it was appropriate for adult Respite Services.
- Service User meetings take place on a weekly basis, usually on the day of admission.
- These meetings are used to discuss any queries or concerns that Service Users may have regarding the week ahead. Weekly shopping and activities are planned for the week ahead.
- Staff have required some feedback with regard to ensuring that the information recorded and actions planned at meetings are followed up.



Day Services Audits (New Directions)

An audit of internal Day Services was commenced at the end of 2016 throughout Stewarts Care, the purpose of which was to monitor compliance with HSE Interim Standards for New Directions. This Day Service Audit was arranged in advance and all staff were aware that it was scheduled. The purpose of the audit was to establish a baseline for standards of care and support across all Day Service programmes and locations.

The table below sets out the Interim Standards for New Direction themes that the audit was based on.

Theme 1: Individualised Services and Supports

Theme 2: Effective Services and Supports

Theme 3: Safe Services and Supports

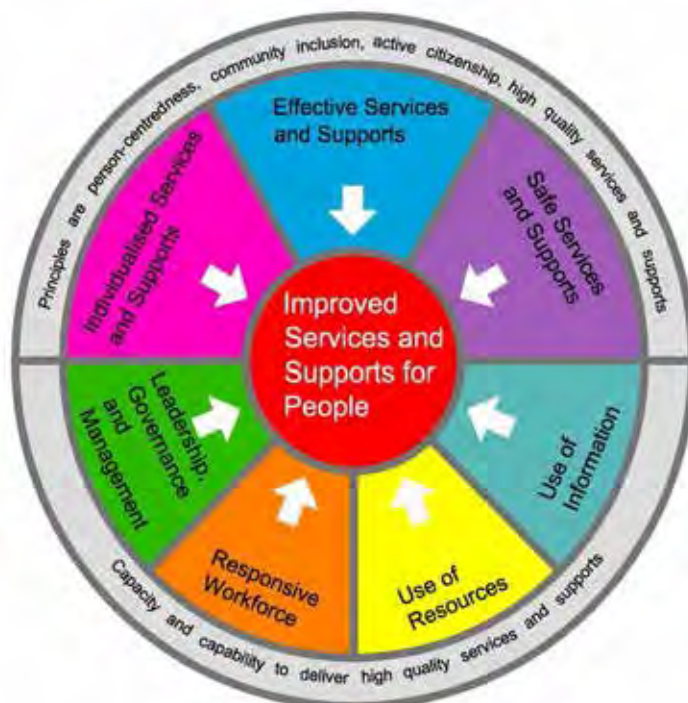
Theme 5: Responsive Workforce

Theme 7: Use of Information

The interim standards provided under each theme were used as guidelines to create the questions asked in the Day Services Audit.

The Interim Standards for New Directions themes are further categorised into the four key principles: Person Centredness, Community Inclusion, Active Citizenship, and Quality Framework. The categorising of the questions in the audit were based on these principles.

The team who worked on the questions for the audit were sponsored by the Stewarts Care Quality Steering Committee. The project was influenced by the successful Quality Assurance Document Set checklists created for Stewarts Care Residential Services.



This was the first Day Service Audit conducted in Stewarts Care against Interim Standards for New Directions. It was carried out to monitor compliance with 5 of the 7 themes set out in the HSE New Directions Standards. A pilot audit involving 4 Day Service areas, had taken place in August 2016.

How the evidence was gathered

Monitoring took place over 6 weeks. The auditor initially met with centre managers to discuss the aims and objectives of the audit. The audit was conducted in conjunction with staff members who were allocated as key workers¹ in each Day Service area, this included Senior Team Members, Team Members, Care Staff and Agency Staff.

15 Day Service programmes were visited and all areas contributed to the audit. The key workers in each program facilitated the audit, this included 55 questions and a total of 473 Service Users were audited; 353 Day Attenders and 120 Residential / Community residents. This number is not an accurate representation of the number of Service Users attending Day Service as numerous Service Users appeared on more than one audit list.

During the audit the following documentation was reviewed for each Service User;

- Personal Support Plans,
- Timetables,
- Key Worker Meeting records,
- Advocacy Training,
- Complaints Logs,
- Charter of Rights documentation,
- Health and Safety Training,
- Positive Behaviour Support Plans.
- Goal Records,
- Activity records,
- Evidence of Service User Council Communication,
- Communication Passports,
- Evidence of family inclusion,
- Risk Assessments,
- Medical Plans

Overall judgment of findings

The consistent areas of **good practice** across Day Service are;

1. Personal Plans- 98% of Service Users have a personal plan in the form of a folder, PATH or SURA. However, this information recorded by staff is not standardised across Day Services. A considerable amount of staff asked for clear guidance as to how information on SURA and in folders should be recorded, currently they feel they have no direction.
2. Participation in exercise / healthy eating- 70% of Service Users engage in some form of exercise as part of their Day Service. Attending Stewart's gym and swimming pool is popular across all Day Services. A significant number of Service Users actively participated in Operation Transformation and staff in Day Service felt it was very successful in providing new opportunities for Service Users.
3. Right of the Month and Charter of Rights education is prominent and well evidenced in all areas.
4. New opportunities- 82% of Service Users have had the opportunity to try something new in the past year. The majority of these opportunities were Community Inclusion/ Social Outings.
5. Key worker knowledge of Service Users- key workers knew a great deal of information about each Service User and most could provide in-depth knowledge about family, friends and club participation outside of Day Services. Unfortunately this was not always documented.

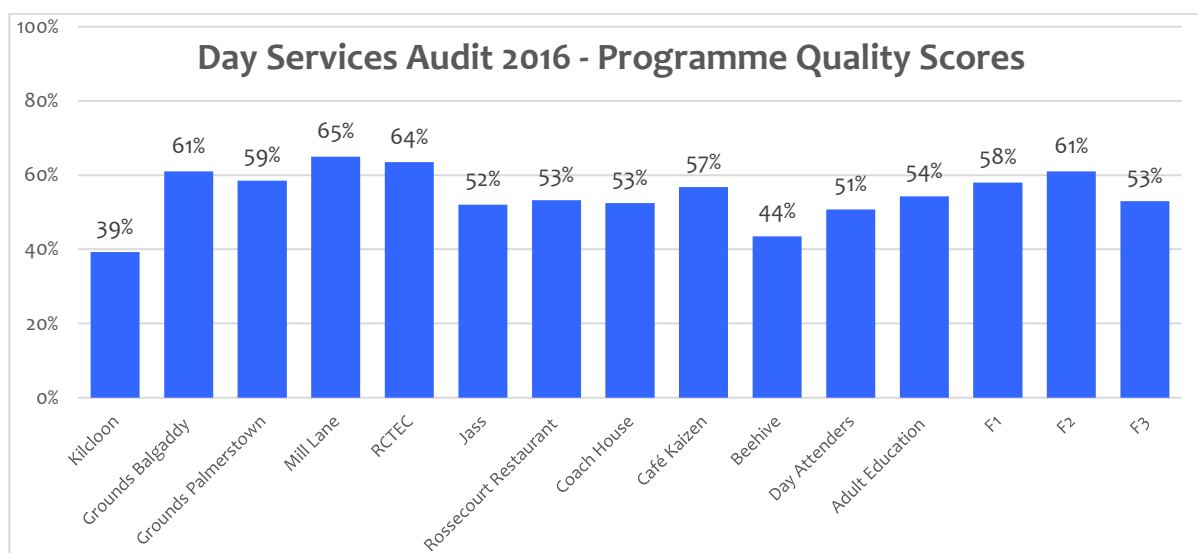
The main **areas of improvement** needed across Day Service are;

1. Documentation of Evidence- Poor staff knowledge of SURA regarding how to use it effectively, what areas should be completed and how often. Documentation is not consistent, if a Service User attends more than one Day Service this information is not always recorded. In some cases it is recorded but is

¹ Key worker: The key worker is the member of the staff in the service who carries particular responsibility for the person with a disability, liaises directly with them, coordinates their services and supports, and acts as a resource person (HSE, Interim Standards for New Directions, Services and Supports for Adults with Disabilities).

kept on paper files in one Day Service, this prevents other areas such as Community and Residential from accessing the information and therefore limiting the opportunities Service Users are receiving.

2. Person Centred Approach- at present there is lots of group timetables, community inclusion/ social outings are done as groups, choices provided are group choices. Goals need to be individualised and meaningful to each person's needs and wishes. A lot of goals reviewed were of a very poor quality and often everyday activities were recorded as goals. Very few Service Users in Day Services have PATHs and those that do are not always been used by Day Service staff to provide a person centred approach.
3. Key worker Meetings- Staff are unaware of how key worker meetings should be documented, how often they should be done and what information needs to be included in them. Quality of key worker meetings across Day Services is poor and in some areas key worker meetings have not been taking place at all.
4. Advocacy training- Very few Service Users are receiving advocacy training at present. Staff are also unaware of their role in relation to advocacy with a number of staff questioning what the word advocacy means.
5. Risk Assessments/ Behaviour Support plans- Not all areas have individualised fire risk assessments for each Service User. Knowledge of all risk assessments in particular Behaviour Support Plans is poor and staff were not always aware of what risk assessments Service Users have/ should have and where to find them. In some cases this is due to Care Staff having limited access to SURA
6. Those in off campus Day Service areas such as Rossecourt and Kilcloon felt that activities organised on Stewart's campus were not always accessible to them and therefore Service Users missed out.
7. Staff- are unaware of the guidelines for the programmes they are providing.
8. Staff are currently doing unnecessary training e.g. completing Communication Passport training when nobody in their area needs a communication passport at present, this time could have been more usefully spent ensuring current documentation was up to date.
9. Catering areas need to find a way to improve community inclusion and create new opportunities for Service Users outside of the restaurant areas.
10. A life skills² programme is needed in all areas based on Service Users needs and abilities.



This graph shows the overall compliance with New Directions based on the questions asked in the Day Service Audit.

² Life-skills: Life-skills are skills that enable people to deal effectively with daily living, such as civic awareness, decision making, housekeeping, independent living skills, money management, sexuality and relationships, social skills, and travel training (HSE, Interim Standards for New Directions, Services and Supports for Adults with Disabilities).

Conclusion

The audit was a very successful starting point to determine compliance of Stewarts Care Day Services with New Directions Standards. All staff monitored were helpful and cooperative during the audit, embraced the process and used it to ask for help and guidance in their roles, as they want to provide an excellent service for all Service Users.

The overall Programme Quality Scores (see graph above) offer a true reflection of the level of service and care offered in Day Services at present. New Directions has a strong emphasis on person centred services³, listening to Service Users and tailoring services to suit individuals. There is a lot of work needed in order to bring Stewarts Care Day Service up to this standard.

A monitoring tool of this kind should be a constant exercise across Day Service as a means to measure the effectiveness of Day Services and to ensure continuous improvement. Going forward the audit must have a stronger emphasis on quality measurements. Once all staff are aware of their key responsibilities the monitoring should serve to measure effectiveness. The Audit Toolkit must be converted to a Quality Assurance Document Set and administered through the Compliance Office under the oversight of QSC.

Recommendations

- All staff need extensive Day Service specific SURA training. SURA guidelines are also needed for Day Service areas. Guidelines should include; clear instructions on what areas should be completed by staff, specific timeframes and directions on quality.
- Individualised timetables and goals must be developed with / by Service Users and used to create effective Day Services that are tailored to each individual person. Quality of goals should be monitored to ensure goals are SMART⁴.
- Monthly key worker meetings must be recorded on SURA for all Service Users. The mind-set of using them as a paper work exercise needs to change. Key worker meetings should be viewed as a personal planning aid that identifies goals, needs and preferences and used to recognise what supports need to be put in place by the service to ensure that each Service User achieves their goals. The quality of these should be regularly monitored by management.
- It is essential that all Service Users take part in advocacy training. This will help Service Users become more independent and also help them be aware of how to voice their opinions on the planning and delivery of the service they are using.
- Staff training is required on risk assessments with an emphasis on Positive Behaviour Support Plans (PBSP). All staff need to be aware of where to find risk assessments and how to use them to ensure the correct level of care is provided to all Service Users.
- Undertake a review of all catering Day Service areas to identify ways to Improve Community Inclusion through a more integrated approach across services.
- A strong management presence is necessary in the least compliant areas in order to help staff improve the current service provided to Service Users.
- Life skills programmes must be developed in Day Services based on Service Users needs and abilities. Included in this should be education on;
 - Money Management
 - Healthy Eating
 - Relationship Advice and Guidance
 - Road Safety and Independent Travelling
 - Smoking and Alcohol Consumption

The Quality Steering Committee is tasked to oversee the implementation of these recommendations and to ensure alignment with Stewarts Care Strategic Plan 2017 - 2019

³ Person-centred services respect the strengths, abilities and resourcefulness of all individuals and their place in the community and society. When services and supports are person-centred, the service provider truly listens to and respects the choices that the person makes and tailors services and supports around those choices. The service provider uses creativity and flexibility to support the person to achieve his or her chosen goals (HSE, Interim Standards for New Directions, Services and Supports for Adults with Disabilities).

⁴ Specific, Meaningful, Achievable, Realistic, Time based

Day Service - The Old Beehive (as at 31st December 2016)

Profile

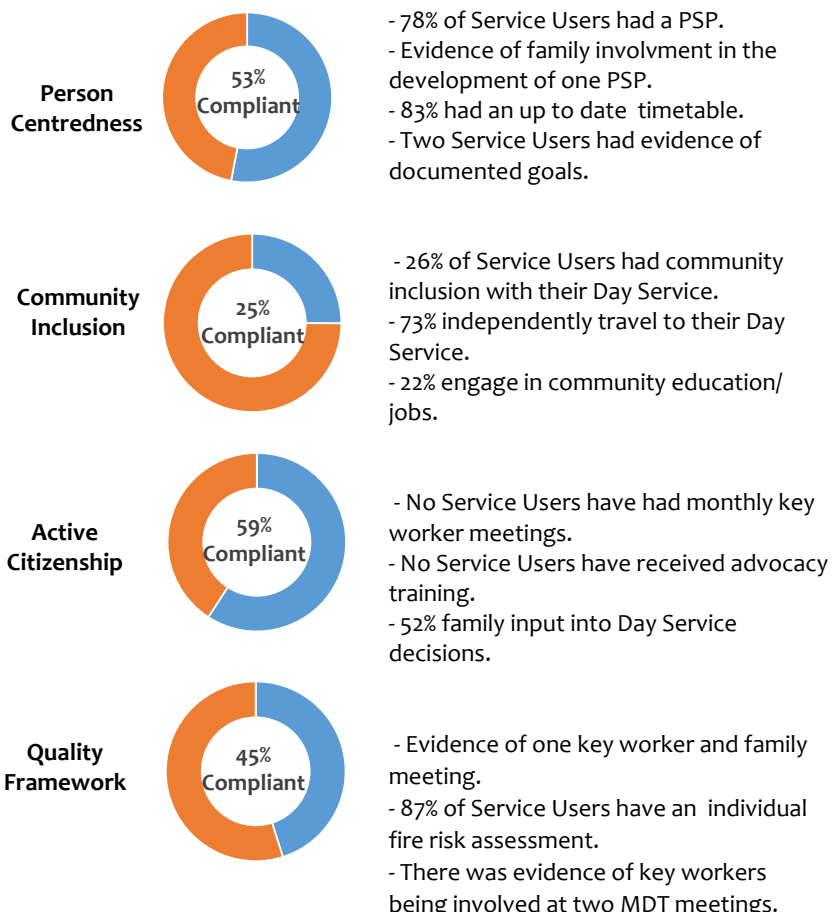
The Old Beehive is a Day Service located in Palmerstown, facilitating 23 Service Users; 13 Day Attendees and 10 Residential/ Community Service Users

The Old Beehive Restaurant is a Day Service that helps Service Users gain work experience in a catering environment. The Beehive also includes a bakery. The bakery is a Day Service that provides Service Users with training and education in an alternative catering environment.

Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - The Old Beehive



Key worker Meetings

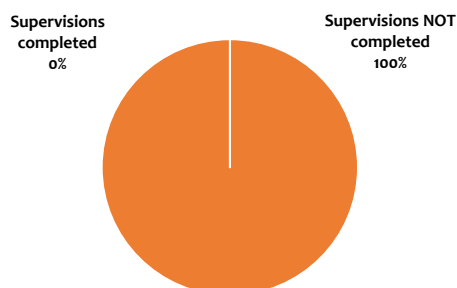
- Monthly key worker meetings have not been taking place for the majority of Service Users in the Beehive.
- Key workers explained that this has not been taking place due to a lack of knowledge surrounding their obligations, where to record them, what to record and how often they should be conducted. This is also due to an absence of management in The Beehive.

Key Worker and Family Meetings

- There was one documented meeting between a Service Users family and a key worker in the past year.
- There is family input from 52% of Service Users families in The Beehive. This contact with family members is usually through telephone calls, these are sometimes recorded on SURA in the communication notes. Other family involvement is through informal chats with staff when Service Users are being dropped off and collected by a family member. This is not always documented.

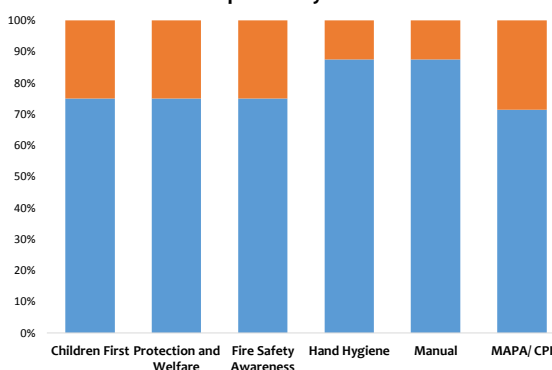
Day Service Staff Performance

The Old Beehive Staff Supervisions*

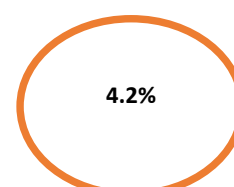


* As per organisational policy

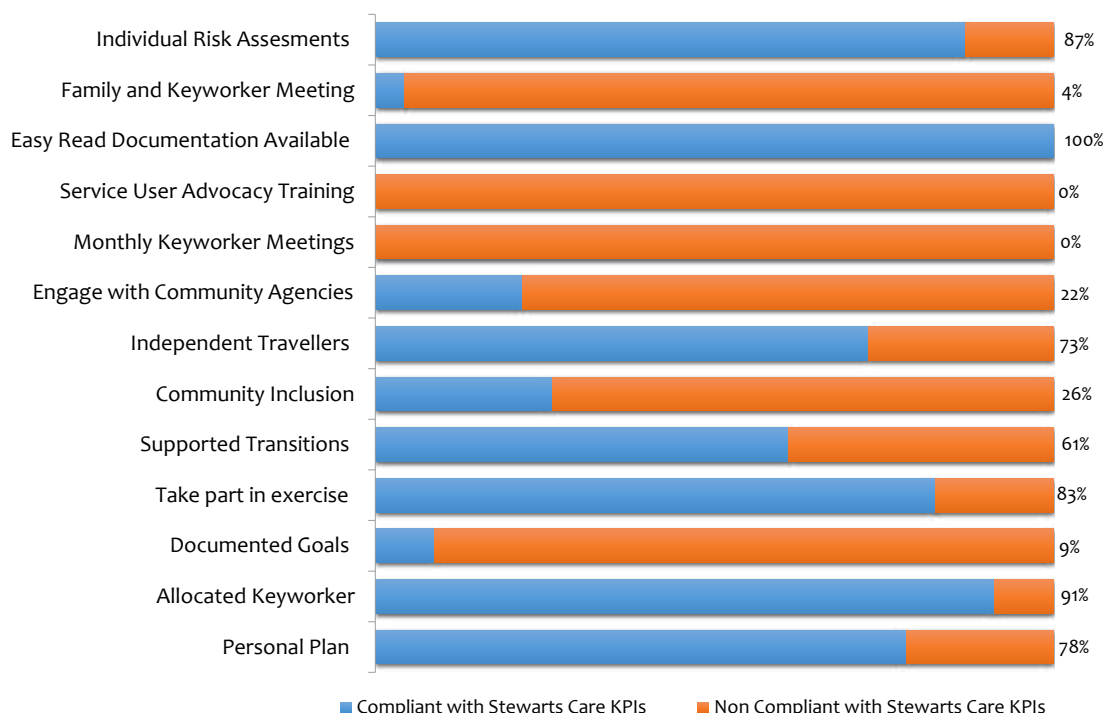
Day Services Core Competency Training Compliance by Course



The Old Beehive Absenteeism



Day Service Audit Core Criteria



Quality
Rating
46%

Community Inclusion

- Community Inclusion was minimal in 2016 due to limited staffing.
- Community inclusion documented is from Service Users who have jobs as part of the JASS programme. Three Service Users engage with a community inclusive agency for education.

Personal Plans

- There was evidence of all full time Service Users having a personalised plan in the form of a folder. There was no consistency of information documented in folders.
- Five part time Service Users did not have any PSPs.
- All Service Users require goals to be documented on SURA.

SURA- Electronic Service User Record

- Some information for Service Users personal plan is kept on SURA, this is currently not updated by all staff.
- Key workers expressed a need for further training and guidance on what information they should be inputting into SURA.

Advocacy Training

- All Service Users need to be supported to understand their rights in relation to advocacy

Risk Assessment

- 20 Service Users had a fire risk assessment for The Old Beehive however staff knowledge of risk assessments as a whole could be improved.



Day Service - Rossecourt Restaurant (as at 31st December 2016)

Profile

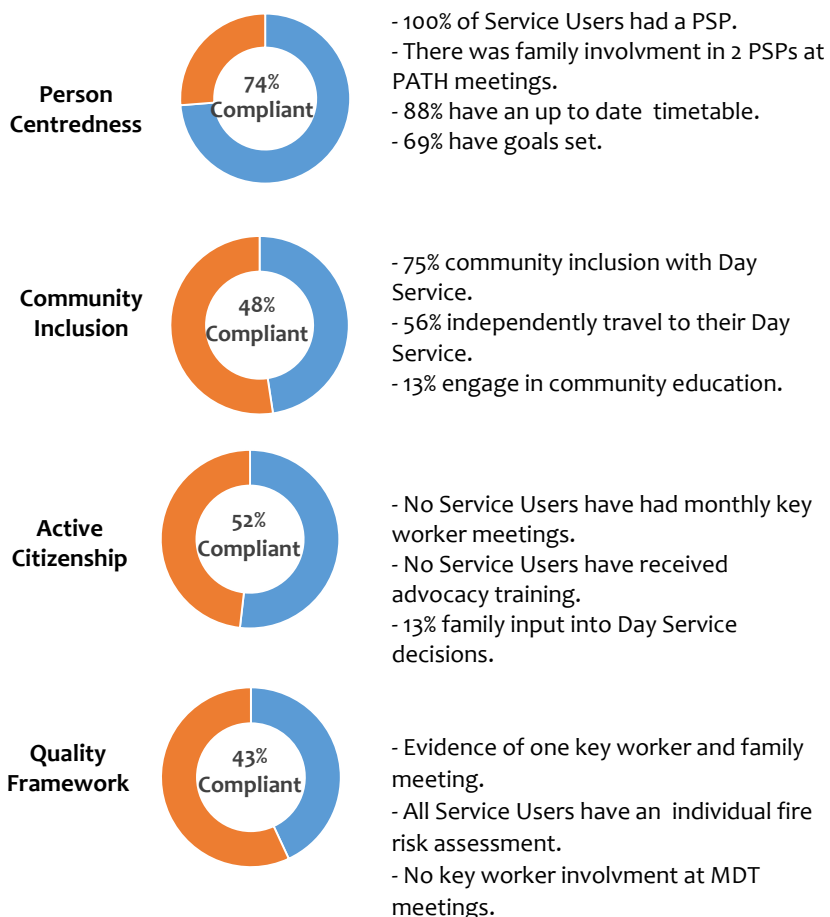
Rossecourt Restaurant is a Day Service located in Lucan facilitating 16 Service Users; 13 Day Attendees and 3 Residential/ Community Service Users.

The Rossecourt Restaurant is a Day Service area used to facilitate the training of Service Users in the areas of food preparation and front of house service.

Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - Rossecourt Restaurant



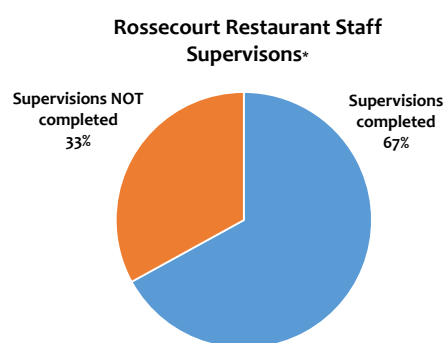
Key Worker Meetings

- There was evidence of some key worker meetings taking place in the Rossecourt Restaurant however they have not been monthly and staff are unaware of when or how often they should take place.
- Some Service Users had not had any key worker meetings at the time of audit.
- Key worker meetings were recorded on key worker meeting sheets and kept in folders in The Rossecourt Restaurant.

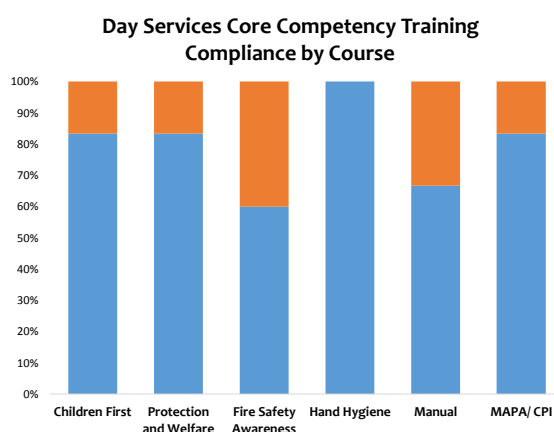
Key Worker and Family Meetings

- There was evidence of one meeting between a key worker and family members in the past year and this was as part of the PATH process
- Phonecalls and informal chats with family members are not always recorded by Rossecourt Restaurant staff.

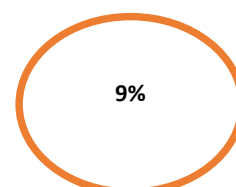
Day Service Staff Performance



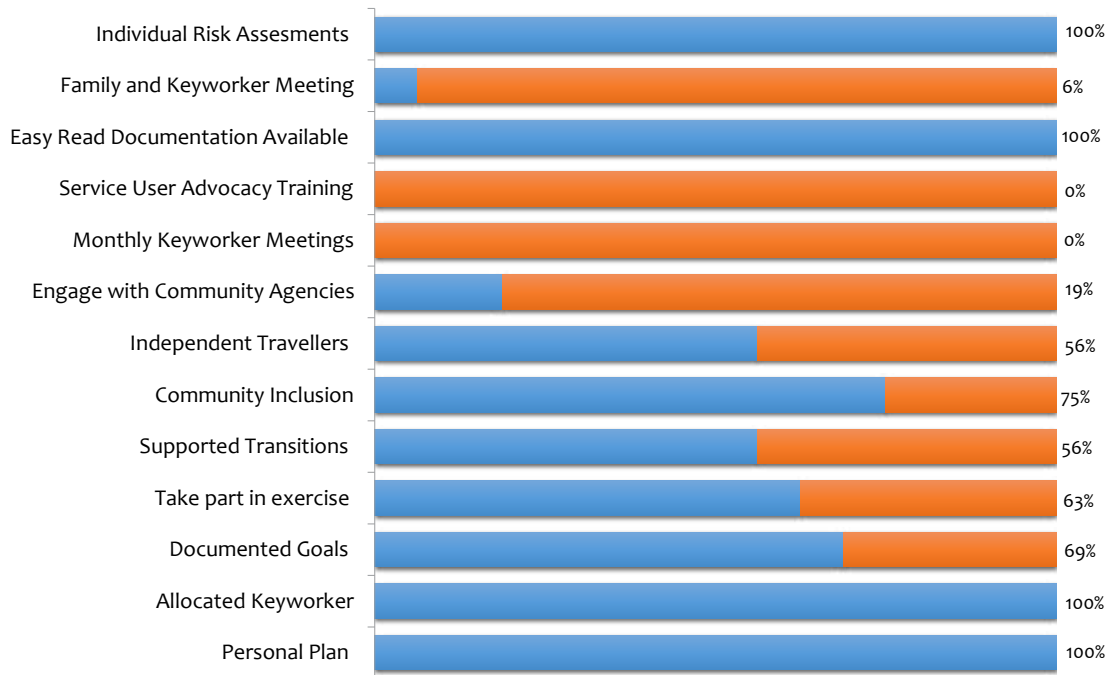
* As per organisational policy



Rossecourt Restaurant Absenteeism



Day Service Audit Core Criteria



**Quality
Rating
54%**

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Service Users have been on a limited number of trips in 2016 due to staff shortages and time spent running a busy restaurant.
- Three Service Users engage with a community inclusive agency that comes into Rossecourt to provide literacy education.

Personal Plans

- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included some personal information and limited documentation.
- All Service Users need goals recorded as part of their personal plans.

SURA- Electronic Service User Record

- Some information for person's personal plan is kept on SURA, this is not always updated staff explained that this was due to a lack of time.
- Staff explained that they were unsure of when, where and what should be filled in on SURA and needed clearer guidance on this.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy.

Transitions and Progressions

- Service Users should be supported to progress to another Day Service if they wish.



Day Service - RCTEC (as at 31st December 2016)

Profile

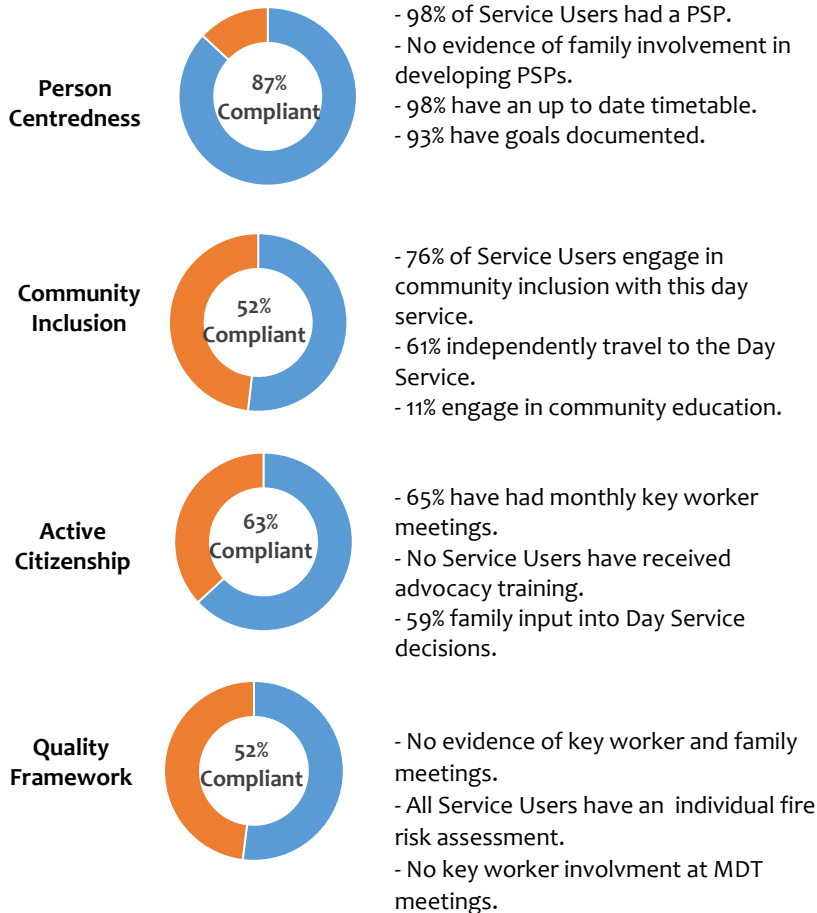
Ronanstown Community Training and Education Centre (RCTEC) is a Day Service located in Lucan, facilitating 46 Service Users; 46 Day Attendees

The RCTEC programme is a 4 year programme that offers courses based around general learning and vocational skills.

Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - RCTEC



Key Worker Meetings

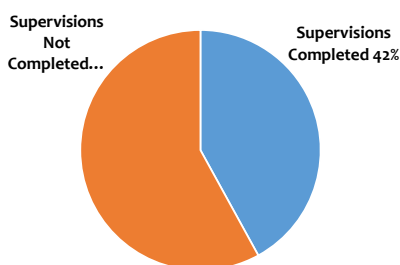
- Monthly key worker meetings have been taking place for 65% of Service Users on the RCTEC programme.
- Some areas were not conducting regular key worker meetings. Key worker meetings were all recorded on key worker forms that are kept in the Service Users folders. The information recorded was not always effective depending on the instructor.
- RCTEC Instructors have also been completing Assessment and Progress Review forms every four weeks. These record the exact same information as in the key worker meeting forms, staff feel this is an unnecessary duplication of work.

Key Worker and Family Meetings

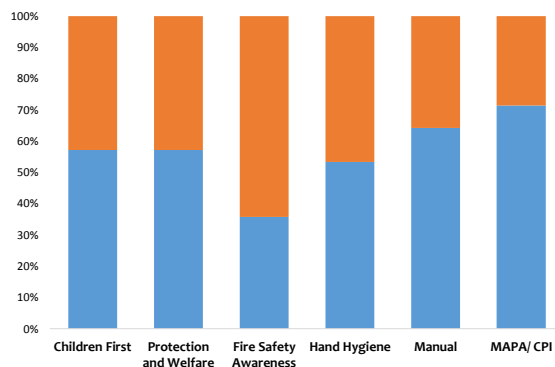
- No key workers had evidence of a meeting between them and the Service Users family in the past year.
- Some staff spoke of annual reviews that take place in the centre for Service Users on the RCTEC programme but these are conducted by the Senior Team Member in the area, key workers are not involved.

Day Service Staff Performance

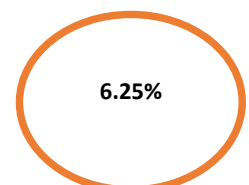
RCTEC Supervisions Completed



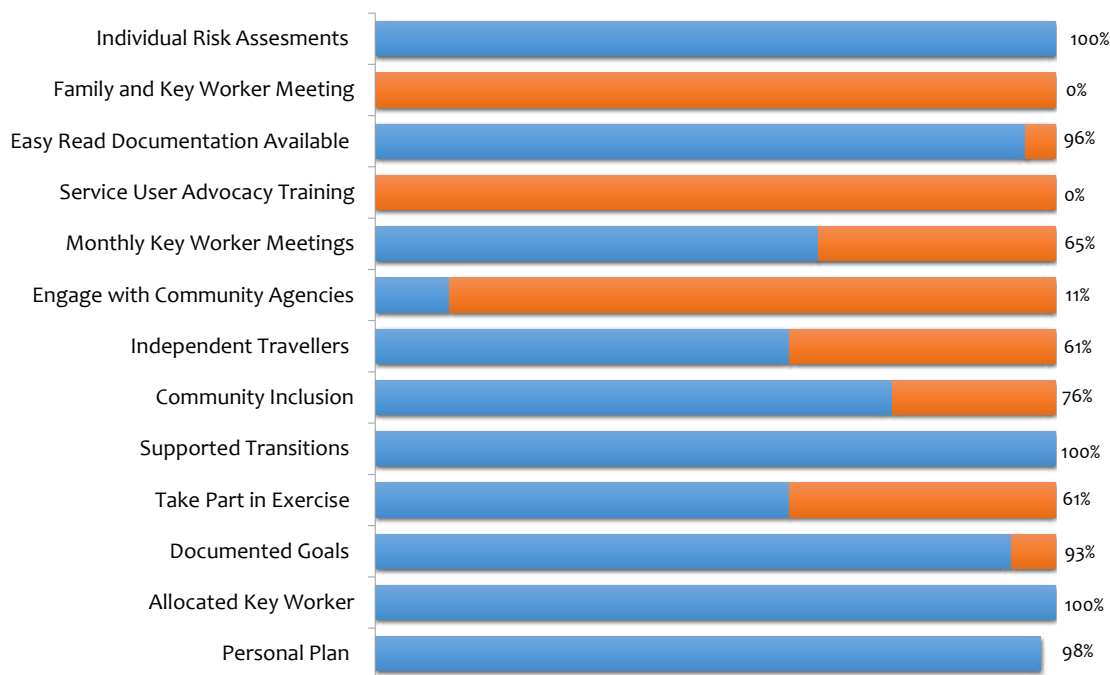
Day Services Core Competency Training Compliance by Course



RCTEC Absenteeism



Day Service Audit Core Criteria



Quality
Rating
64%

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Community inclusion as part of the RC TEC programme is limited. 76% had been on one or two social outings in the past year. This is usually referenced on SURA.
- There is a need for more Service User involvement with outside agencies for education and training.

Personal Plans

- Most Service Users on the RC TEC programme have a personal plan in the form of a folder.
- RC TEC folders consist of key worker meetings, class goals and progress reviews. Service Users then have an additional folder per classroom where all day to day educational work is documented.

SURA- Electronic Service User Record

- SURA is not regularly updated by staff and the level of information provided varies between instructors.
- Staff are unaware of what areas in SURA they should be filling in, most documentation is done on paper and kept in folders.

Advocacy Training

- All Service Users need to be supported to understand their rights in relation to advocacy.

Independent Travellers

- More Service Users should be provided with the opportunity to develop the skills to help them travel independently.



Day Service - Mill Lane (as at 31st December 2016)

Profile

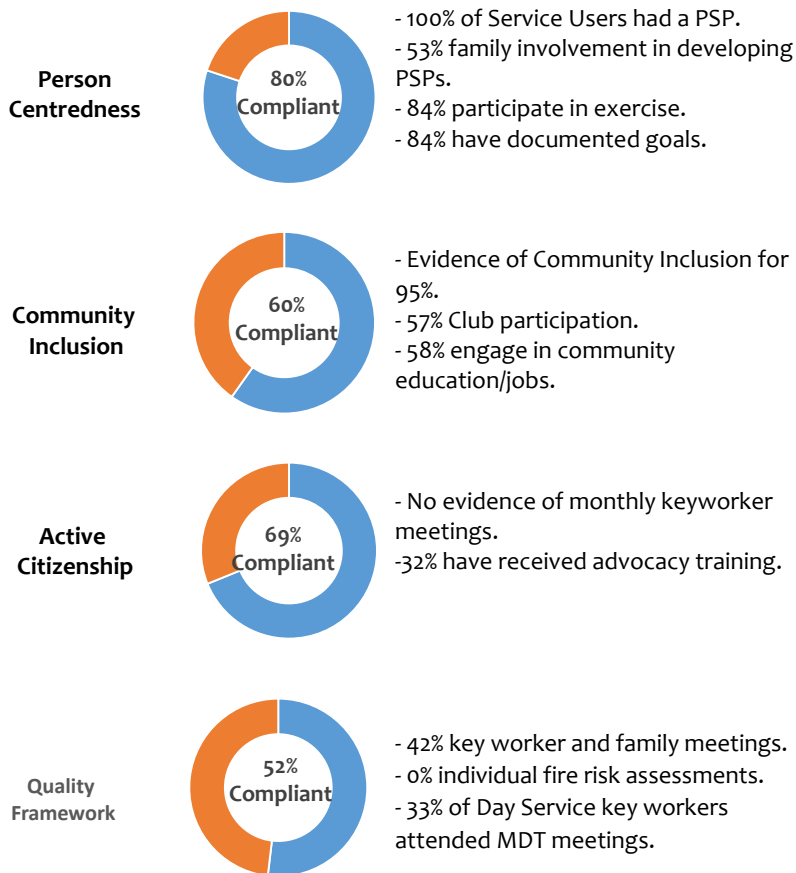
Mill Lane is a Day Service located in Palmerstown, facilitating 19 Service Users; 15 Day Attendees and 4 Residential Service Users

Mill Lane is a holistic and individualised Day Service. This Service is delivered through the PATH process and adaptable activities such as Pottery, Arts and Crafts, Life Skills and Horticulture that allow each Service User to reach their chosen goals.

Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - Mill Lane



Key Worker Meetings

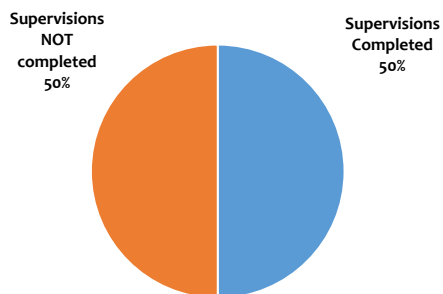
- Monthly key worker meetings have not been taking place for the majority of Service Users in Mill Lane.
- This is due to a lack of staff knowledge, where to record meetings, what to record and how often they should be conducted.
- Staff regularly sit down and speak with Service Users but this is not documented.
- Key worker meetings that were viewed were documented by the key worker on key worker meeting forms and kept in the Service Users personal folder in Mill Lane.

Key Worker and Family Meetings

- 8 Service Users families have been involved in a meeting with the key worker and the Service User in the past year, these were PATH meetings.
- There is a lot of family input through phone calls and informal chats but these are not always recorded.

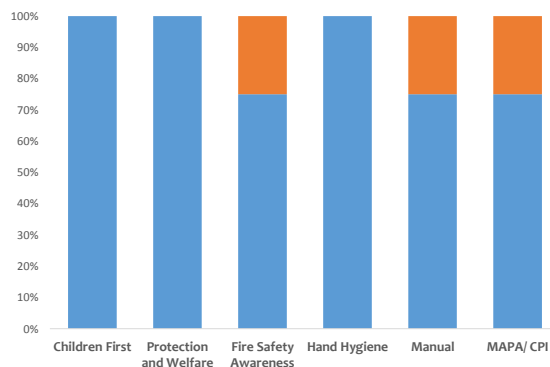
Day Service Staff Performance

Mill Lane Staff Supervisions*

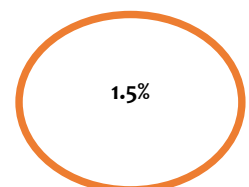


* As per organisational policy

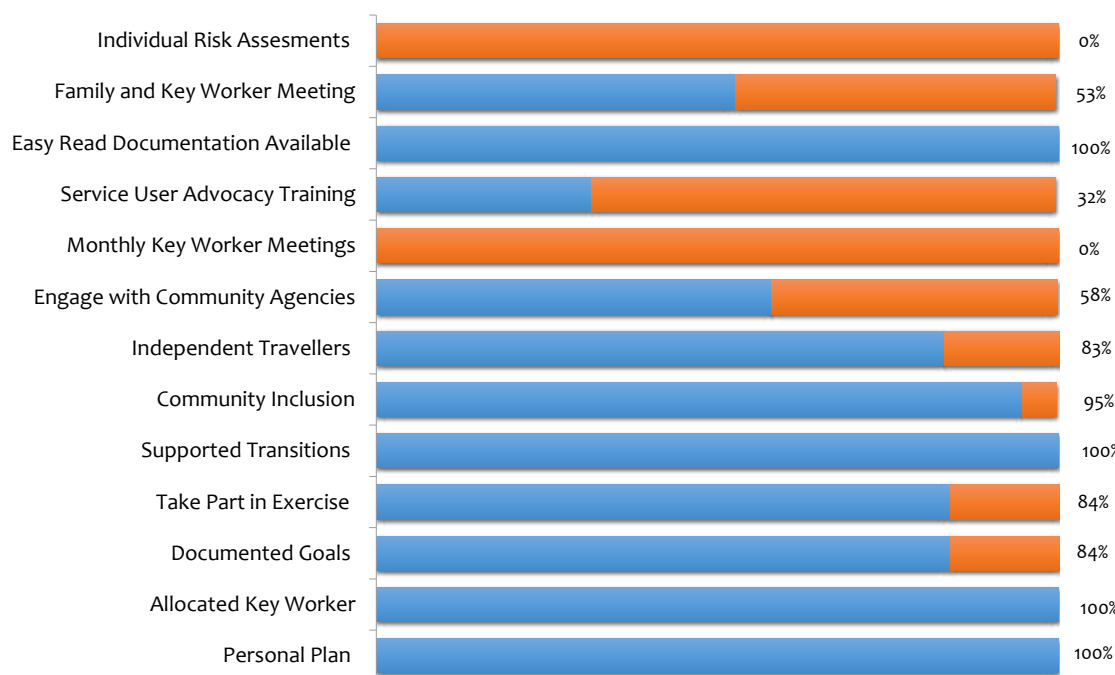
Day Services Core Competency Training Compliance by Course



Mill Lane Absenteeism



Day Service Audit Core Criteria



**Quality
Rating
65%**

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Community inclusion is an important element of attending Mill Lane as a day service.
- All community inclusion is referenced in folders and/or on SURA.
- 11 Service Users engage in community inclusive agencies for education, training or jobs.

Personal Plans

- Currently everybody in Mill Lane has a personal plan in the form of a folder.
- 14 Service Users in Mill Lane have a PATH that is actively used as part of their Personal Plan.

SURA- Electronic Service User Record

- All necessary fields on SURA are not being updated.
- Day Service Progress Notes are regularly updated but with no set structure across key workers in Mill Lane.
- Staff asked for specific SURA guidelines for Day Services.

Risk Assessments

- There is no evidence of individual fire risk assessments for Service Users attending Mill Lane. An overall risk assessment for Mill Lane was evidenced.
- Staff require further training on risk assessments and behaviour support plans.



Day Service - Kilcloon (as at 31st December 2016)

Profile

Kilcloon is a Day Service located near Dunboyne, facilitating 63 Service Users; 26 Day Attendees and 37 Residential/ Community Service Users.

Kilcloon offers a range of Day Services in the areas of; Pottery, Equestrian, Horticulture, Catering and Day Activation.

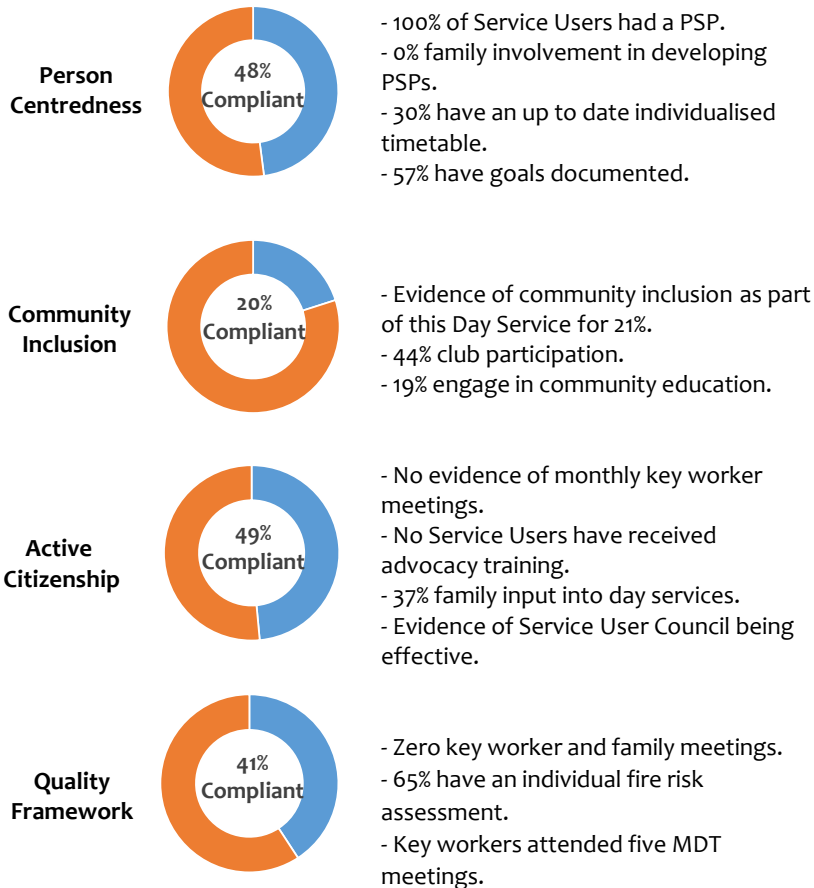
This area is a practice placement for Registered Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - Kilcloon



Key Worker Meetings

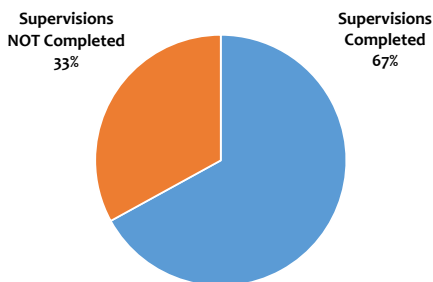
- Monthly key worker meetings have not been taking place for the majority of Service Users in Kilcloon.
- This is due to a lack of staff knowledge on where to record meetings, what to record and how often they should be conducted. This is also due to an absence of Governance, Management and Leadership in Care.
- Some areas had documented evidence of three to four meetings being conducted in the past year but the timeframe was not consistent.

Key Worker and Family Meetings

- Staff confirmed that no Service Users families have been involved in a meeting with the key worker and the Service User in the past year.
- Phone calls and informal chats with families are not always recorded.
- The lack of key worker and family meeting correlates with the low levels of transitions and progressions across Kilcloon. Improving meetings will help to improve communication and provide Service Users and their families with the opportunity to voice any requests for change that they may have.

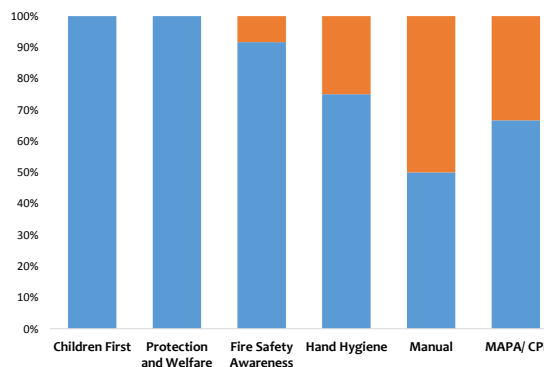
Day Service Staff Performance

Kilcloon Staff Supervisions*

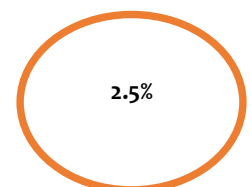


* As per organisational policy

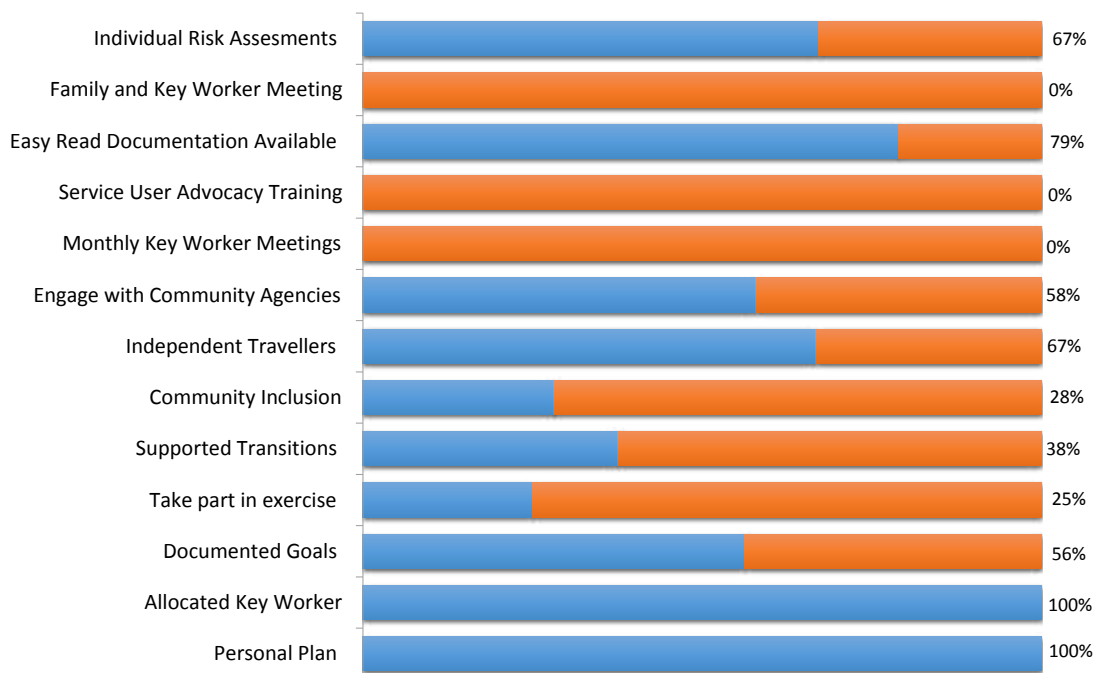
Day Services Core Competency Training Compliance by Course



Kilcloon Absenteeism



Day Service Audit Core Criteria



**Quality
Rating
39%**

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Community inclusion as part of Kilcloon was insufficient in 2016. Staff spoke of the inability to engage in community inclusion due to the location of Kilcloon and the lack of transport and staff to assist
- An improvement is needed in Service User engagement with outside agencies.

Personal Plans

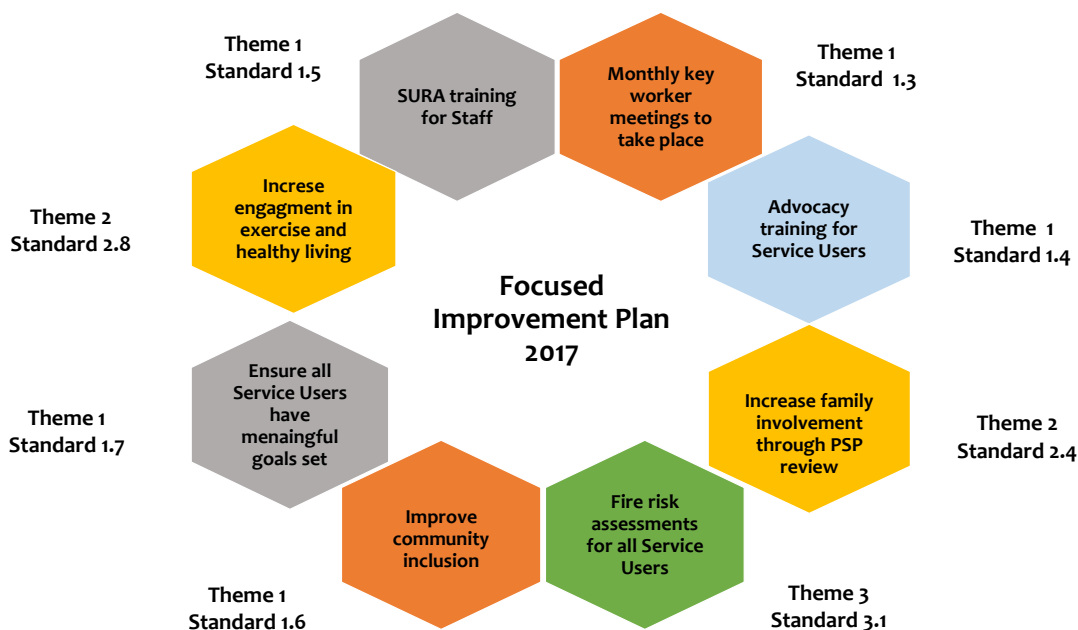
- Currently everybody in Kilcloon has a personal plan in the form of a folder
- There was no set criteria for what they documented in the folders
- All Service Users should have identified goals they would like to achieve. This was evident for only 56% of Service Users attending Kilcloon.

SURA- Electronic Service User Record

- All necessary fields on SURA are not being updated
- Day Service Progress Notes are regularly updated but with no set structure across key workers in Kilcloon
- Some Service Users attend Kilcloon part-time and there is often no record of this on SURA.

Risk Assessments

- 22 Service Users did not have an individual fire risk assessment for Kilcloon
- Staff training is required as there is a lack of knowledge regarding behaviour support plans and where they are kept on SURA.



Day Service - JASS (as at 31st December 2016)

Profile

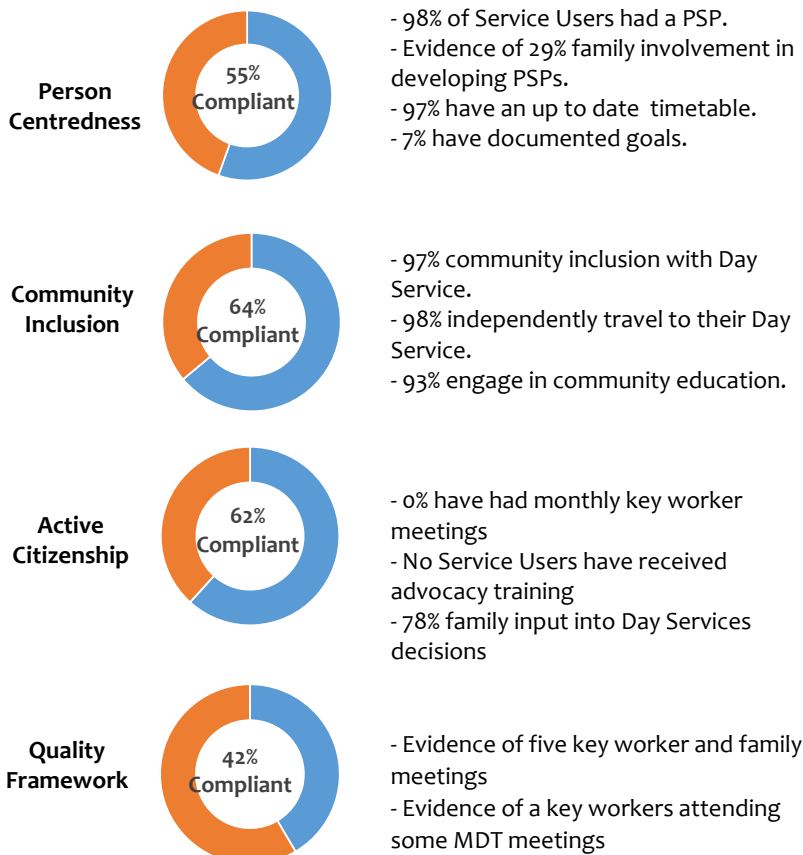
Job Advocate Support Service (JASS) is a Day Service facilitating 58 Service Users; 53 Day Attenderes and 5 Residential/ Community Service Users

JASS aims to work with Service Users to build on their employability skills and abilities with a view to obtaining work experience and paid employment in the local community.

Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - JASS



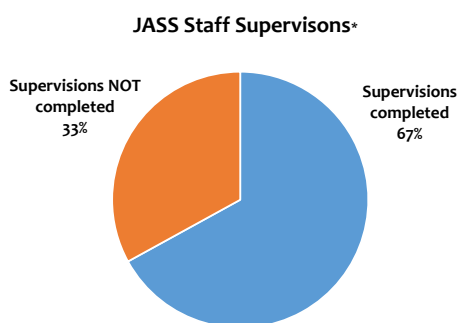
Key worker Meetings

- Monthly key worker meetings were not taking place in JASS in 2016.
- Staff link in with Service Users in their place of employment and sometimes this is recorded in Day Service notes but this is usually informal and not recorded as a key worker meeting.

Key Worker and Family Meetings

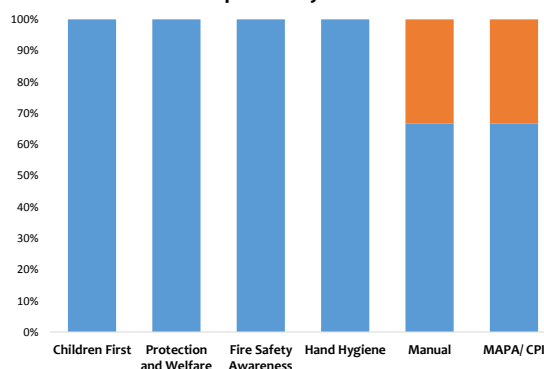
- There was evidence of 5 meetings between key workers and family members in the past year.
- A lot of families are contacted when a Service User begins a new employment or work experience and this contact is usually recorded in Day Progress Notes on SURA.

Day Service Staff Performance

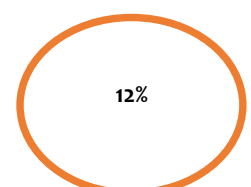


* As per organisational policy

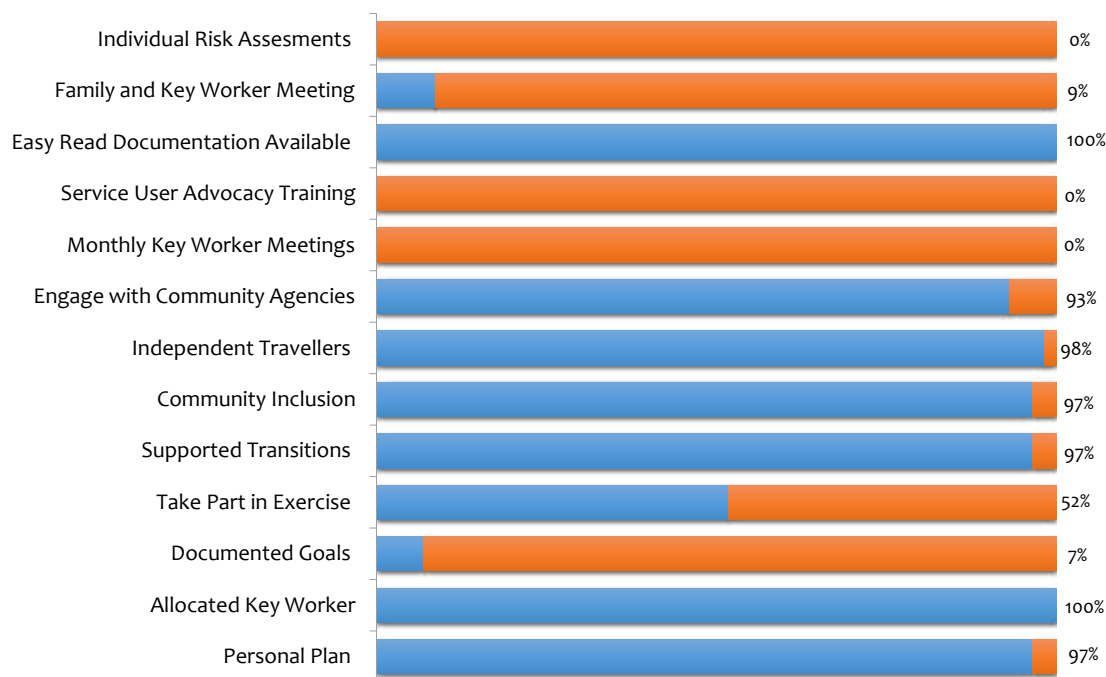
Day Services Core Competency Training Compliance by Course



JASS Absenteeism



Day Service Audit Core Criteria



■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Community inclusion is a huge element of JASS as 83% of Service Users have paid employment in the community.
- Service Users also engage in community inclusive agencies for education examples are National Learning Network Courses, Literacy Courses.

Personal Plans

- There was evidence of 56 out of 58 Service Users having a personal plan. Some had a folder but majority of personal information was kept on SURA.
- All Service Users need documented meaningful goals recorded as part of their personal plans.

SURA- Electronic Service User Record

- The information recorded on SURA varies.
- SURA is updated for most Service Users monthly. Staff are unaware of what areas in SURA they should be filling in and clearer guidelines are needed.
- Some documentation is done on paper and kept in the JASS hub.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy.

Individual Risk Assessments

- All Service Users that attend the JASS Hub need an individualised fire risk assessment completed.



Day Service - Grounds Palmerstown (as at 31st December 2016)

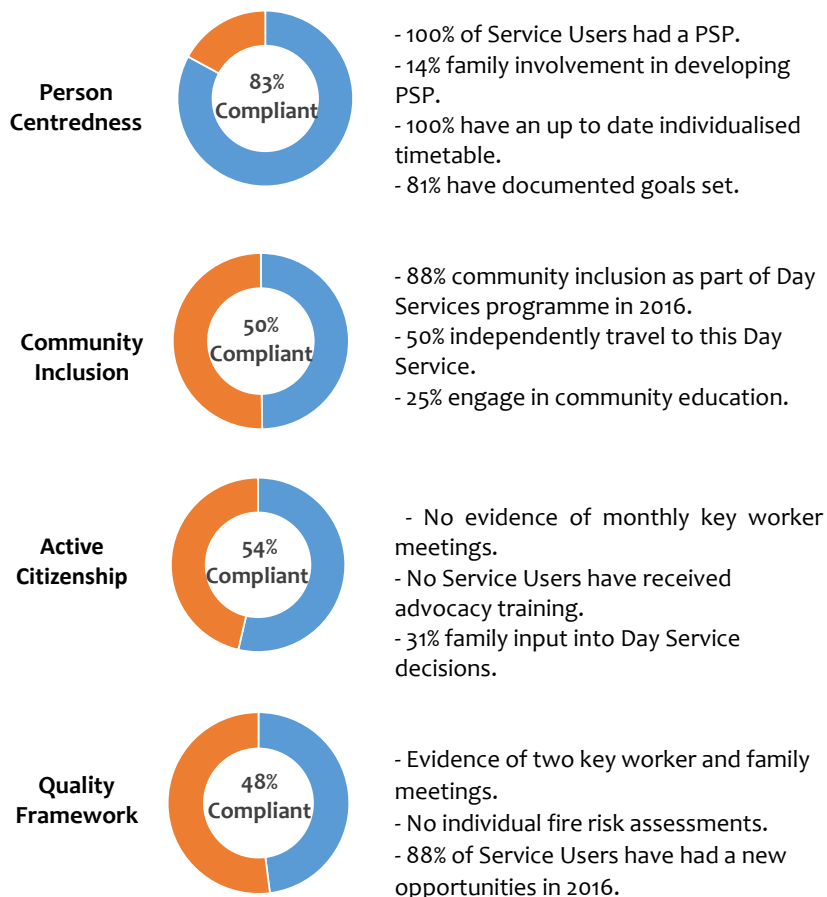
Profile

Grounds Palmerstown is a Day Service located on campus, facilitating 16 Service Users; 10 Day Attendees and 6 Residential/ Community Service Users

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.

Programme Manager- Heather Curran

New Directions Day Services Audit 2016 - Grounds Palmerstown



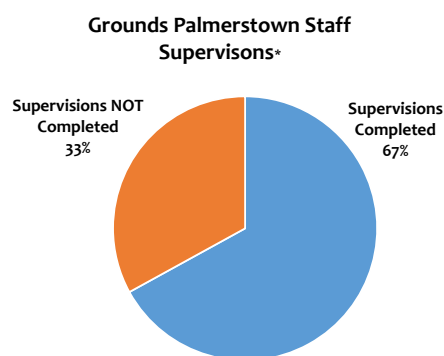
Key Worker Meetings

- Monthly key worker meetings have not been taking place for Service Users in Grounds Palmerstown.
- Most Service Users have had one meeting in the past year. Staff requested clearer guidance on key worker meeting requirements and an efficient way for this to be done so Service Users get the full benefit of the process.
- Key worker meetings that were viewed were documented by the key worker on key worker meeting forms and kept in the Service Users personal folders in Grounds Palmerstown.

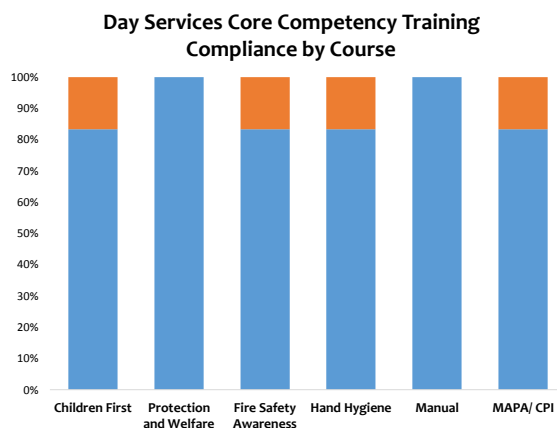
Key Worker and Family Meetings

- Staff confirmed that two Service Users family had been involved in a meeting with the key worker and the Service User in the past year. These were both PATH meetings.

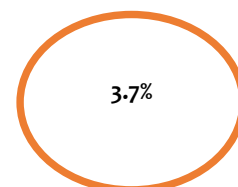
Day Service Staff Performance



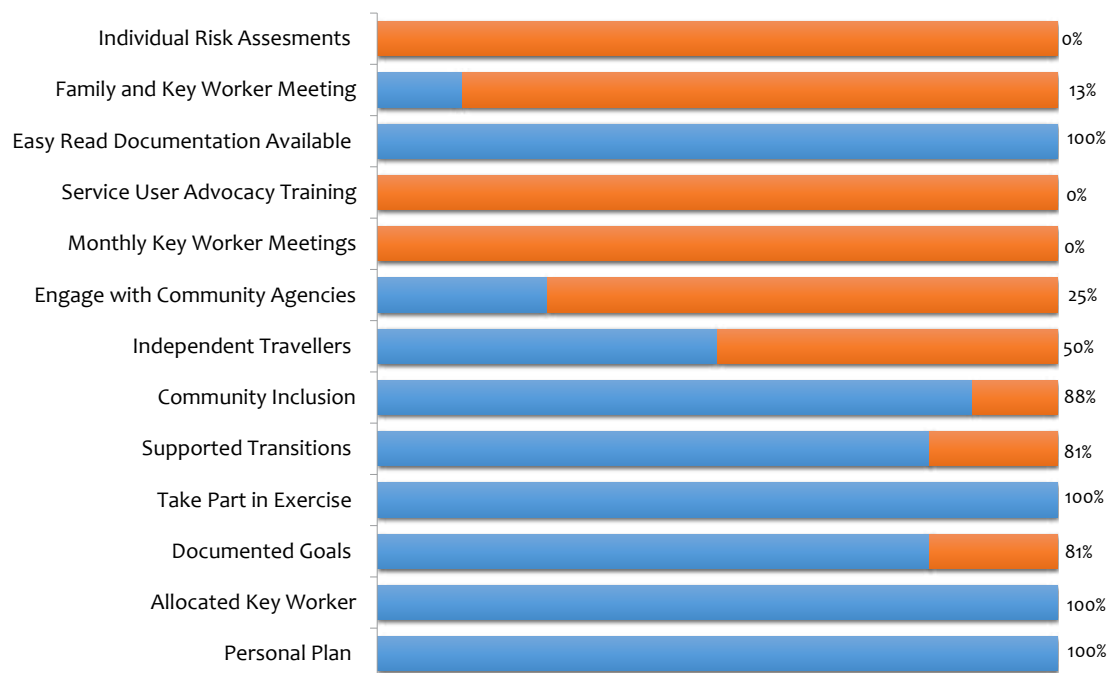
* As per organisational policy



Grounds Palmerstown Absenteeism



Day Service Audit Core Criteria



Quality
Rating
59%

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Community inclusion is not always referenced on SURA, often it is just in the Grounds Newsletter.
- There is a need for more Service User involvement with outside agencies for education and training. At present three Service Users attend an outside agency for education.

Personal Plans

- Currently everybody in Grounds Palmerstown has a personal plan in the form of a folder.
- There is no consistency of information or structure for personal folders.
- Two Service Users in Grounds Palmerstown have had PATHS drawn up as part of their personal plan.

SURA- Electronic Service User Record

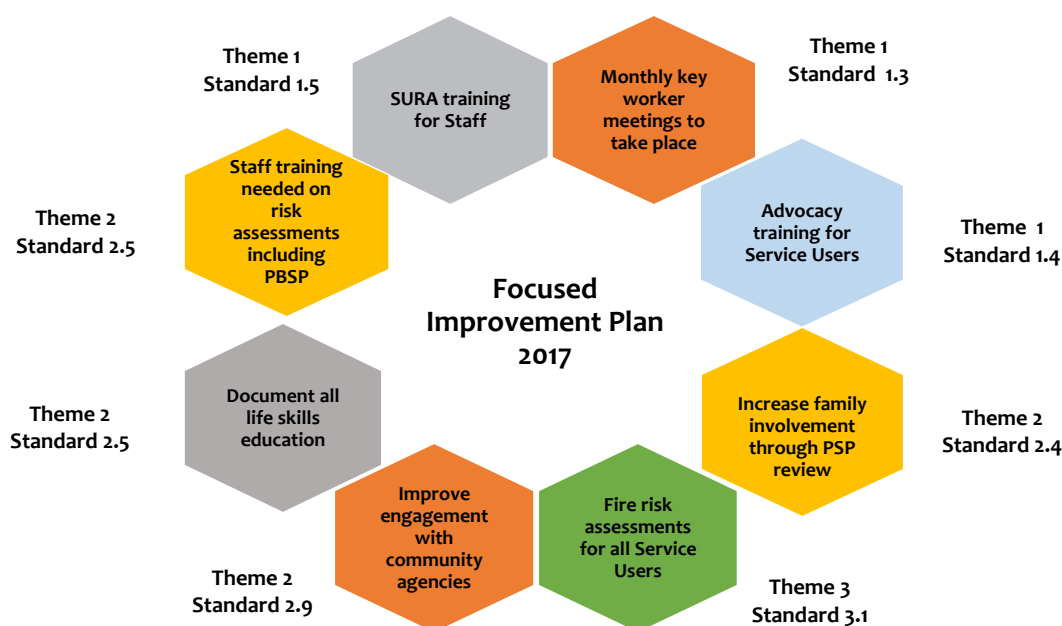
- All necessary fields on SURA are not being updated.
- Some information for Service Users personalised plan is kept on SURA, this is not updated by all Grounds staff regularly. Staff explained that they required clear direction for SURA.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy.

Risk Assessments

- All Service Users need an individual fire risk assessment. Currently there is an overall fire assessment for Grounds.



Day Service - Grounds Balgaddy (as at 31st December 2016)

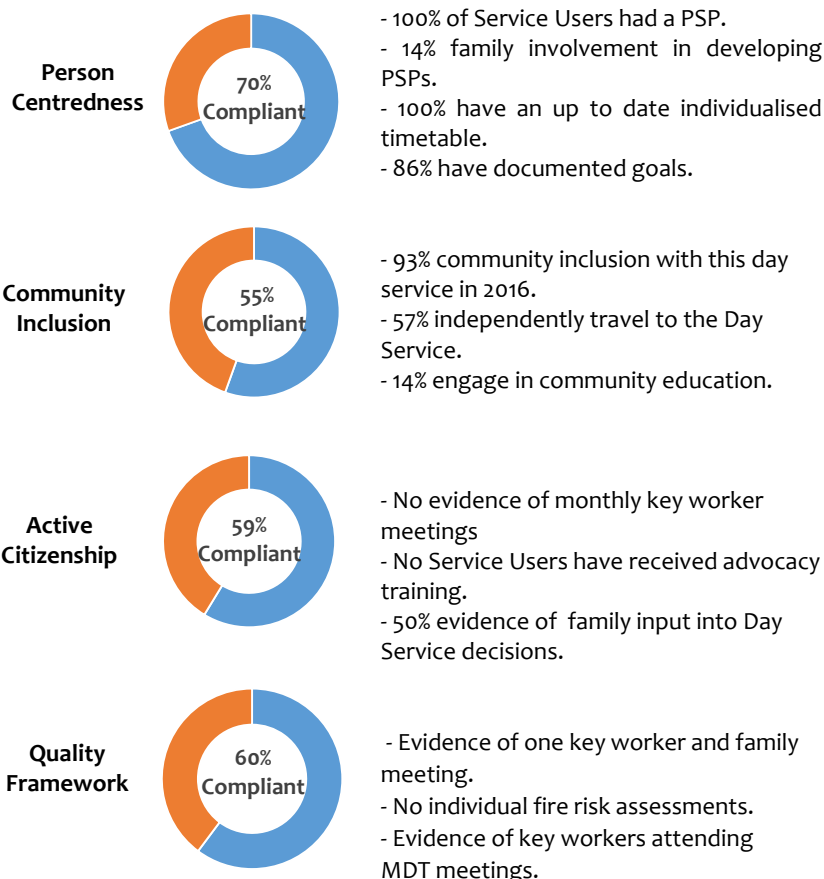
Profile

Grounds Balgaddy offers a practical Day Service in the practice of horticulture. It facilitates 14 Service Users; 12 Day Attendees and 2 Residential/ Community Service Users.

The maintenance of Grounds Balgaddy is done with the assistance of the Service Users participating in the Day Service. The Stewarts Care Mobile Crew operates out of Grounds Balgaddy, they maintain the gardens of community houses in the local area and Balgaddy Church.

Programme Manager- Heather Curran

New Directions Day Services Audit 2016 - Grounds Balgaddy



Key Worker Meetings

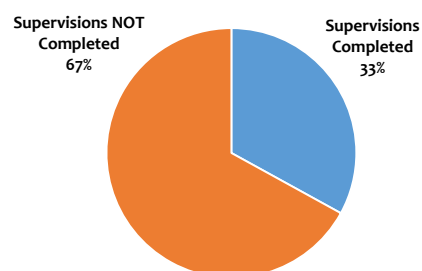
- Monthly key worker meetings have not been taking place for the majority of Service Users in Grounds Balgaddy. Most Service Users have had two meetings in the past year.
- Staff welcomed guidance on improving the key worker meeting process in Grounds. Staff were unsure of where to record meetings, what to record and how often they should be conducted.
- Key worker meetings that were viewed were documented by the key worker on key worker meeting forms and kept in the Service User's personal folders in an office in Grounds Balgaddy.

Key Worker and Family Meetings

- There was evidence of a meeting between one Service User's family and their key worker. This was a PATH meeting.
- Phone calls and informal chats with families are regular but are not always recorded.

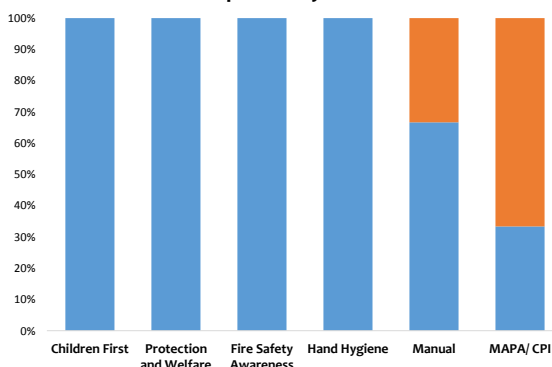
Day Service Staff Performance

Grounds Balgaddy Staff Supervisions*

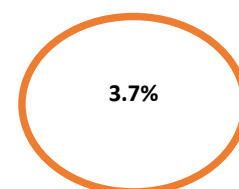


* As per organisational policy

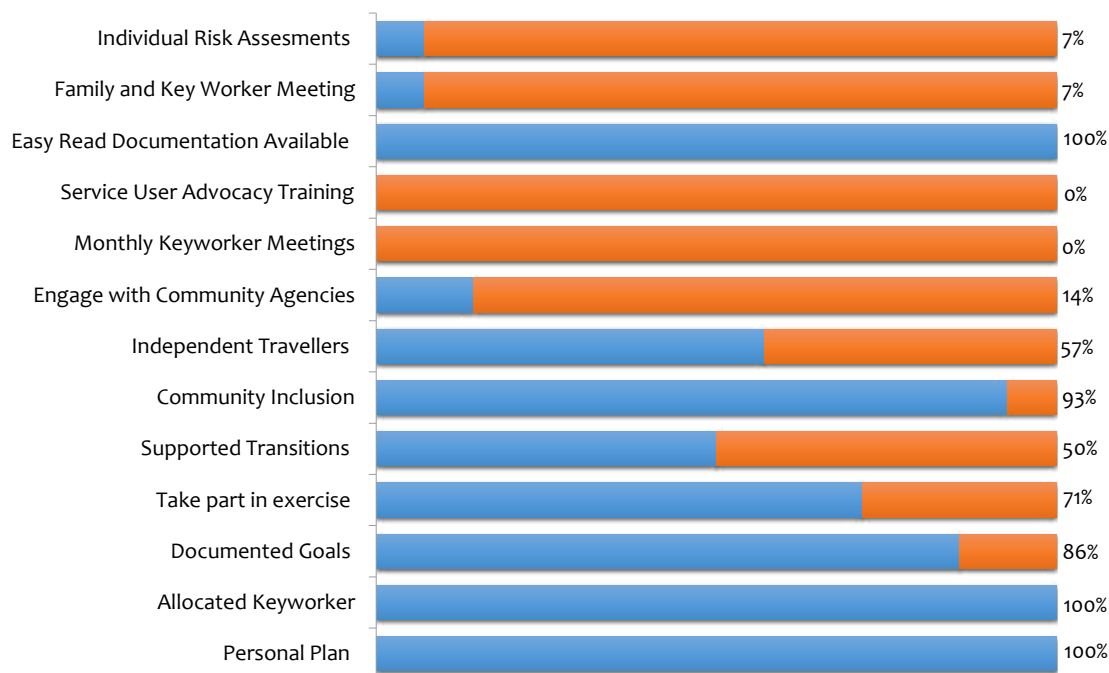
Day Services Core Competency Training Compliance by Course



Grounds Balgaddy Absenteeism



Day Service Audit Core Criteria



Quality
Rating
61%

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Grounds Balgaddy staff have been trying to incorporate more community inclusion into the day service programme. This is not always referenced on SURA.
- There is a need for more Service User involvement with outside agencies for education/ training.

Personal Plans

- There is no consistency of information or structure for personal plans across Day Services
- Currently everybody in Grounds Balgaddy has a personal plan in the form of a folder
- Two Service Users in Grounds Balgaddy have had PATHS drawn up as part of their personal plan.

SURA- Electronic Service User Record

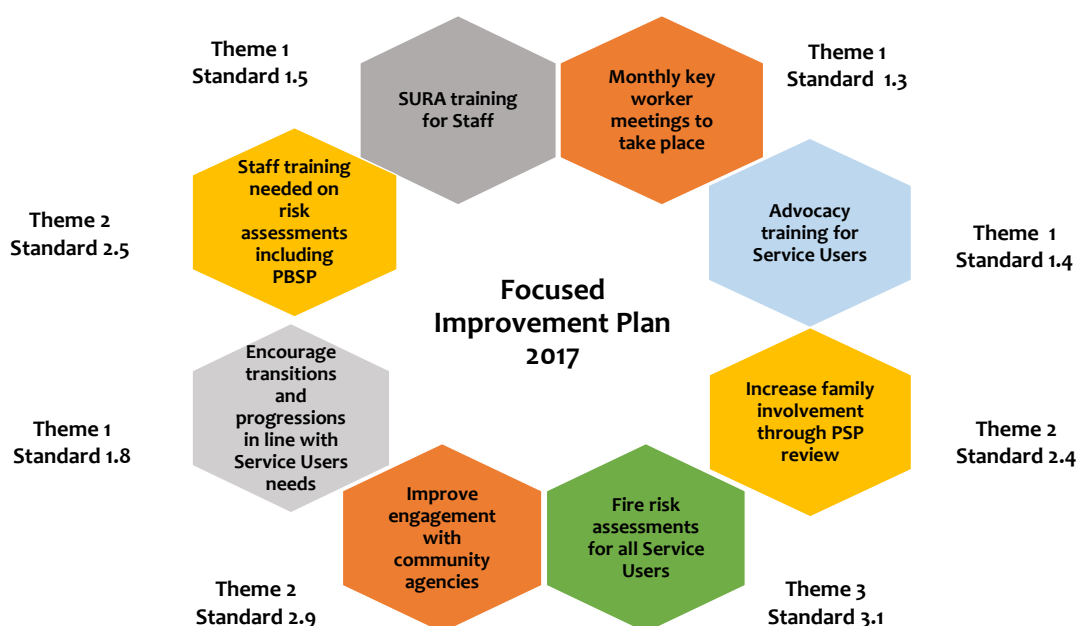
- SURA is updated irregularly and all necessary fields are not currently being updated
- Staff expressed that they would like more specific information on what should be filled out on SURA by Day Services Staff and how often.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy

Risk Assessments

- All Service Users need an individual fire risk assessment



Day Service - F1 (as at 31st December 2016)

Profile

F1 is a Day Service located on campus, facilitating 12 Service Users; 11 Day Attendees and one Residential/ Community Service User.

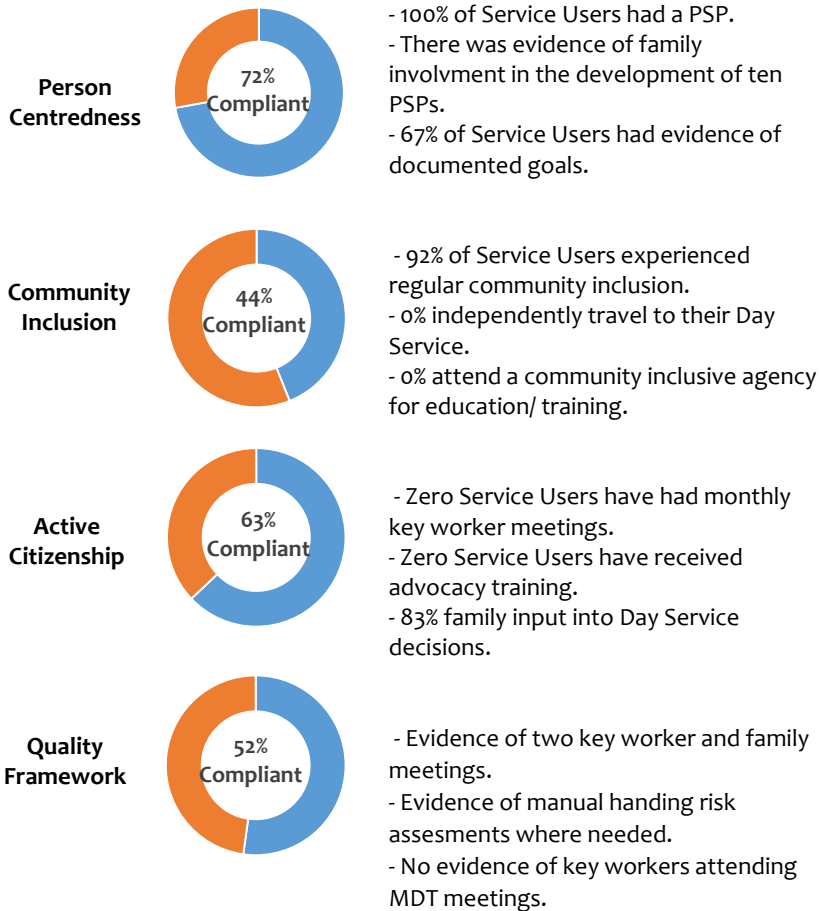
F1 comprises of 2 rooms; Multi-Sensory Room and Activity Room
The objective for both rooms is Day Activation and Service Users are placed in the rooms based on needs abilities and choice.
This area is a practice placement for Registered Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Programme Manager- Pat Sheeran



New Directions Day Services Audit 2016 - F1



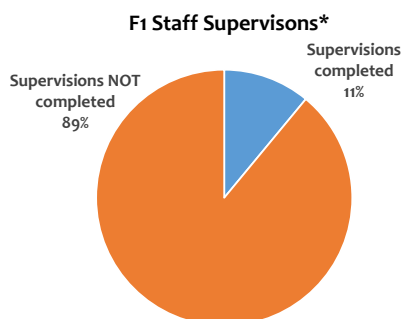
Key Worker Meetings

- Monthly key worker meetings were not taking place in 2016 in F1. This was due to staff changes and new Service Users joining the F1 groups.
- Staff stated that it is something that they are going to begin this year and would like more guidance on the process.

Key Worker and Family Meetings

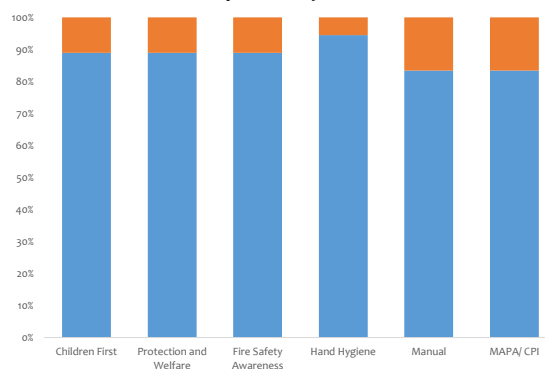
- There was documented evidence of two meetings between key workers and the Service Users family in the past year
- Key workers explained that the majority of families were involved and had input into their Day Service. This was through telephone calls and speaking to family members when dropping off/ picking up Service Users but to date these are informal conversations that are not always documented.

Day Service Staff Performance

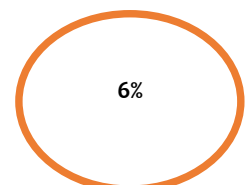


* As per organisational policy

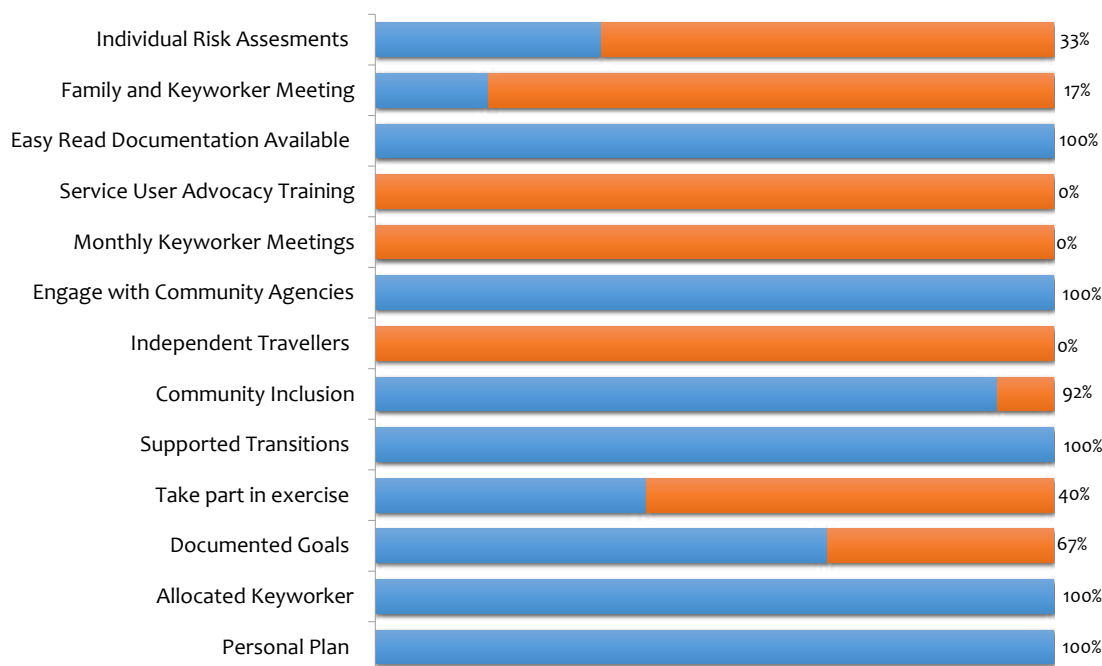
Day Services Core Competency Training Compliance by Course



F1 Absenteeism



Day Service Audit Core Criteria



**Quality
Rating
58%**

■ Compliant with Stewart's Care KPIs ■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- There was evidence of community inclusion for most Service Users. This was always referenced on SURA and was usually group outings
- All Service Users engage in a workshop run by a community inclusive agency that comes into F1.

Personal Plans

- There was evidence of all Service Users having a personalised plan in the form of a folder.
- Folders included personal information and miscellaneous information such as art work and photographs and paper versions of information kept on SURA.

SURA- Electronic Service User Record

- Majority of information for each Service Users personalised plan is kept on SURA, this is updated regularly.
- The level of information provided varies between staff. No Day Service Guidelines for SURA have been provided to staff.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy

Risk Assessments

- Up to date fire risk assessments need to be completed for all Service Users.



Day Service - F2 (as at 31st December 2016)

Profile

F2 is a Day Service located on campus, facilitating 26 Service Users; 10 Day Attendees and 16 Residential/ Community Service Users. F2 comprises of the Garden Group, Rainbow Group, Superhero Group and Seniors Group. The objective for all groups is Day Activation.

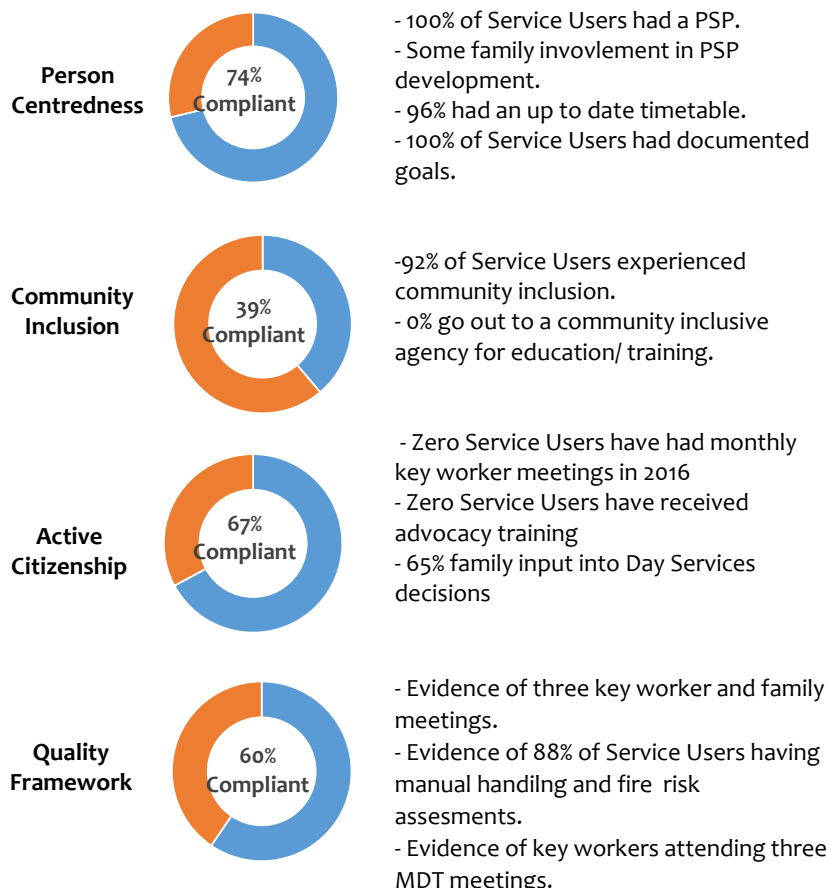
The Rainbow Room and Superhero Room is a practice placement for Registered Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Programme Manager- Pat Sheeran



New Directions Day Services Audit 2016 - F2



Key Worker Meetings

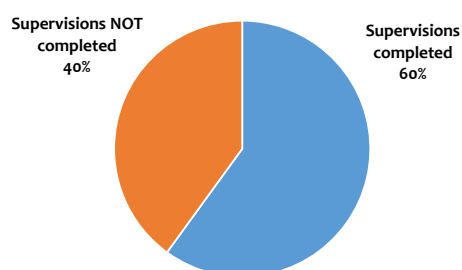
- Monthly key worker meetings were not taking place with Service Users in 2016 in F2.
- Staff have made plans to begin regular key worker meetings in 2017.

Key Worker and Family Meetings

- There was documented evidence of 6 meetings between key workers and the Service Users family in the past year.
- Key workers explained that 65% of families were involved and had input into Day Service decisions. This was through telephone calls and speaking to family members when dropping off/ picking up Service Users. This information is sometimes recorded but not always.

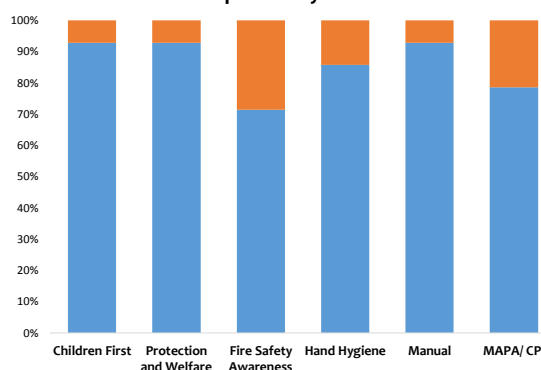
Day Service Staff Performance

F2 Supervisions Completed*

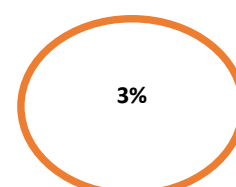


* As per organisational policy

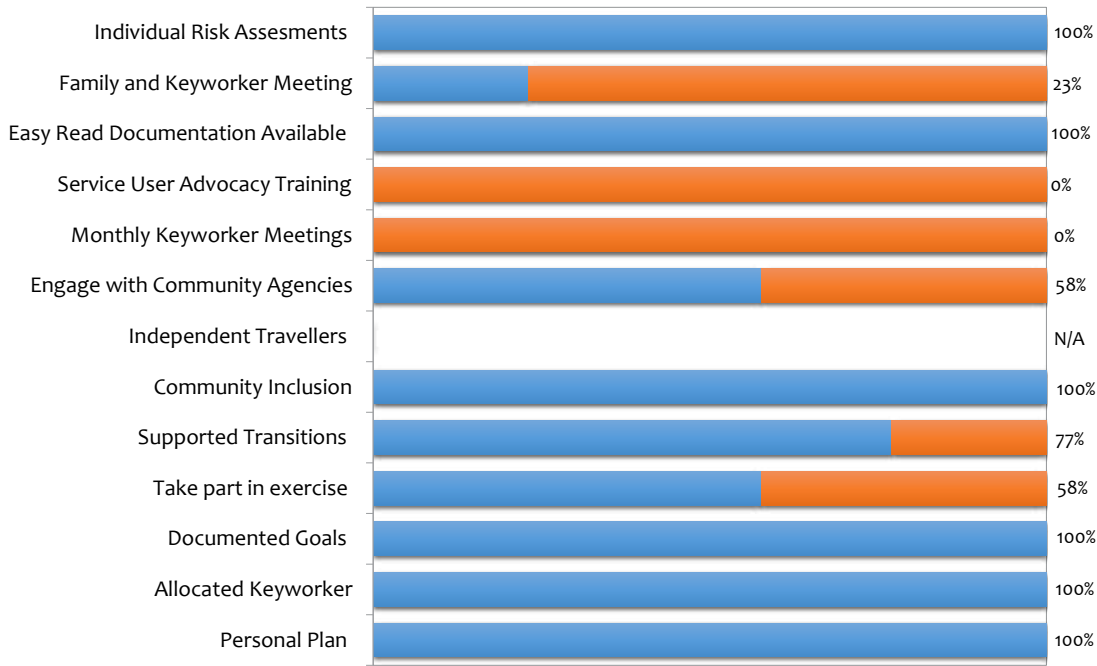
Day Services Core Competency Training Compliance by Course



F2 Absenteeism



Day Service Audit Core Criteria



**Quality
Rating
59%**

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- There is evidence of community inclusion in F2. Some groups find it hard to get out as they need a nurse on outings and transport is not always available for them.
- No Service Users currently engage in community inclusive agencies outside of F2 for

Personal Plans

- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included personal information, identified key workers, goals and other miscellaneous information.
- Each group had different documentation in their folders, there was no set structure across F2.

SURA- Electronic Service User Record

- Majority of information for each Service Users personalised plan is kept on SURA, this is updated regularly.
- The level of information provided and where the information is recorded varies between groups. No Day Service Guidelines for SURA have been provided to staff.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy.



Day Service - F3 (as at 31st December 2016)

Profile

F3 is a Day Service located on campus facilitating 24 Service Users; 11 Day Attendees and 13 Residential/ Community

F3 comprises of 4 groups;

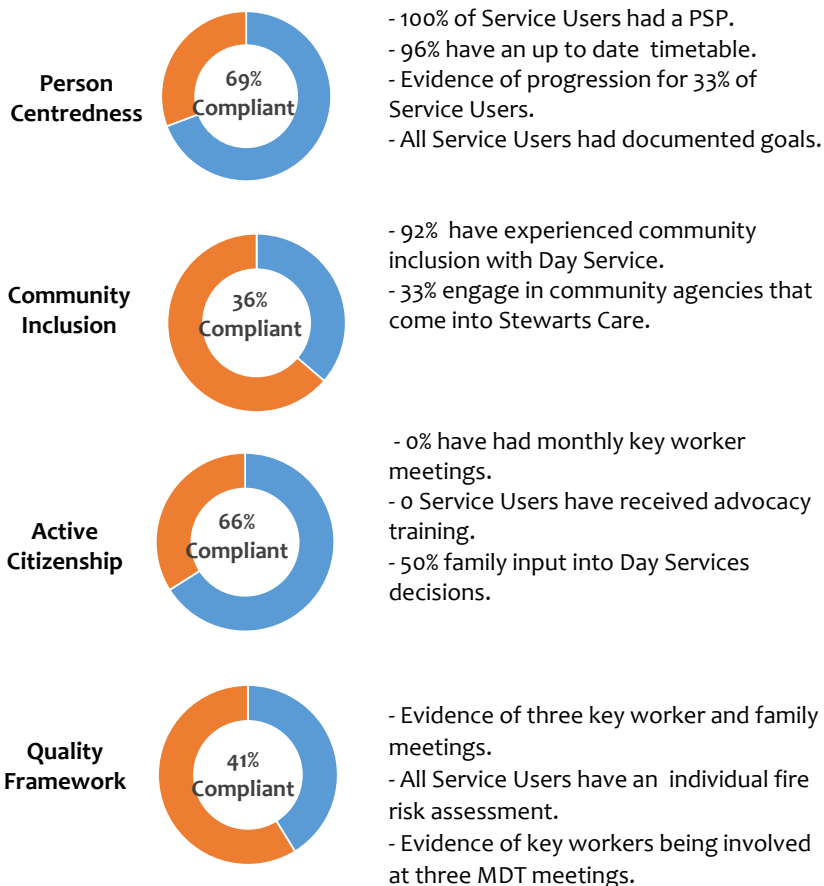
The L Group, The K Group, The O Group and The Canteen

The objective for all groups is Day Activation and Service Users are placed in the rooms based on needs abilities and choice.

Programme Manager- Pat Sheeran



New Directions Day Services Audit 2016 - F3



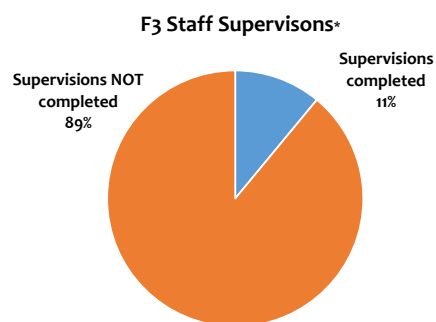
Key Worker Meetings

- Documented key worker meetings were not taking place in 2016 for those attending F3.
- Staff spoke of a plan to begin key worker meetings in 2017 and there was evidence of this having started in some groups.

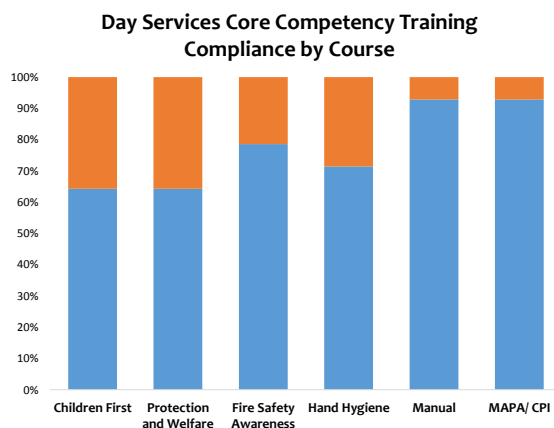
Key Worker and Family Meetings

- There was evidence of three meetings between a key worker and a Service Users family in the past year.
- There is family input into Day Service decisions from 50% of Service Users families. This is informal contact with family members through telephone calls, these are sometimes recorded on SURA. This is not being recorded consistently across all groups at present.

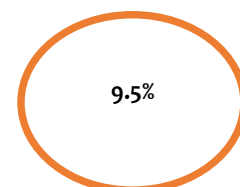
Day Service Staff Performance



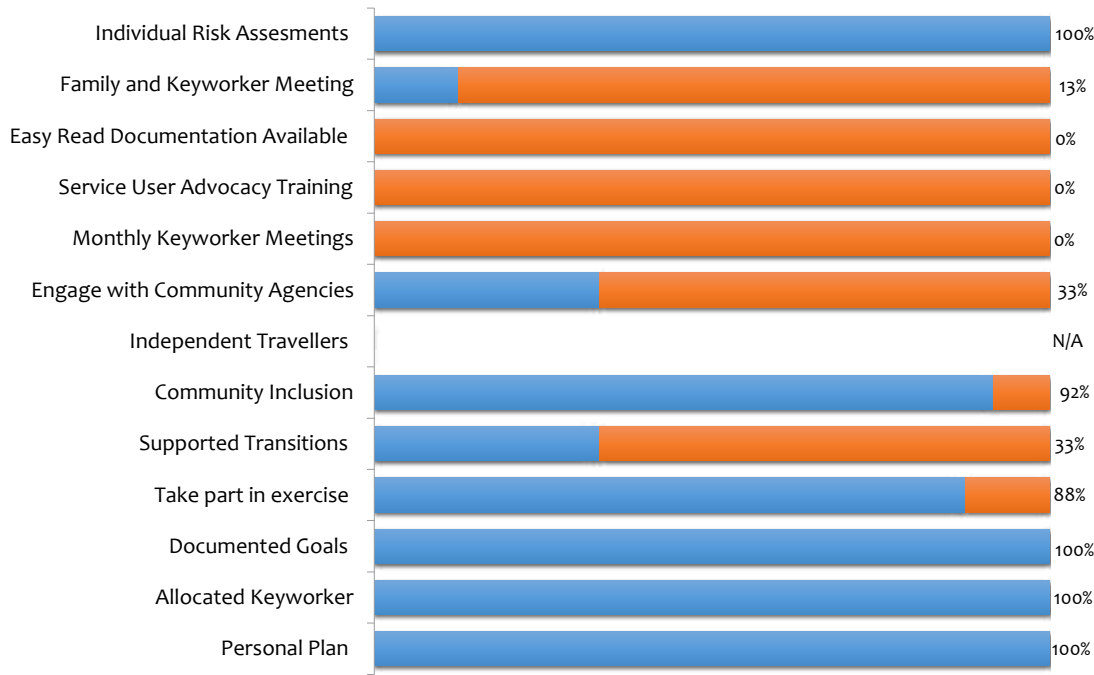
* As per organisational policy



F3 Absenteeism



Day Service Audit Core Criteria



**Quality
Rating
52%**

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- There is lots of evidence for community inclusion in F3.
- Community inclusion was referenced for most Service Users on SURA.
- 33% of Service Users engage in a community inclusive agency that comes into Stewart's Care.

Personal Plans

- There was evidence of all Service Users having a plan in the form of a folder. Folders contained personal information, and print outs of information recorded on SURA.
- All Service Users had goals recorded as part of their personal plans some of these were group goals.

SURA- Electronic Service User Record

- Most information for person's personalised plan is kept on SURA, this is updated regularly.
- Staff are unaware as to what areas in SURA they should be filling in and for the most part are following direction of other staff members. Day Service SURA guidelines are needed.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy.

Transitions and Progressions

- Service Users should be supported to progress to another Service if they wish.



Day Service - Day Attenders (as at 31st December 2016)

Day Attenders is a Day Service programme located in Lucan, facilitating 44 Service Users; 37 Day Attendees and 7 Residential/ Community.

The Day Attenders Groups were set up for Service Users who have finished the 4 year RCTEC Training Programme. The main aim for the group is day activation this is achieved through social outings and group activities.

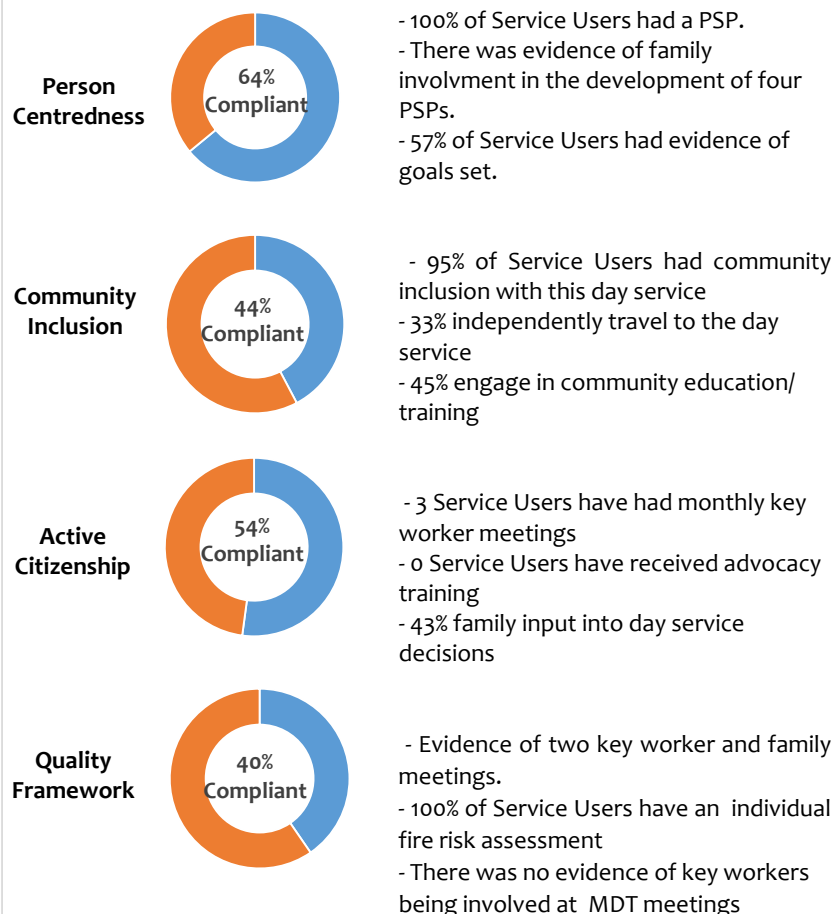
This programme is a practice placement for Registered Intellectual Disability Nurses in collaboration with



Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - Day Attenders



Key Worker Meetings

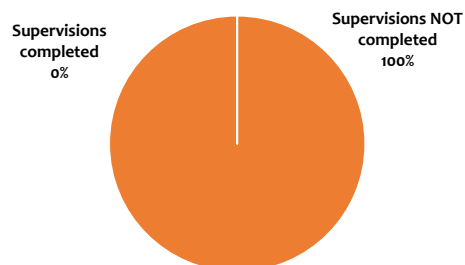
- Key worker meetings have not been taking place monthly for the Day Attenders groups. Most key workers have been having meetings every three months as per management instruction. These are recorded in the personalised folders on key worker meeting forms. Staff questioned if there was specific information that should be recorded in these meetings and where should information be evidenced.

Key worker and Family Meetings

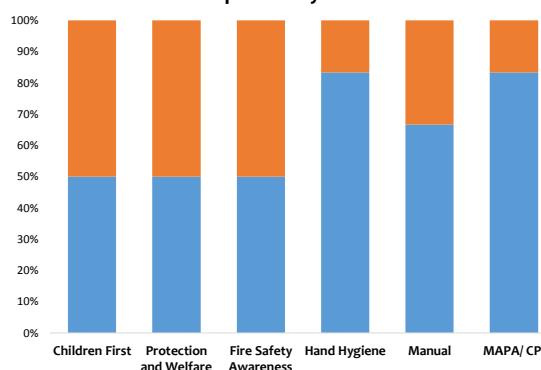
- Two Service Users families have had a meeting with a key worker in the past year as part of a PATH meeting. There has been no other documented meetings between key workers and family members in the past year
- There is evidence of family input from 43% of families. There is contact with some family members through telephone calls, these are often recorded on SURA in Day Progress Notes. Some contact is informal when family members are collecting Service Users from this Day Service, this contact is not recorded.

Day Service Staff Performance

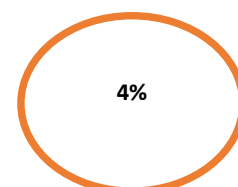
Day Attenders Staff Supervisions*



Day Services Core Competency Training Compliance by Course



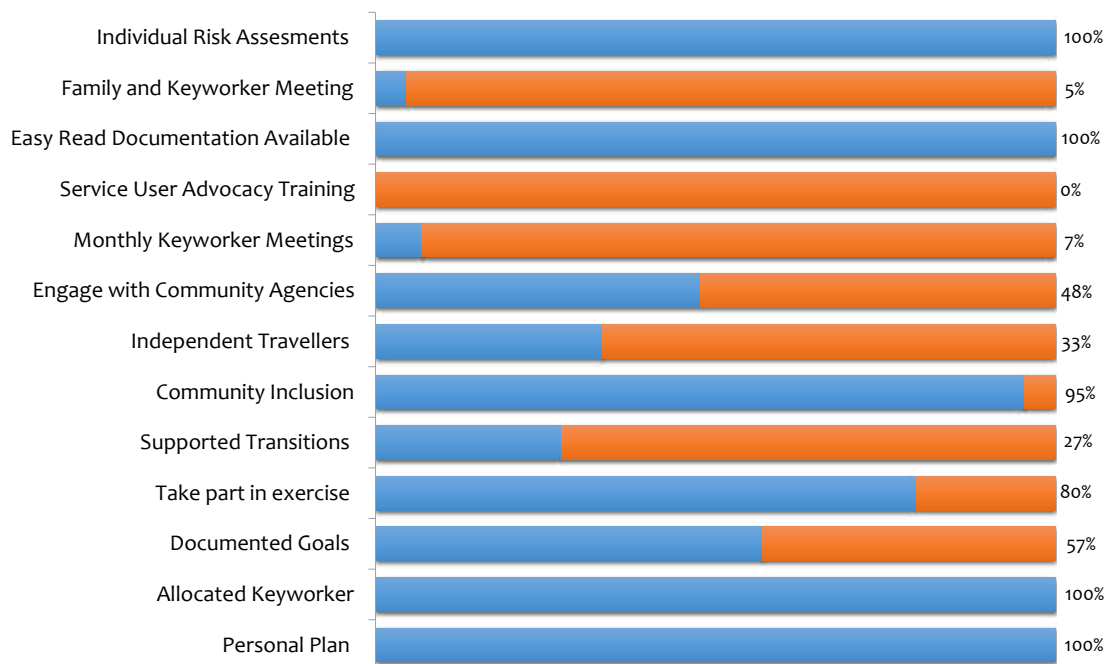
Day Attenders Absenteeism



* As per organisational policy



Day Service Audit Core Criteria



Quality Rating
51%

■ Compliant with Stewart's Care KPIs ■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Community inclusion was evidenced through group outings. In some groups it was limited due to staffing and needs of the Service Users.
- 48% of Service Users engage in a community inclusive agency that comes into Rossecourt for Literacy and Mindfulness education.

Personal Plans

- There was evidence of all Service Users having a personal plan in the form of a folder.
- There was no consistency of information recorded across the Day Attenders groups.
- Staff explained that they were unsure of what to put into folders.

SURA- Electronic Service User Record

- Some information for Service Users personalised plan is kept on SURA. This is updated intermittently.
- Staff have confirmed that they would like further guidance on how to use SURA accurately to ensure all Service Users get the full benefit of the service.

Transitions and progressions

- All Service Users should be supported to progress to another Service if they wish.
- An improvement in family meetings, key worker meetings and documenting goals will help to improve this.



Day Service - Coach House (as at 31st December 2016)

Profile

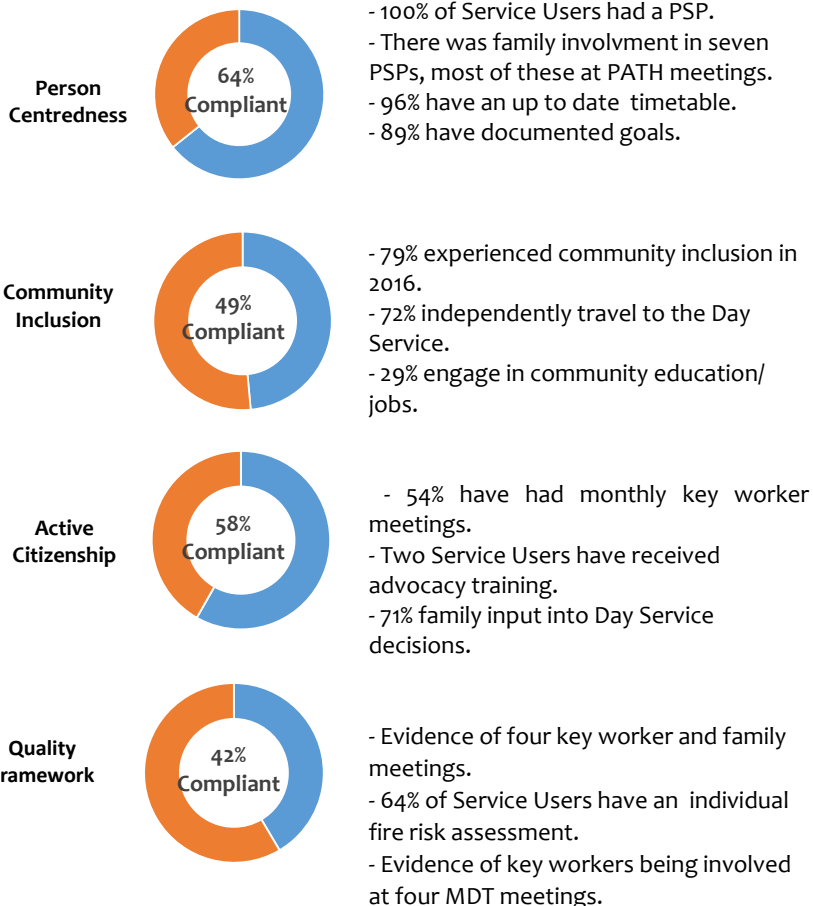
The Coach House is a Day Service located in Palmerstown facilitating 28 Service Users; 21 Day Attendees and 7 Residential/ Community.

The Coach House consists of a Café, Craft Shop, Education Centre and Clarkeville Flower Shop. Service Users are given the training needed to work in the Café, Craft Shop and Flower Shop. Those who attend the Educational Centre in the Coach House have the opportunity to complete the PATH process and create and individualised timetable.

Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - Coach House



Key Worker Meetings

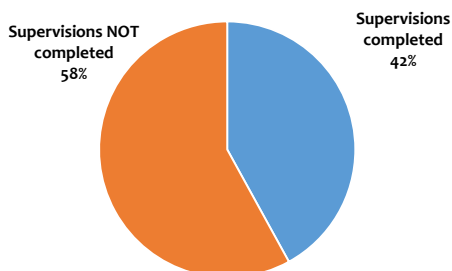
- 54% of Service Users received at least one monthly key worker meeting in 2016 majority of these are Service Users attending the education centre who have key worker meetings weekly. Those in the Café had not been receiving monthly meetings with their key worker in 2016.
- Key worker meetings were recorded on forms that are kept in the Service Users folders and are not recorded on SURA.

Key Worker and Family Meetings

- There was evidence of three meetings between a key worker and a Service Users family in the past year.
- There is contact with some family members through telephone calls, these are sometimes recorded in Day Progress Notes and there is often informal chats when family come into the Coach House. This is not being recorded effectively at present so there is little evidence of contact.

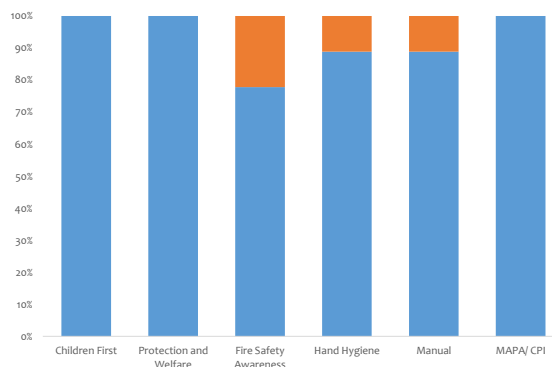
Day Service Staff Performance

Coach House Staff Supervisions*

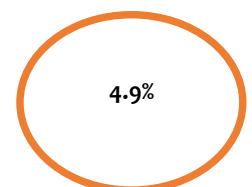


* As per organisational policy

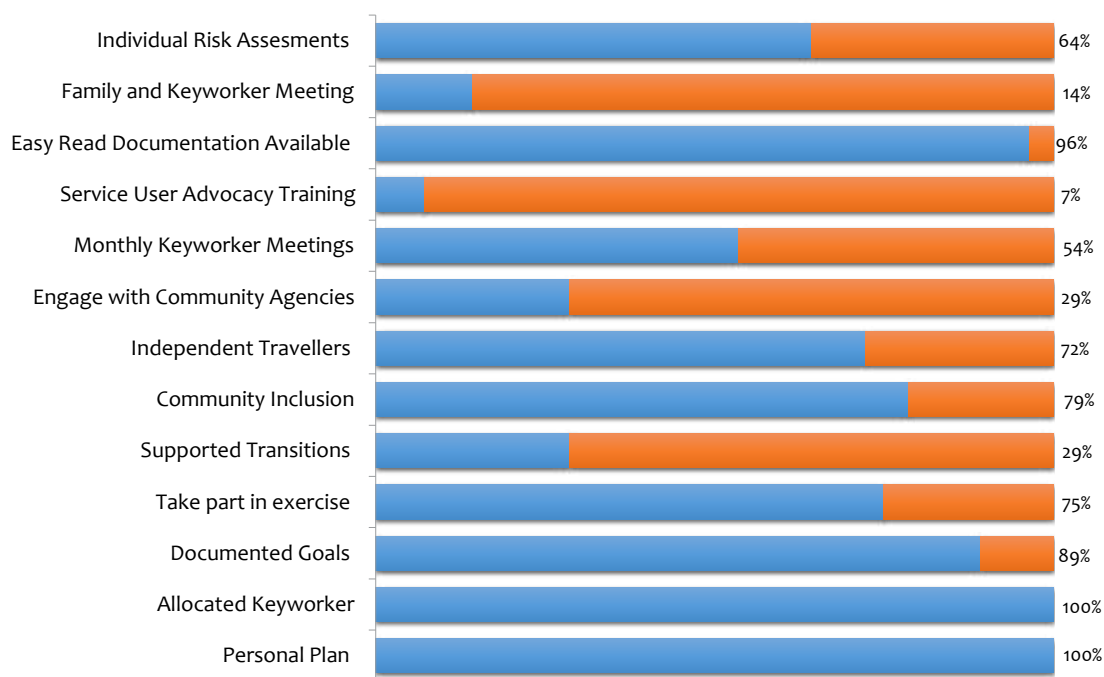
Day Services Core Competency Training Compliance by Course



Coach House Absenteeism



Day Service Audit Core Criteria



Quality
Rating
53%

■ Compliant with Stewarts Care KPIs

■ Non Compliant with Stewarts Care KPIs

Community Inclusion

- Community inclusion was limited in 2016. The Coach House closed down for two weeks in 2016 and group outings were organised.
- Community inclusion was not always documented on SURA.
- 29% of Service Users engage in a community inclusive agency for education/training.

Personal Plans

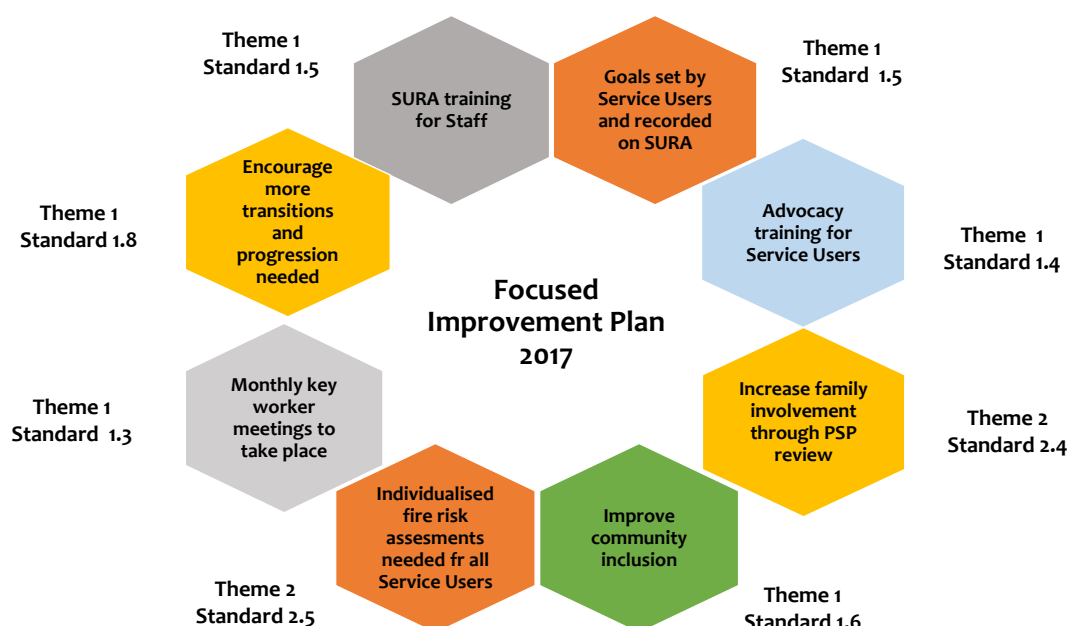
- There was evidence of all Service Users having a personalised plan in the form of a folder.
- Structure of folders differed throughout The Coach House
- All Service Users need goals recorded as part of their personal plans.

SURA- Electronic Service User Record

- Some information for Service Users personalised plan is kept on SURA. This is not updated regularly, staff stated that they did not always have the time to update SURA due to a lack of staffing throughout 2016.
- Most documentation is done on paper and kept in folders.

Transitions and Progressions

- Service Users should be supported to progress to another Day Service if they wish.
- An improvement in family meetings, key worker meetings and documenting goals will help to improve this.



Day Service - Café Kaizen (as at 31st December 2016)

Profile

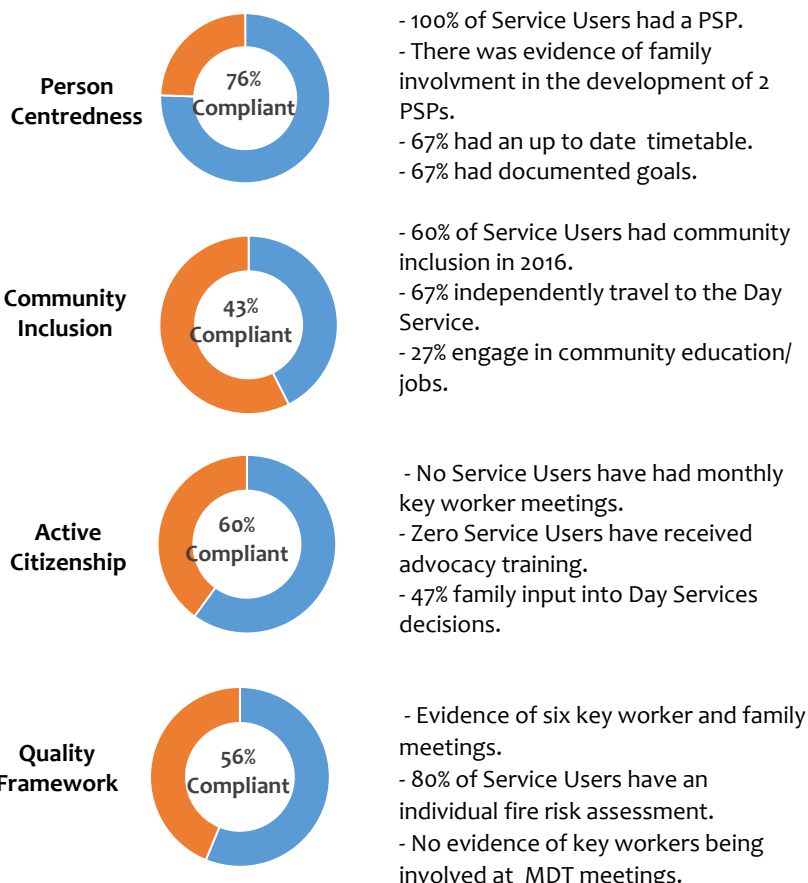
Café Kaizen is a Day Service located in Stewarts Care main building, facilitating 15 Service Users; 10 Day Attendees and 5 Residential/ Community Service Users

Café Kaizen is a Day Service programme used to facilitate the training of service users in a fast paced catering environment.

Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - Café Kaizen



Key Worker Meetings

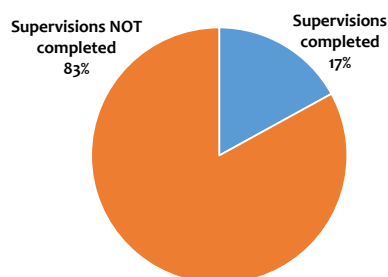
- Monthly key worker meetings have not been taking place for the majority of Service Users in Café Kaizen, key workers regularly speak to Service Users one to one but this has not been recorded in the past due to a lack of staffing and time constraints in Café Kaizen.

Key Worker and Family Meetings

- Six Service Users families attended the Café Kaizen Coffee Morning in July 2016. There has been no documented meetings between key workers and family members in the past year
- There is evidence of family input into Day Service decisions for 53% of the Service Users in Café Kaizen. There is informal contact with some family members through telephone calls, these are usually recorded on SURA in the family inclusion tab.

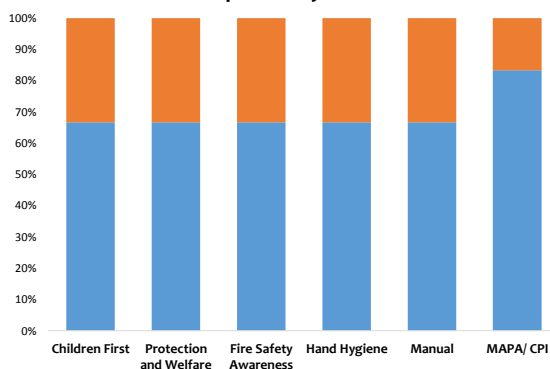
Day Service Staff Performance

Café Kaizen Staff Supervisions*

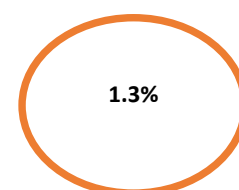


* As per organisational policy

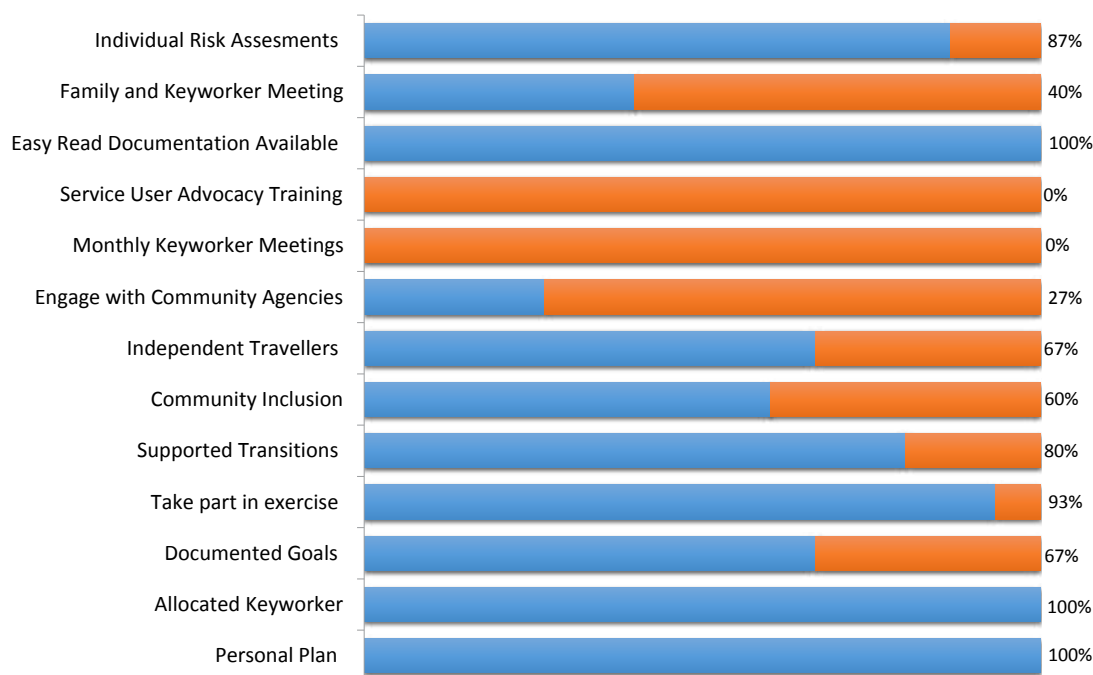
Day Services Core Competency Training Compliance by Course



Café Kaizen Restaurant Absenteeism



Day Service Audit Core Criteria



Quality
Rating
59%

■ Compliant with Stewart's Care KPIs

■ Non Compliant with Stewart's Care KPIs

Community Inclusion

- Community inclusion has been minimal in 2016 due to limited staffing and time available to leave Café Kaizen to facilitate outings.
- Two Service Users work in the community as part of the Jass programme.
- Two Service Users engage in community inclusive agencies for education.

Personal Plans

- There was evidence of all Service Users having a personalised plan in the form of a folder.
- Folders included personal information, identified key workers, some contained timetables and goals.
- All Service Users need goals recorded as part of their personal plans.

SURA- Electronic Service User Record

- Some information for personal plans is kept on SURA.
- SURA has not been regularly updated as staff were covering in different areas throughout 2016 and were not always based in Café Kaizen.
- There are currently no Day Service guidelines for SURA.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy

Risk Assessment

- 13 Service Users had a fire risk assessment for Café Kaizen. Staff training on risk assessments needed.



Day Service - Adult Education (as at 31st December 2016)

Profile

Adult Education is a Day Service located in Lucan, facilitating 69 Service Users; 65 Day Attendees and 4 Residential/ Community. The main aim for those in Adult Education groups is day activation through recreational and educational activities.

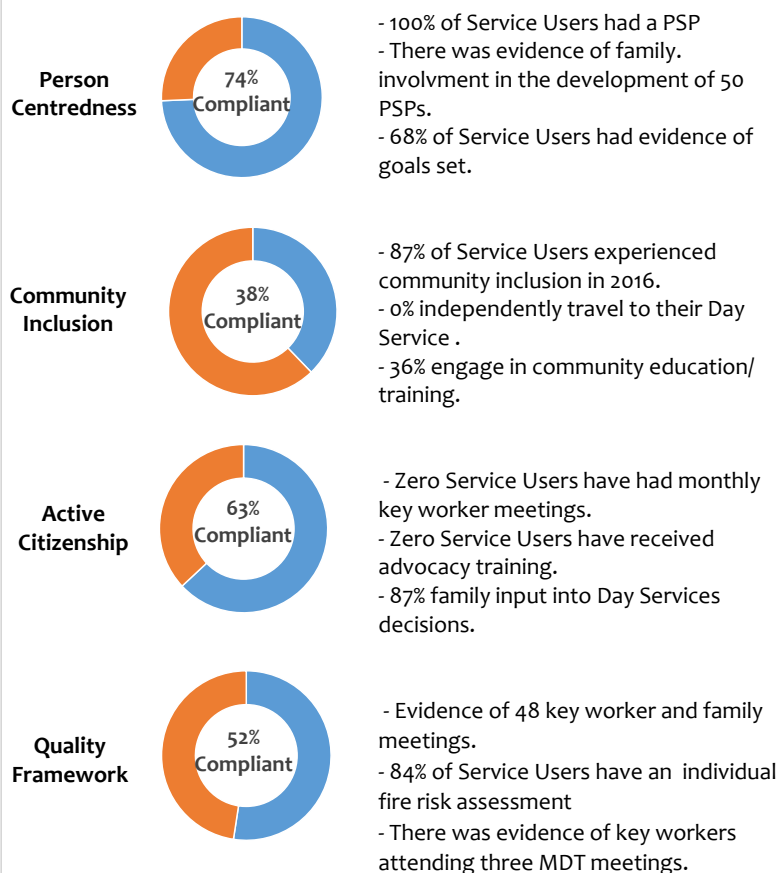
This programme is a practice placement for Registered Intellectual Disability Nurses in collaboration with Trinity College Dublin.



Programme Manager- Heather Curran



New Directions Day Services Audit 2016 - Adult Education



Key Worker Meetings

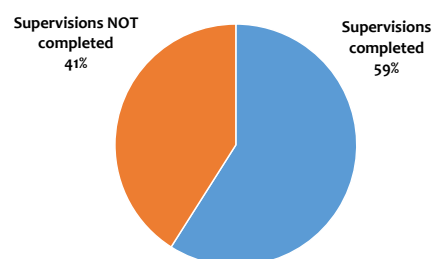
- Monthly key worker meetings have not been taking place for the majority of Service Users. There has been no set time/ schedule for when or how often they should take place.
- The majority of Service Users have had two/ three meetings in the past year, as per management instruction. Meetings are recorded on key worker forms that are kept in Service Users folders in Rossecourt.

Key Worker and Family Meetings

- 48 out of 69 Service Users families attended their annual review meetings with the Service User, a key worker and an STM. At these meetings progress and timetables are discussed along with issues that any of the parties have.
- There is evidence of family input regarding Day Service decisions from 87% of families. There is contact with some family members through telephone calls, these are often recorded on SURA in Day Progress Notes. Some contact is informal when family members are collecting Service Users from the Day Service, this contact is not recorded.

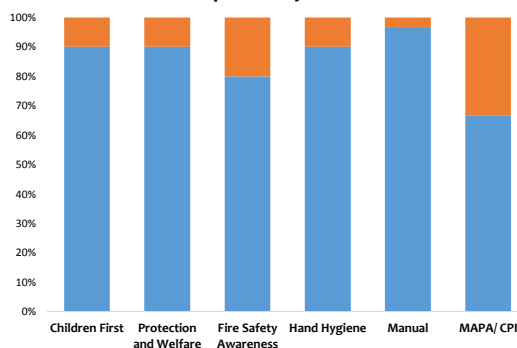
Day Service Staff Performance

Adult Education Staff Supervisions

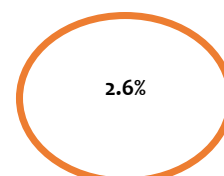


* As per organisational policy

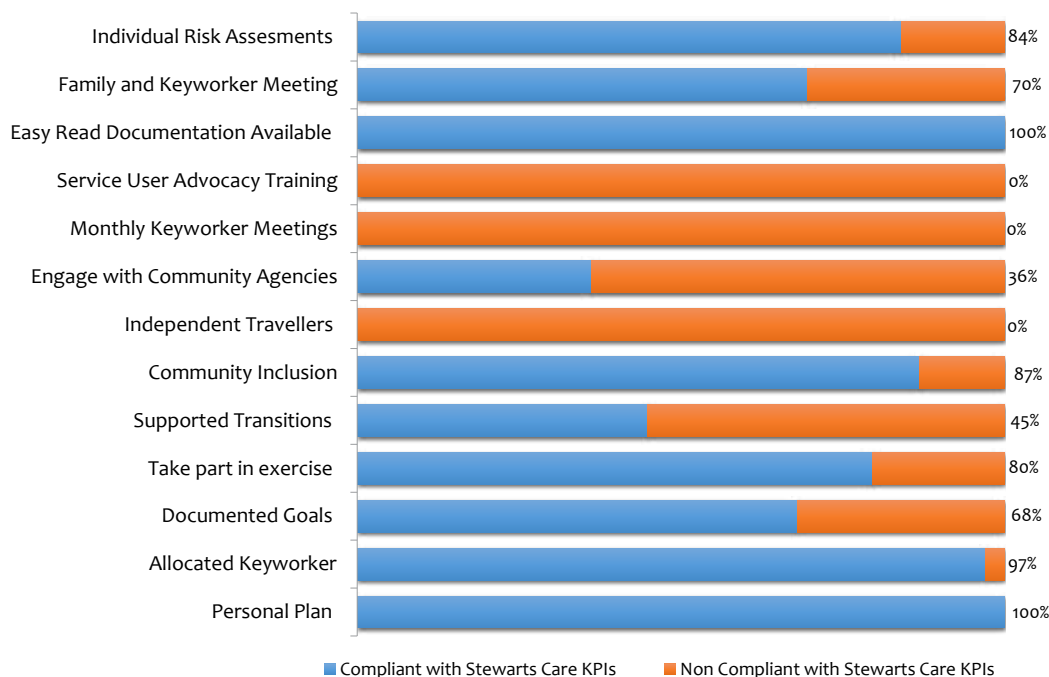
Day Services Core Competency Training Compliance by Course



Adult Education Absenteeism



Day Service Audit Core Criteria



Quality
Rating
57%

Community Inclusion

- Community inclusion was referenced on SURA for 87% of Service Users who attend Adult Education.
- 36% of Service Users engage in a community inclusive agency. These agencies come into Rossecourt. No Service Users currently attend a community inclusive agency for education.

Personal Plans

- There was evidence of all Service Users having a personalised plan in the form of a folder. The structure of folders was inconsistent across Adult Education.
- All Service Users require goals to be documented on SURA.

SURA- Electronic Service User Record

- SURA is not updated regularly by all staff members.
- Some staff explained that they were unsure of SURA requirements and would like clearer guidelines.
- Some documentation is done on paper and kept in Service Users folders.

Advocacy Training

- All Service Users need to be supported to understand and be aware of their rights in relation to advocacy

Transitions and progressions

- All Service Users should be supported to progress to another Service if they wish.



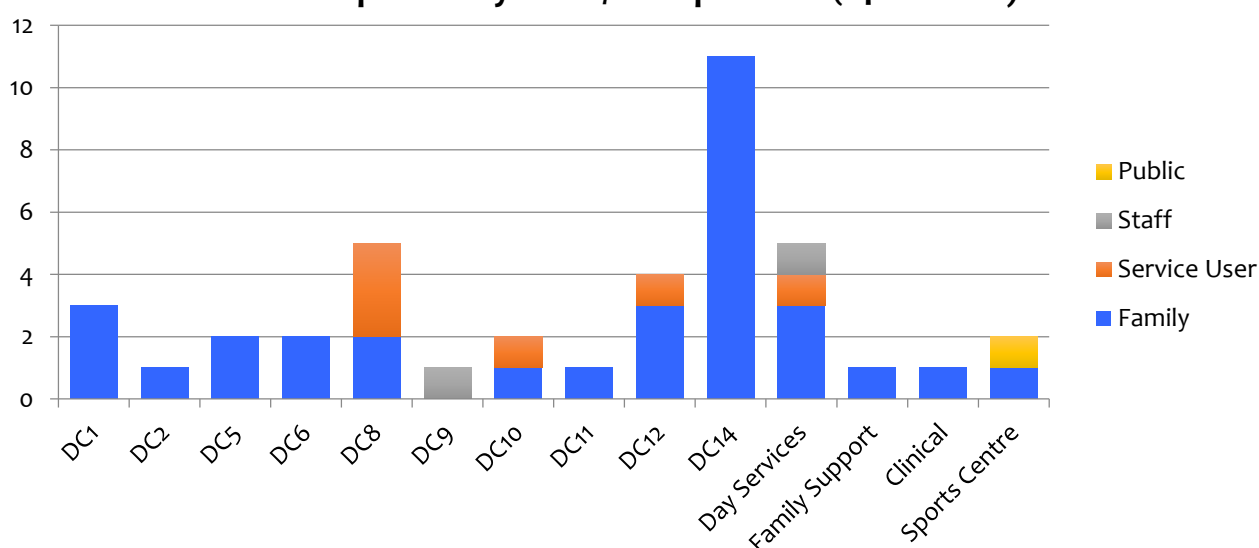
Complaints

Analysis of Complaints for the period 1/11/2015 to 31/12/2016 (14 months)

Complaints and Compliments are dealt with by two complaints officers, Mr. Colman Parker and Mr. Donal Moynihan, assisted by Complaints coordinator Ms. Elaine Caraway. The group meets approximately eight times a year on the basis of complaints and compliments activity, but no less than quarterly. The core focus of the group is to monitor and review inputs, respond with the appropriate level of urgency and to analyse and report upon trends. Serious complaints are notified to the Chief Executive and onward to the Board if such attention is warranted.

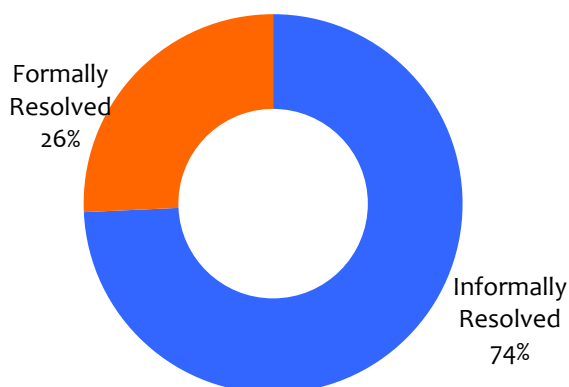
For the period covering November 1st 2015 to 31st December 2016 (14 months) the total number of complaints for Stewarts Care was 41. Of these complaints; 32 were made by family members of Service Users, 6 made by Service Users, 3 by staff members and 1 by a member of the public. Three complaints were subsequently passed on to the Designated Officer for inclusion as alleged incidents of abuse.

Complaints by Area / Complainant (14 months)

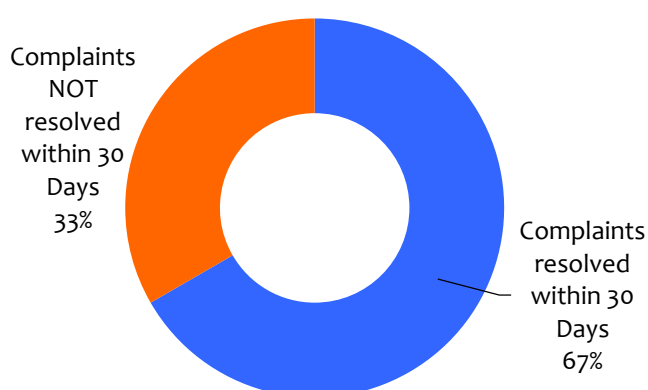


To date 33 of these complaints have been resolved either locally or through the formal complaints procedure. The following is a breakdown of these complaints:

Resolution of Complaints



Duration of Complaints



Designated Centre 14 is a Respite Service so there are up to 150 persons served per annum. There were 11 complaints related to this service in 2016. 10 were issues relating to clothing loss and suitability and were resolved locally. One complaint was in relation to the use of incontinence wear and was addressed formally and completed to the satisfaction of the family. SURA records confirm an update to the person's PSP to reflect the outcome.

In general, complaints that take longer than 30 days, are as a result of delays in receiving reports from individuals. As at 1st February 2017, nine complaints remain outstanding. Of these, seven complaints are being dealt with at the formal stage.

The absence of reported complaints or small numbers of complaints from some services would suggest that there is under reporting of complaints or that locally resolved complaints may not always be reported to the complaints department.

Complaints Trends / Themes

- Consistency of familiar staff or insufficient staff was a theme in seven of the complaints received. Taken together these would suggest that either regular staff familiar with Service Users had been moved without explanation from family's point of view, causing distress for the Service User, or that things had gone wrong because unfamiliar or agency staff who were not familiar with a Service Users particular needs were on duty at the time of an incident. In one case the complaint related to there not being adequate staffing to bring a Service User out in the evenings. In some cases it was possible to resolve these issues and in others it was not, but it does suggest pressure on parts of the organisation to provide consistent familiar staffing. This matter warrants further attention.
- Unsatisfactory care provided was a theme in a number of complaints. In some cases these overlapped with concerns about consistency of staffing. These ranged from a person being sent home with a sprain without adequate assessment, a Service User absconding from their Residential Service unsupervised, to where a Service User sustained an injury.
- Minor care issues represented the biggest category of complaints, such as the wrong hair brush being sent home. These matters were dealt with locally to complainant's satisfaction.
- Loss of day placement / not sufficient activation / unsuitable placement was a theme in two complaints. These were both residential Service Users who previously had a Day Service and family members felt that the individualised services put in place to replace a regular 5 day service was not meeting the persons needs and was a significant factor in the difficulties which had arisen. In one case the family was very concerned that their family member was placed in a service with Service Users of considerable age difference.
- Safeguarding issues: In three cases the complaints were subsequently referred to the Designated Officer to be dealt with as safeguarding issues. Two cases related to 'peer to peer' issues and another related to a concern about a staff member.
- Transport was a theme in three of the complaints. Lack of transport to day services or that the Service User was spending too long on a bus, of up to several hours per day, which is problematic. In each case the matters were dealt with successfully and resolved to complainant's satisfaction.
- Other issues included complaints about how a Service Users finances were spent, lack of adequate clinical services and issues with interpretation of administration of medication procedures, a member of the public sustaining a minor injury at a Stewarts facility and a family member concerned about the poor decorative state of a family members' home and his need for replacement furniture.

Compliments Trends

In total the Complaints Department is aware of ten compliments received during the period 1st November 2015 to 31st December 2016 (14 months).

- Two were in relation to the care, commitment and professionalism of staff that brought Service Users on holiday to Kinvara Holiday Home.
- Three compliments were from family members who had positive experiences of being included in the PATH process, who found that it highlighted the many positive aspects of their family member's lives and the commitment to and knowledge of their family member by the staff in Stewarts Care.
- One was in relation to the effort made by staff to facilitate a Service User's visit home to meet extended family from his native county.
- One was from a mother who was happy with the care her son was receiving and commenting on how happy he was.
- Two comments were in relation to the hospitality extended by staff to visiting family members.
- One was from the siblings of a deceased Service User, warmly acknowledging the staff who lovingly cared for him throughout his life in Stewarts Care.

Organisational Learning:

- A review of the transport arrangements for a number of Service Users has taken place as a result of complaints registered. This has led to an improved service for those involved and will form part of a significant organisational review of transport that is planned for the first half of 2017.

Recommendations:

- One of the main focusses of the Human Resources Department in 2016 was the recruitment of staff. Stewarts Care aims to ensure that Service Users are supported by trained and competent staff that are familiar with Service User needs.
- To address possible under reporting of locally resolved complaints, staff and managers may need further training or reminders about the requirements to log all locally resolved complaints to the complaints department
- Ensure that staff are aware that compliments are to be submitted to the complaints department as per Complaints Policy.



In February 2016 an initiative was established between Stewarts Care and the National Advocacy Service to promote advocacy among Service Users and staff. This involved advocates visiting each home on-campus in Palmerstown and meeting with Service Users and staff. 102 Service Users and 80 staff attended these briefings. The advocates explained the pathway to making a referral and the supports that the National Advocacy Service provided.

Advocacy Information Sessions for Service Users took place from March to June 2016 for Service Users from Residents Services (Residential and Community).

During 2016, there were three referrals for external advocacy.

1. A self-referral was made by a Service User to assist with living accommodation and request to move. This case is on-going.
2. A family member made a referral to request assistance around a review of their family member's living accommodation. There are on-going visits.
3. A family member made a referral to assist with the processing of a complaint. This has now been resolved.

On the 28th November a workshop was held in Stewarts Care by two advocates from the National Advocacy Service. The workshop was titled, 'A practical look at effective advocacy by front line staff; and when referral for independent representative advocacy may be appropriate', and 18 staff members working in Community Services attended.

The purpose of this workshop was:

- To support frontline staff to explore issues they are advocating for on behalf of individuals they are supporting, and the steps they can take to progress issues.
- To give frontline staff a clear understanding of the role of the National Advocacy Service.
- To promote and develop a culture of engagement and where appropriate referrals to the National Advocacy Service.
- To identify when referral for independent advocacy support is appropriate and should be prioritised.

The Stewarts Service User Council also advocates on behalf of all Service Users.

Health Services and Infection Control



3 WTE



N/A



N/A



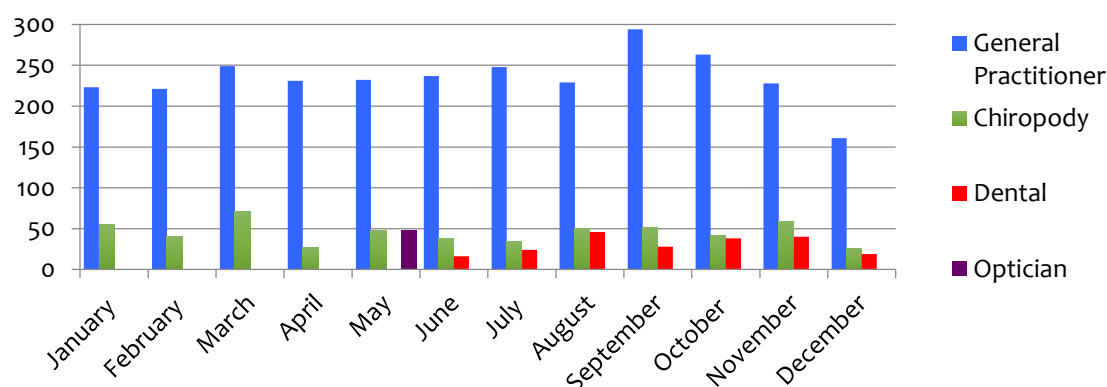
89%

The Health Services 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 2016 are outlined below; this includes the number of persons referred to the department.

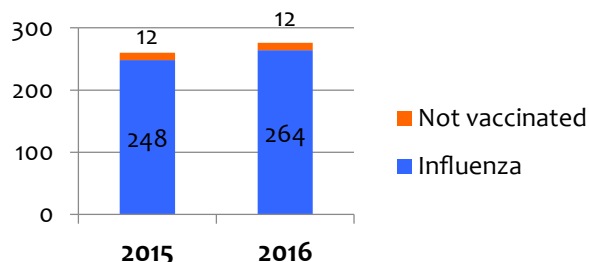
Dental Services:	70.33 hours of direct contact with Service Users
Chiropody Services:	180.6 hours of direct contact with Service Users
Optician services:	9.3 hours of direct contact with Service Users
General Practitioner:	469.33 hours of direct contact with Service Users

Clinical Appointments by Clinical Service 2016

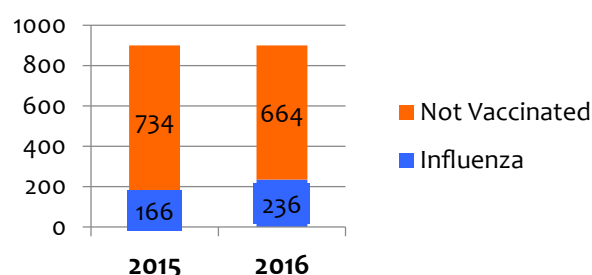


Vaccinations for Influenza, Hepatitis B, Pneumococcal and Tetanus are provided to all Residential Service Users and staff in Stewarts Care.

Service User (Residential) - Influenza Vaccinations



Staff - Influenza Vaccinations



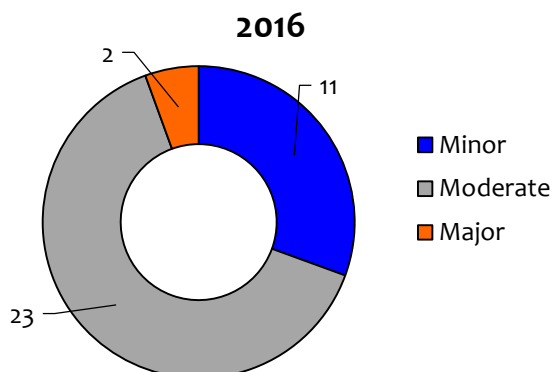
'Stewarts Health Services Handbook' was introduced in 2016 and is available on Stewarts Care intranet. The overall aim of the handbook is to provide information on accessing the Health Services Department, information about best practice when sending samples to the laboratory and disposal of clinical waste. The Annual Medical Review (AMR) form was reviewed and updated in 2016.



Infection Prevention and Control Audits

36 audits were carried out by the infection prevention and control officer (IPCO) and also in partnership with the Accommodations Services Manager. IPCO Audits were carried out in 11 of the Designated Centres, in four Day Service areas, the Sports Centre, and the Laundry in 2016.

Outcomes from IPCO Audits



Major non-compliance recorded; 2X

- Designated Centre 1 (House 25) had unresolved hygiene issues and maintenance issues, including poor ventilation which was later identified by HIQA
- Designated Centre 11 (Weston Way) had poor hygiene overall and a Service User who was immunocompromised resided there.

Moderate non-compliances recorded:

- Environmental hygiene (n=9)
- Ventilation or Mould (n=5)
- Maintenance issues (n=5)
- Equipment hygiene (n= 4)

Planned activity for 2017

Review of service contracts to include:

- GP contract.
- Pharmacy contract.
- Clinical waste services.
- BOC gases, providers of oxygen.
- HELIX electronic database.

As it is Oral Health Year in 2017, promotion of oral health will be at the forefront of planning services with a focus on training and education of Service Users and staff to ensure all Service Users receive equitable, safe and person-centred oral care.

Some other health promotion goals include:

- Establishing an onsite multidisciplinary palliative care team.
- Developing a database for health diagnoses/needs of Service Users.

Policy and procedure work projected for 2017 will include:

- Review of the Health Services Handbook.
- Review of prevention of blood borne virus policy.
- Enteral tube feeding policy.
- Cleaning policy/procedure.

In order to continue to improve systems to prevent and control infection:

- The Infection Prevention and Control business, strategy, and action plan will be circulated to the Executive Management Team and the Board and outlines the performance and strategies projected for 2017.
- Involvement of IPCO in building design (HIQA 2009) to reduce risk and reduce issues being highlighted after the build.

Clinical Nurse Specialist (CNS) Behaviour



1 WTE



N/A



N/A



100 %

Activity for 2016

Approximately 50 per cent of the CNS role is clinical, i.e. directed around the clinical caseload and the management of it. This involves developing a referral system that contains information on the presenting problem, background information of the person and also a risk rating to allow for prioritisation of the referral. This is vital to gauge the outcomes for the person, rather than just focusing on clinical effect. It also involves carrying out in-depth analysis of the presenting problems and developing interventions or support plans to aid the person, staff and family, to manage the behaviour of concern.

Managing Behaviours of Concern Policy was developed and disseminated.

Service Users currently supported by CNS

- 1 Behaviour support plan has been implemented and reviewed with a reduction in supports required.
- 7 Service Users are currently on a waitlist for CNS behaviour.
- 16 Service Users are currently receiving direct support in the development and implementation of behaviour support strategies and plans.
- 8 Service Users have had behaviour support plans developed however require on-going assessment and support.

These figures do not include those who are also referred or receiving supports directly from psychology department.

The CNS behaviour provides training in:

- 'Understanding Behaviours that Challenge' for staff, upon request.
- Positive Behaviour Support training is provided in partnership with the Psychology Department. This training has undergone a review with revised training to be delivered in 2017.
- The CH-3 Holding Skills for Essential Care and Treatment Programme addresses the complex professional issue associated with delivering essential care and treatment to people who will not or cannot comply with nursing/medical or dental treatment due to lack of mental capacity.

Ongoing supports provided by CNS behaviour:

- Support staff working with Service Users who engage in behaviours of concern.
- Develop and encourage an atmosphere and language that is positive and non-aversive.
- Update staff on new developments, research and best practice guidelines. Development of ongoing review of support plans.
- Tracking of data for research.

Activity for 2017

- Formulate a more cohesive referrals system between Psychology and CNS Behaviour.
- Provide additional supports for Service Users with Autism.



Speech and Language Therapy Department



6 WTE



Not reported



7.32%



82.5

Activity for 2016

Of the 9,058 hours available in the Speech and Language Therapy Department (SLT), 4,076 hours direct contact, i.e. with a Service User being present. The number of persons referred to the department in 2016 was 106.

Waitlist as at:	Children	Adult	Total
1 st of January 2016	58	222	280
1 st of July 2016	41	208	249
31 st of December 2016	0	162	162

Priority Rating	Wait Time
Children	Less than 30 days
Adults (Feeding and Swallowing Difficulties)	Less than 30 days
Adults (Communication Difficulties)	Average 910 days

Value of external funding or grants secured by the department: €34,268 received from HSE for Temporary Contracts from September-December 2016 to target children's waiting list.

- Delivery of Communication Passport Training-Part 1 and Part 2: 87 staff attended Part 1 of the course during the year. The course has a very practical element to it, and contributed to a reduced number of referrals to the SLT department during the year.
- It was planned to reduce the waiting list for adults with communication difficulties by 18 months over the course of the year by allocating a dedicated number of SLTs to this caseload, and by improving overall efficiencies within the department. However, the waiting list for this part of the service increased by an additional 5 months. The waiting list is currently running at over four years for those who are medium or low priority.
- Messy Picnics - A total of 17 children across Early Services and school attended 'Messy Picnic' groups over a period of a few months. These groups are targeted at children who show aversions to specific food types or textures and as a result have limited or restricted dietary intake. These groups are based on evidence from the latest research in this area, and the results from the groups are really positive. It is hoped to run these again in 2017.
- Lámh Training- In conjunction with the Psychology Department, 3 Module 1 Lámh staff courses were held in 2016 and were rolled out on a demand basis. Also, a new course 'Little Lámh' was held in the autumn for infants and their families in Stewarts Early Services. Feedback from all courses was very positive. Additionally, the Lámh 'Sign of the Week' was converted to a 'video' model based on feedback received and this move has been met positively.
- Following continued liaison with the HSE and Department of Health regarding waiting list figures for Speech and Language Therapy, the SLT department was successful in securing three additional temporary Speech and Language Therapists for a three to four month period each, resulting in the waiting list for children attending the service being at zero days by the end of December 2016.

Planned activity for 2017

- One of the primary planned activities for 2017 is to facilitate the roll-out of Progressing Disabilities Services for children aged 0-18 in an organised and equitable manner. While Stewarts will be a lead agency for two of the local Progressing Disabilities teams, a considerable amount of organisation and planning will be required to ensure a smooth transition.
- Continued training: The SLT department will continue to provide relevant training as required by frontline staff, in particular for a) Communication Passports; b) Lámh Module 1 and Family Courses and c) Managing Feeding, Eating, Drinking and Swallowing Difficulties (FEDS) - both eLearning and Practical Modules.
- This year the SLT department will again try to reduce the waiting list for adults with communication difficulties by maintaining a dedicated staffing level to this aspect of the service. Part of the approach to managing the waiting list will be to roll out 'Total Communication Environments' training and intervention across various areas within the service, ideally targeting Service Users who have been waiting the longest for SLT intervention. This will be an ongoing challenge with demand outweighing supply.
- In conjunction with the ICT department, a Photo Library of images will be launched that can be accessed by frontline staff to aid in the creation of Communication Passports, Destination Cards and other communication supports. The purpose of this library is to provide images that staff need access to in order to assist with communication with Service Users (e.g. image of Sports Centre, Liffey Valley, Bus etc.). This is to be made available on the Communities Section of the Intranet.



4 WTE



Not Reported



2.8 %



100%

Activity for 2016

Psychology Department staffing includes 1 Principal Psychologist, 2 Senior Psychologists, and 1 Basic Grade Psychologist. 200 persons were referred to the department in 2016.

Of the total available department hours of 6,917.61, Total direct contact hours 2,767.

	Children	Adults
1 st January 2016	57	153
1 st July 2016	28	126
31 st December 2016	46	137

The average wait time was 395 days (Adults) and 185.5 days (Children)

During 2016, the Psychology Department carried out a review of the departmental operational procedures. Together with the CNS Behaviour, the team reviewed and updated the Positive Behaviour Support course. This updated version will be delivered in 2017. The Positive Behaviour support course was delivered three times and Lámh module 1 was also run three times. For families, a Parents plus course was delivered over six sessions in spring 2016. Other courses delivered for families included 'Preparation for School' evenings and 'Little Lámh'.

The Psychology Department has been involved at various levels in preparation for Progressing Disability Services including the Central Referrals Forum and the Local Implementation Group. This will continue into 2017.

Planned activity for 2017

While Progressing Disability Services has been discussed over the past number of years, it is due to be implemented in September 2017. Preparation for this will be crucial in order to ensure that this transition happens smoothly and provides as little disruption as possible to the children in the service.

The setting up of Mental Health Intellectual Disability Teams in the area will also impact on the service. This is due to be rolled out this year and this transition must be carefully planned.

Psychologists will offer a Cognitive Behavioural Therapy (CBT) anxiety management group in Rossecourt and training for staff and families will continue in 2017 particularly in the area of Lámh, Parents Plus and Positive Behaviour Support.

Occupational Therapy Department



4.5 WTE



Not Reported



3.59 %



87 %

The Occupational Therapy (OT) Department works with individuals, their family or other staff supporting them to facilitate that person to engage with their environments and perform the activities they want and need to do. This work involves direct therapy, assessment and prescription of assistive devices, environmental assessments and education for staff or family members.

Activity for 2016

Month	WTE	Available Hours
January – June	2.5	93.86
June – September	3.4	89.82
September – December	4.5	167.86

Of the 7,141 hours available to the department 2,800 hours represent direct contact. Note due to the nature of Occupational Therapy there is a significant amount of indirect consultative, administrative and clinical work completed which amounts to 4,341 hours approximately.

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

Waitlist as at:	Children	Adult
1 st of January 2016	28	59
1 st of July 2016	24	63
31 st of December 2016	27	22

The average length of time person is on the waitlist depends on priority of referral.

Priority Rating	Wait Time
P0	0-5 Days
P1	0-14 Days
P2	14-80 Days
P3	80-365 Days
P4	<365 Days

- During 2016 the Occupational Therapy Department facilitated a number of activity groups and multi-sensory groups within the Residential Service, these sessions were directed by OT students. There were two pilot projects by the Occupational Therapy Department run in collaboration with the Speech and Language Therapy Department for children in the Early Services programme.
- The Occupational Therapy Department worked with the Physiotherapy Department in conducting Annual Postural Management Assessments and Reviews with Service Users who experience reduced mobility. This included reviews of current equipment, advice on positioning and referral for new postural management equipment.
- The Occupational Therapy Department was involved in the Erasmus Plus Project. Part of this included developing a manual for independent living skills and actively participating in the project work.
- The Occupational Therapy Department continued to run the Occupational Therapy clinic where smaller referrals and “one off” visits were conducted with Service Users.



- Monthly moulded seating clinics were run by the Occupational Therapy Department, where Service Users were assessed for and issued customised seating to meet their complex needs.
- The Occupational Therapy Department developed plans and liaised with a number of companies to introduce a bi-monthly wheelchair clinic to continue to meet the needs of Service Users during the year.
- The department had an active role in reviewing current Independent Living Skills Programmes and planning on developing this further in 2017.
- The Occupational Therapy Department offered practice education placements and work experience to a number of students.
- Continuous liaison with the HSE, South Dublin County Council and external agencies to meet Service Users' needs.
- Erasmus Plus funding, which is grant funding received from the European Union for a three year period 2015 – 2018. Part of this project included developing a manual for independent living skills and actively participating in the project work.

Planned activity for 2017:

- Continue Postural Management Clinic to ensure annual reviews of Service Users who experience problems with postural management or mobility. Continue to liaise with external seating services and engage with continuous professional development in this area. Introduce outcome measures to record and monitor complex postural needs of Service Users.
- Continue to liaise with colleagues to develop and present programme to teach increased independence skills to Service Users to facilitate meaningful activities, reduce dependence on others and enable person to reach their potential.
- Use Independent Living Skills training to further develop skills of Service Users with potential to live independently or with limited support.
- Conduct bi-monthly wheelchair clinic to ensure the needs of Service Users are met and to reduce waiting times for equipment to be assessed for and issued and to increase efficiencies within the department.
- Participate in Practice Education and use Occupational Therapy Student time to offer a wider range of services to Service Users including activity groups or individualised therapy programmes.
- Introduce outcome measures for Occupational Therapy Clinic to ensure this is an efficient and effective service for Service Users.
- Engage with multi-disciplinary team and external agencies in ensuring a smooth transition for children and young people to the Progressing Disability Service due to begin in 2017.
- Engage 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 engage in Continuous Professional Development to ensure the Occupational Therapy team can continue to meet the needs of Service Users and to ensure compliance with regulatory body, Coru.
- Liaise 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 Services.
- Offer education and training to Service Users within the Erasmus Plus Project.

Physiotherapy Department



5 WTE



Not Reported



9.1 %



100 %

Activity for 2016

Physiotherapy Department staffing includes one manager, one full-time senior, two part-time seniors and two full time staff grades.

Of the 7,370 hours available (WTE) in the department, 2,848 hours represented direct contact. The work of the Physiotherapy department also involves essential indirect contact such as report writing, ordering equipment, arranging appointments, doing up exercise programmes and advice sheets.

In 2016, there were 127 adults and 27 children referred to the Physiotherapy Department.

In general, there is no wait time for children to be seen by the Physiotherapy Department, however for a period during 2016, new children on the Early Services Programme had to wait an average of six–eight weeks for an appointment.

At time of report, there were 10 adults waiting to be seen.

Priority rating	Wait time
Urgent	2 days
P1	9 days *
P2	22 days *
P3 (currently no P3's on list)	50 days
Orthotic Clinic	65 days

*this wait time increased 3x for April – October 2016.

- **Development of Falls Pathway & Programme** - A pathway was developed to manage referrals for falls & balance/mobility issues. A falls prevention exercise programme was set up in the senior citizens day group. A falls prevention & management policy was developed in conjunction with the OT Department, Corporate Department, nursing staff & Health Support Services. A falls poster advising on things to look out for to help prevent falls was sent out to all homes to be displayed in a visible area.
- **Development of a Hydrotherapy Pathway** - A pathway was developed to allow for the effective management of referrals for people requiring hydrotherapy, assessment of transfers in and out of the pool and advice/education for staff with regard to pool exercises.
- **Management of referrals** – The Physiotherapy Department aimed to see Service Users referred within the priority rating time scale.
- **Postural Management Clinic** – The Physiotherapy and Occupational Therapy Departments commenced a weekly postural management clinic. The aim of this clinic is to ensure that all Service Users have had a postural assessment to determine if they have any postural needs. From the initial assessment people will then either be reviewed yearly, every two years or on an as needed basis depending on their needs. To date approximately 100 Service Users have been assessed and have had their postural needs met. The clinic has been very successful, staff support and Service User attendance has been excellent. The clinic dates for 2017 have been scheduled.



Planned Activity for 2017

- **Falls prevention & management continues.**
 - We will continue with the falls prevention exercise class in the senior citizens group.
 - To complete the Falls Prevention & Management booklet in an easy read format (with assistance from Accessible Information Media Group) and distribute this to all the relevant Service Users.
 - To maintain a database and carry out an audit of the referrals received in relation to falls & balance. The audit will look at the type of falls, numbers, Service User demographics and to use this information to guide interventions.
- **Hydrotherapy.**
 - To further increase the skill set of staff in the Physiotherapy Department in this area, training will be required for Physiotherapy staff in order to provide education and advice to staff and relatives who accompany children & adults to the pool.
 - The aim is to provide skills and knowledge to people supporting Service Users around the benefits and use of hydrotherapy and to work collaboratively with Stewarts Sport Centre staff and care staff to optimise the facilities so that the best outcomes are obtained for the Service Users.
- **Tone Management.**
 - To develop a pathway for the management of those referred to us with tonal complications.
- **Orthotic clinic.**
 - In 2016 there was a significant increase in the numbers referred to the orthotic clinic. There were 23 clinics held with approximately 416 appointments. This is in comparison with 2015 there were 17 clinics and approximately 306 appointments. This resulted in a waitlist for the clinic of 9-12 weeks during periods in 2016.
 - To manage this the Physiotherapy Department have consulted with the orthotic provider regarding increasing the frequency of clinics to fortnightly for 2017.
 - The Physiotherapy Department aims to provide appointments for the orthotic clinic with a wait time not exceeding six weeks.
 - The Physiotherapy Department Manager is considering the provision of simple stock items directly to Service Users in order to reduce waiting for such items.
- **Preparation for Progressing Disability Services (PDS).**
 - The provision of Stewarts Care Children's Services will change in the last quarter of 2017 as directed by the HSE. The Physiotherapy Department and other clinical teams in Stewarts Care will have to reorganise resources for children and adult services. In preparation for Progressing Disability Services, staff will attend meetings and information sessions on PDS. Departmental in-service training will be focused on gaining knowledge regarding working with children who present with conditions that we may not currently support.



0.4 WTE



Not Reported



0%



83 %

Activity for 2016

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

There is no waitlist at present, however in the past the average length of time for a person on the waitlist was 21 days. There were 35 children referred during 2016 and of the 600 hours available, 209 were spent in direct contact with Service Users.

During the year, 18 hours were spent on mandatory internal training in addition to 50 hours as part of compulsory continuous professional development, completed outside of working hours.

Planned activity for 2017

The plan for 2017 is to facilitate the roll out of Progressing Disabilities Services for children.

This has been discussed over the past few years and is due to be rolled out in September 2017. This will mean a significant change in the way that services are delivered to children and for the people that work with them. The aim is to make this transition as smooth as possible.



Stewarts Preschool



2.8 WTE



N/A



0.71%



93%

The aim of the preschool is to provide services and supports for children with an Intellectual Disability / Global Developmental Delay from approximately the age of two and half years up until school going age. The preschool provides up to 18 places from 09.30 to 13.00 every day. All children receive a 3 hour session. Some children, when suitable, may attend Stewarts Preschool (3 days) and a main stream preschool (2 days).

All children are dropped / collected at the preschool by their parents / guardians, where staff provide a handover on the child. Staff meet parents formally 3 times a year for parent / key worker meetings or as requested. Goals and plans are identified by staff and parents, carried out, and reviewed at the next meeting. Parents are invited into preschool throughout the year to engage in organised activities such as Graduation Ceremonies, St. Patricks Day Parade and a Christmas Party.

The current staff ratio is one staff to every three children; this is reviewed as necessary on a needs basis. The staff in the preschool work closely as part of the multidisciplinary team with the child and their family to support the child in reaching their fullest potential. Each child has their own specific keyworker and Personal Support Plan.

Activity for 2016

- Two preschool staff members received training in the U.K. for the Early Bird Programme. This programme aims to educate parents that have children with autism. The course was rolled out successfully in 2016. Participant feedback was very positive. The Early Bird Programme received a prize for their poster presentation at the Nursing Midwifery Plan and Development Units (NMPDU) Conference.
- Staff received training on Autism from TTT (Toys Technology and Training Project). This training session was organised by Kildare Library Services.
- Stewarts Care Preschool ran a pilot Graduation Ceremony for preschool leavers 2x days. The pilot proved very successful and will become an annual fixture.
- The Preschool is in the process of commencing Key Performance Indicators (KPIs).

Planned activity for 2017

- Proposal to register with Tusla.
- Necessitating the development of preschool specific policies / guidelines on:
 - Inclusion
 - Collecting a Child
 - Healthy Eating
 - Outdoor Play
 - Settling in
 - Behaviour management
 - Missing person
- Self-audit system to be established using Tusla inspection tool.
- Continued roll-out of Early Bird Programme.
- Implementation of Preschool KPIs.
- Increased Parental involvement/communication to include:
 - Increased frequency of parent / key worker meetings.
 - Increased social events in Preschool.
 - Increased training events for parents.
 - Exploration of the development of communication systems with parents.
- Development of parent's newsletter.

Human Resources Department



4.54 WTE



€ 264,000



0.17 %



69%

Activity for 2016

The Human Resources Department is responsible for a number of staffing related functions in Stewarts Care. These include:

- The end to end recruitment process of all new staff which includes sourcing candidates, reviewing Curriculum Vitae, 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, absenteeism reports and others as required by Executive Management or HSE.
- Managing employee records including annual leave, sick leave and other statutory 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 Schedule 2 of the Health Act 2007 Regulations 2013.
- Industrial relations issues resulting from the disciplinary or grievance procedure or that have been raised through consultation with Trade Unions.
- Occupational health referrals.
- Offering support and advice to management and employees on human resource related issues.

In 2016 the main focus of the department was on managing absenteeism, updating key Human Resource policies and recruitment. A maximum level of absenteeism was targeted at sub 3%. This was achieved with the help of line managers in monitoring absences and by referring employees to our occupational health partner, Corporate Health Ireland, when required.

Key Human Resource policies were reviewed and submitted to Quality Steering Committee, including Managing Attendance and Supervision policies. 2016 has seen a huge increase in recruitment activity with 35 recruitment campaigns run and saw the commencement of **80 new starters** representing a WTE of 72.24.

Key posts that were recruited or replaced in 2016 included:

- Head of Grounds
- Senior Physiotherapist
- Social Worker 2x
- Occupational Therapist

In 2016 there was **102 leavers** representing a WTE of 72.87.

Key posts becoming vacant included:

- Chief Executive Officer
- Programme Manager – Children's Services
- CNM2 2x
- Senior Physiotherapist

<i>Category per HSE Reporting</i>	<i>Starters 2016</i>	<i>Leavers 2016</i>
General Support	2	6
Health & Social Care	6	3
Medical/Dental	1	1
Management	5	6
Nursing	5	27
Other Patient	61	59
Total	80	102

2016 Starter / Leaver data by category as submitted to HSE



Supervision

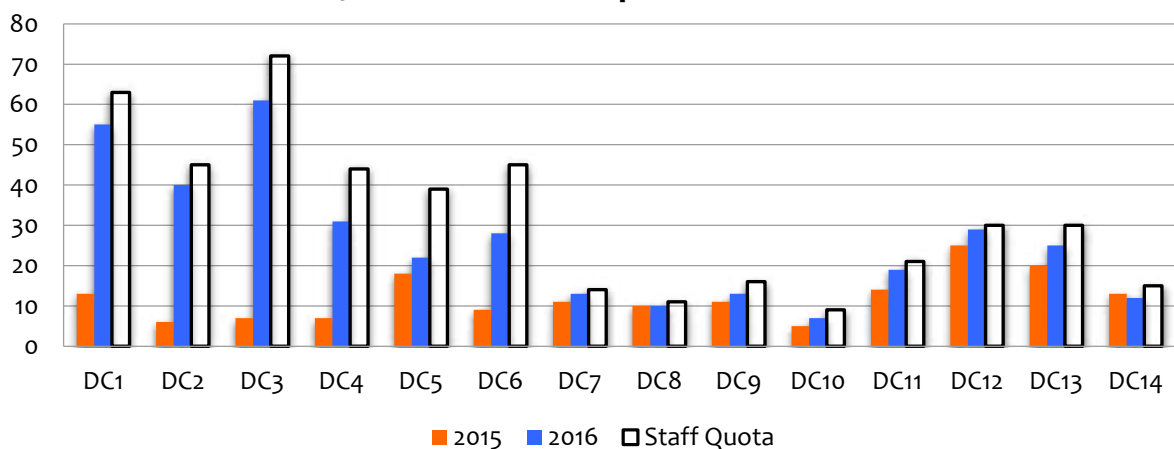
Under the requirements of the Health Act Regulations (2013):

Training and staff development

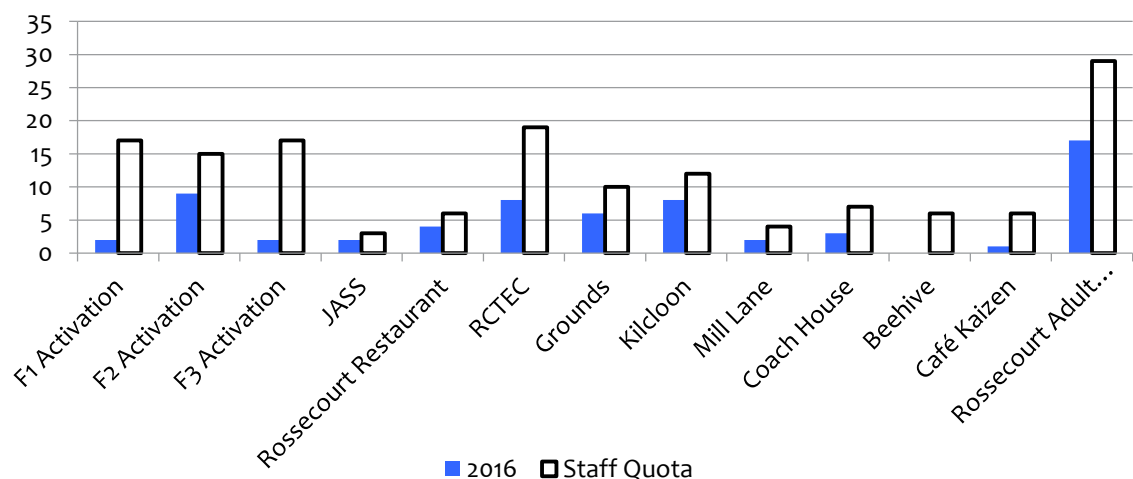
16. (1) The person in charge shall ensure that—

- (a) staff have access to appropriate training, including refresher training, as part of a continuous professional development programme;
- (b) staff are appropriately supervised; and
- (c) staff are informed of the Act and any regulations and standards made under it.

**Supervision Completed in Designated Centres 1-14:
2015 -vs- 2016 -vs- Requirement**



**Supervision Completed in Day Services:
2016 -vs- Requirement**



- The data analysis for this review has identified an issue whereby records of completed Supervision are not being forwarded to the Human Resources Department in a timely manner for reporting. This will be resolved in 2017.

Planned activity for 2017.

The key initiatives planned for the Human Resources Department in 2017 include developing an employee retention strategy, a recruitment open day in conjunction with a recruitment agency, the introduction of competency based interviews, an employee engagement survey and carrying out an audit of all annual leave, sick leave and supervision records.

- The retention strategy will be introduced to help retain staff and address the factors that are causing them to leave Stewarts. Exit interviews are now being carried out by a member of the Human Resources Department following a staff resignation to establish the reasons the staff are leaving and to highlight any emerging trends in an area that are contributing to staff attrition rates.
- An open day with TTM Healthcare is due to take place on 21st February 2017, to address the impact of staffing shortages across the organisation, especially in the areas of Community and Residential Services.
- Competency based interviews will be introduced in 2017 with the aim of strengthening the recruitment process in Stewarts Care.
- An employee engagement survey will be carried out in late 2017 / early 2018. The survey will present an opportunity for staff to share their views on the organisation and on areas where they would like to see change.
- All annual leave and sick leave records will be audited to ensure that they are accurate and refresher training will be arranged for all line managers to ensure they are inputting and recording correctly.
- An audit of supervisions will be carried out looking at both the level of compliance across the organisation and the quality of the staff supervisions being completed by managers.

Stewarts Care Staffing Numbers (WTE)

Adult Services Community	Adults - Day Services	Adult Services On Campus	Children's Services	Clinical	Corporate
88	67	278	27	34	9

Day Service	Executive	Finance	Health Services	Staffing	Support Services	Technical Services
102	7	8	2	13	85	9



Education and Training Department



Activity for 2016

A review of Education and Training Department was commenced in May 2016. As part of this review, Education and Training Key Performance Indicators (KPIs) for 2016 were developed and these are being compiled and submitted to the Executive Director of Human Resources on a monthly basis. This includes core competency compliance reports for all staff in Stewarts Care. A KPI recording nonattendance at training courses is also reported in order to assist with management of regular non-attendance. Wait time for core competency courses and 'percentage trainer time training' are also being reported as KPIs.

Course Booking System (Sulware): Improvements and added functionality have been made on the system to avoid manual reports being kept such as 'Did not attend' Training and Monthly Activity Reports on courses run and Attendees.

A text message notification system for staff that are booked onto a course was developed at the end of 2016. This is currently undergoing User Acceptance Testing (UAT) on payment process. Due to be rolled out in Feb/March 2017.

Total hours attending training, including attending conferences (working day hours).

No. Staff	Attended Courses	Training Hrs ⁵
764	4,226	13,505

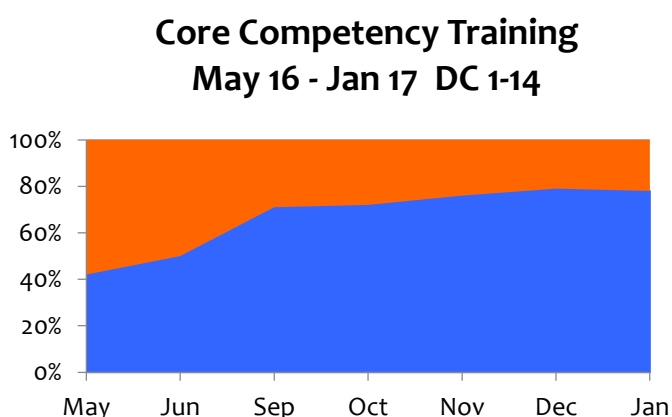
Core Competency Training

In May of 2016, the core competency training compliance in the Designated Centres (DCs) was 42%. Through intensive efforts within the department and cooperation of trainers, trainees, managers and department staff, the compliance figure had increased to 78%.

Compliance for Day Services = 76%

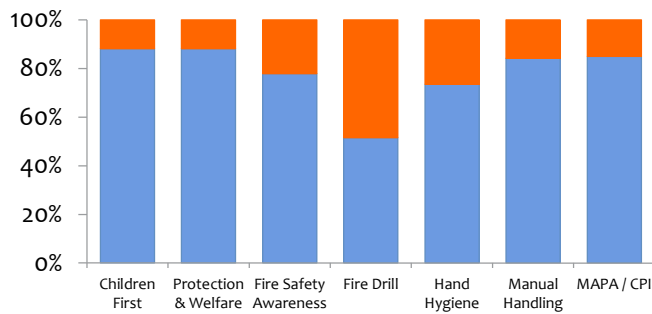
Compliance for Non DC Non Day Service = 71%

Efforts in the drive toward 100% continue throughout 2017.

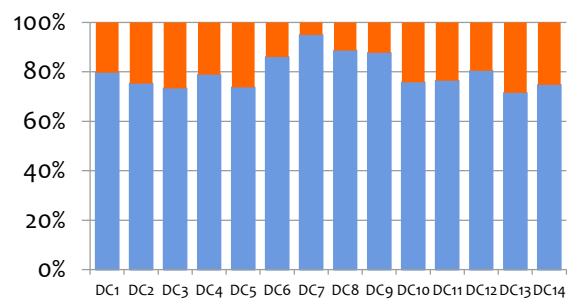


⁵ Note: This information is taken from TMS, where training was entered in Days, a day has been converted to 7 hours, and where courses entered had no Duration i.e. E-learning modules, the hours have been left blank as at present we are unable to quantify how many hours it takes to complete this module.

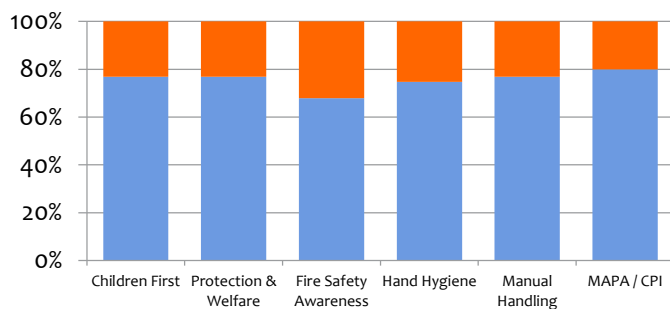
DC Core Competency Training Compliance by Course



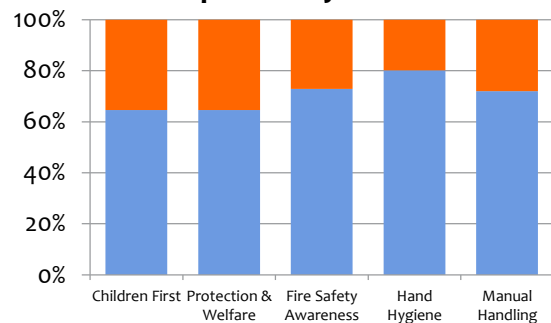
Core Competency Compliance by DC



Day Services Core Competency Training Compliance by Course



Non DC Non Day Service Core Competency Training Compliance by Course



Other notable performance indicators within the department in 2016:

Wait time for Core Competency course

132 → 24 Days

1,163 Days
Training lost in 2016
by DNAs

Core Competency compliance in DCs

42% → 78%

Training Needs Analysis

During 2016, Training Needs Analysis (TNA) was conducted on some key roles identified as a result of a HIQA report dating back to 2014. The roles were: Care Staff; Staff Nurse; CNM1; CNM2; Person in Charge and Deputy Person in Charge. Through this exercise, it was possible to identify the needs of each work-group and to begin a process of prioritising allocation of training resources for 2017.

In completing the TNA, the team sought inputs under the following headings:

- Job Description
- Education Requirements
- Core Competency
- Manager Requirements
- Peer Organisations
- Employee Requirements
- HSE Requirements
- HIQA Requirements
- Dept. Health / Legislation



The number one priority identified was the requirement for Management and Leadership Training for Person in Charge and Nurse Manager roles. Several key themes emerged and a programme containing ten modules was identified. Some of the training is for all management roles in care, however, some modules are specific to Person in Charge and Deputy Person in Charge roles.

A core requirement of this training is to re-define Stewarts Care leadership culture so as to build accountability for delivery of goals and outcomes among the various different management grades.

Planned activity for 2017

- As part of the review of the Education Department, the Executive Director of HR is clearly defining roles and responsibilities of the team.
- Additional Manual Handling and People Handling Instructors: two new instructors were trained in Jan/Feb 2017 to deliver this course.
- Review the Education Training and Development committee members, meetings structure and format, purpose and frequency.
- Review of Education and Training Policies including Course Funding Application and Education Training and Development Quality Assurance Policy.
- Review Education and Training activity reports, their content and frequency.
- Identify Person in Charge and Deputy Person in Charge training gaps and develop a training programme.
- Develop courses in IT literacy and review SURA training as part of the education review.
- Schedule Gap Reports for 2017 and agree circulation to Person's in Charge, Deputy Person's in Charge and Senior Managers in all areas of Stewarts Care.
- Devise Special Induction Programme to assist with recruitment campaigns.
- Review and consider the structure of the induction training course.
- Introduction of text alert system when booking training. This will be rolled out in Feb/March 2017, this is to reduce the amount of 'Did Not Attend' at courses.
- Course booking system (Sulware) is being further developed to provide Persons in Charge and Deputy Persons in Charge with notification of staff booked on courses a week in advance. There is also a request to change the process of people cancelling courses, alternatives to the current system are being explored.
- Review the list of courses available under E-Learning (Stewarts Hub) and to consider adding courses onto the e-Learning platform. Review percentage of staff using e-learning, promote and encourage e-learning as a training tool.

Practice Development Department



2.64 WTE



N/A



N/A



83%

Activity for 2016

Stewarts Care has a proud tradition of training nurses in the field of Intellectual Disabilities since the establishment of the School of Nursing in 1971. The Undergraduate Nursing Programme is run in conjunction with Trinity College Dublin (TCD). The four-year programme is divided between theoretical education in TCD and the practical component with Stewarts Care and affiliated services. Successful candidates are conferred with an Honours Degree in Nursing Studies from Trinity College Dublin and will be eligible to register as Registered Nurse in Intellectual Disability (RNID).



Trinity College
The University of Dublin

Currently there are 60 students across the four year programme. Each Clinical Placement Coordinator (CPC) has an assigned caseload of students from first year to fourth year and they take responsibility for the performance of their students. Weekly support visits to students are now being documented including actions, outcomes and follow up required.

Student satisfaction surveys are conducted and provides feedback on our programme. Results are generally positive with some concerns around staff moves and the perception of student nurses being utilised as staff.

Practice Placements. There are 44 Clinical Learning Environments (CLEs) available in the programme, all of which have been audited, and have a profile and learning outcomes in place. Reviews conducted during 2016 indicate that the application of the TCD Clinical Learning Environment Audit tool requires review, and re-audits of all CLEs are planned during 2017 and annually thereafter.

Preceptor Supports are provided by Registered Nurses who have undertaken Preceptorship Training. In keeping with Stewarts Care continuous improvement philosophy, focus group meetings have been facilitated to update preceptorship training and refresher training content. Preceptorship training has also been provided by TCD. During 2016, 41 preceptors received preceptorship training or attended a refresher.

Partnership between Stewarts Care and Trinity College School of Nursing is facilitated and maintained through a number of working groups, namely; the Joint Working Group, the Curriculum Group, the Link Education and Practice (LEAP) group and the Allocations Group.

In early 2016, to strengthen relationships between Stewarts Care and the School of Nursing and Midwifery, Trinity College, Dublin Ms. Carmel Doyle, Head of Intellectual Disabilities Nursing and Mr. Colin Griffiths, Assistant Professor met with Stewarts Care Senior Management Team for an overview of Stewarts Care Services. Further visits took place later in the year by Ms. Carmel Doyle to provide assistance with regard to auditing Clinical Learning Environments. Trinity College Dublin has committed to assist with aligning learning outcomes from taught theory to implementation in practice, in line with the 2018 curriculum.

Stewarts Care Practice Development Department has collaborated with Muiriosa Foundation and Moore Abbey which has proved very helpful.



Additionally:

- The Practice Development Department has developed and participated in delivering training in Recording and Report Writing, Preceptorship, HIQA Awareness and Personal Support Planning.
- The Personal Support Planning (PSP) policy has been updated (in draft) with a view to incorporating PATH and SURA.
- The department is represented on the documentation group reviewing SURA.

The Nursing and Midwifery Board of Ireland (NMBI)

is responsible for the approval of an educational institution or hospital proposing to provide a programme of education and training leading to registration in any Division of the (Nursing) Register, including full details of how it is proposed to implement such a programme.



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board
of Ireland

This is in compliance with:

NURSES AND MIDWIVES ACT 2011 (41 of 2011)

*85 (2) The Board shall, in relation to programmes of pre first time registration, post-registration leading to registration or annotation and specialist nursing and midwifery education and training - ...
(f) inspect, at least every 5 years, places in the State where training is provided to persons undertaking training for a nursing or midwifery qualification, for the purposes of monitoring adherence to nursing and midwifery education and training standards,*

Stewarts Care, due to its educational partnership with TCD is subject to such inspection by NMBI and an inspection was announced in October, 2016. The inspection was planned for year-end but was postponed until early 2017.

Planned Activities for 2017:

- Review CLE Audit Tool with TCD and re-audit all CLEs during 2017.
- Carry out preceptorship training as per training schedule.
- Update Learning Outcomes in all CLEs in preparation for new curriculum.
- Use newly developed student progress notes to track progress and continuity of learning.
- Develop a log to track schedule of visits and numbers of student visits per week/placement.
- Deliver Recording and Report Writing module to front line staff twice yearly or more often if requested.
- Join Education Committee and improve links with Training and Education Department.
- Continue to strengthen the partnership between Stewarts Care and TCD.
- Explore research opportunities between Stewarts Care and TCD.
- Develop KPI template / progress sheets / reviews.
- Work with allocations in TCD to develop a new planner for new nursing curriculum due to commence in 2018.

SURA (Service User Records Application)



1.33 WTE



N/A



N/A

Activity for 2016

SURA is the Service User Record Application that has been designed for secure and confidential Service User information sharing in Stewarts Care. There were 118 new Service User accounts created in 2016, bringing the total population of the database to 1,280 people.

With the introduction of TMS (electronic rostering system) and the SURA project manager's oversight of the project, development of the SURA system has been curtailed over the last 12 months. Notwithstanding this the following activity took place in 2016:

- The SURA Review Group was established in September 2016 as a result of organisational learning from the Quality Steering Committee Audit Committee (QSCAC) audit process. This replaced the SURA and Document Control Committee.
- Enhancements to SURA in 2016 included development of an Assets Register, introduction of the Blood Glucose Recording form and the PRN Analgesia record, development and introduction of the Dietetics Referral form and enhancement to the Demographic Query section to include reporting by Designated Centre.
- Training continued for all new staff and student nurse entrants on a weekly basis. Total number of new staff trained on SURA was 88.

Planned activity for 2017:

Training:

Staff in Training and Education Department are to receive training on the SURA system with a view to taking responsibility for future SURA training.

With the re-organisatin of Nursing Administration to TMS Support, it is planned to subsume the responsibility for the SURA administration into TMS Support / SURA Administration. TMS support staff will be trained to support the following.

1. Creation of new Service User accounts on SURA.
2. Updating of Service User demographic information.
3. Management of locked records on SURA and notifications to system users.
4. Development and management of reports generated from SURA.

In line with the current review of documentation on SURA and the SURA Policy the development of new templates will be required. Submissions have been made by Clinical Departments for amendments to existing forms on SURA. Where possible these will be facilitated under the current support / maintenance contract. TMS / SURA Support will continue to provide educational input regarding future SURA updates and enhancements.



System Development / Enhancements

The SURA Project Team is in the process of carrying out a full review of the SURA system through a consultation process that involves user groups drawn from members of the multi-disciplinary team and frontline staff with the objective of:

- Agreeing and implementing a method of recording which facilitates communication between all members of staff in order to provide the optimum level of support to Service Users.
- Agreeing revised SURA guidelines, to include guidelines for all staff recording in the personal support plan to ensure a standardised approach to recording and attaching information.
- Introducing a number of recording forms that will be linked to goals / needs to ensure a standardised simplified approach to recording.
- Guidelines which integrate PATH throughout SURA.
- Guidelines for nurses that will be included in the revised SURA policy, to ensure that the nursing process is always applied in order to ensure the relevant information is recorded and readily located.
- To remove instances of duplication of recording and provide a streamlined, logical approach to the recording of care.

The SURA Project Team will report to the SURA Review Group on issues as they arise.

The SURA Project Team is currently in the process of exploring options for future proofing of the SURA system. This includes upgrading SURA from its current windows based Microsoft Infopath environment to a web-based platform. Continuous enhancement of the reporting mechanism within SURA will provide improved management information.

The SURA Project Team will continue to explore the development of data flow between the National Intellectual Disability Database (NIDD) and SURA so that there is one single 'record of truth' operating in the Stewarts Care.

RISK Management



1 WTE



N/A



N/A



83 %

A key element of the job is to minimise organisational risk through the implementation of risk management strategies. The role of the Risk Manager also includes managing litigation, including liaison with insurers and counsel in relation to outstanding claims, managing claims reviews and attendance at court on behalf of Stewarts Care. Implementing lessons learned from the outcome of litigation with a view to preventing repetition. Quarterly incident analysis is provided to all homes within Designated Centres 1 – 14 in order to identify patterns and trends and to allow managers to manage risk appropriately.

Activity of the Risk Manager in 2016:

- Environmental Risk Assessments were carried out in all living areas.
- Local Risk Registers have been developed, implemented and communicated in consultation with the Person in Charge.
- A follow up action plan post incident form was piloted.
- Twenty two pregnant employee risk assessments were conducted.

Training responsibility includes:

- Manual Handling.
- NIMS Incident Reporting and Implementation of the Risk Matrix.

Additional responsibilities of the role include Chairing the Risk Management Committee; Chairing the Safety Committee; Auditing and reporting and contributing to policy development.

The Risk Manager is responsible for ensuring that incidents are reported to Clinical Indemnity Scheme (CIS) and the maintained on the National Incident Management System (NIMS) database.

Planned activity for 2017

- Review and update the Corporate Risk Register on a quarterly basis. Review and update of Local Risk Register. Review and update of Environmental Risk Assessments.
- Subject to successful review 'Follow up Action Post Incident Form' at the Risk Management Committee, this will be fully implemented in March 2017.
- Review Risk Management Policy (to include requirements to Section 38 Agency) and continue to manage litigation.
- Review of Incident Reporting Policy to include National Incident Management System (NIMS) and National Incident Report Forms (NIRF).
- Provide post learning outcome in relation to litigation with a view to preventing same – Identify strategy to reduce recurrence of litigation.
- Liaise in relation to the changeover of insurance with the General Indemnity Scheme (GIS) with regard to Insurance and Risk Management.
- Provide reports from the Risk Management Committee to the Executive Management Team.



Incident Reporting

The State Claims Agency (SCA) operates a software system for incident reporting called the National Incident Management System (NIMS). NIMS is a confidential highly secure web based system and management tool that allows agencies to manage incidents throughout the incident lifecycle and identify emerging trends whilst also fulfilling the legal requirement to report incidents to the SCA.

There is a requirement to produce reports & charts for all Designated Centres four times per year and to file Incident Report forms per person and by date of incident (**1,524 Forms in 2016**).

Following a procedural change agreed by the National Intellectual Disability Database Committee (NIDDC) the review process now takes place from January to December of each year. Liaison with NIMS is required with regard to updates to Incident Forms; update of system and fields and communication of changes through ICT with regard to changes to Incident Report Forms (available on Stewarts 'Communities' and an email sent to inform all staff).

Maintain the National Intellectual Disability Database (NIDD) up to date and record all Service User changes / additions, including respite for Service Users for the Health Research Board (HRB).

Incidents 2016 – Who was involved?

Service User	999
Staff Member	409
Property Damage/Loss (non crash/collision)	77
Member of the Public	15
Work Placement/Trainee	10
Crash/Collision	7
Panel Staff/Agency/Locum	2
External Contractor	2
Dangerous Occurrence	2
Volunteer	1
Total:	1524

Analysis of incidents is divided out by person(s) involved and a further breakdown identifies the type of incident.

Review of this data is by incident / hazard category helps us understand the incidents occurring and how we could prevent their re-occurrence.

Incident/Hazard Category (Service User)

Exposure to Physical Hazards	451
Exposure to Behavioural Hazards	428
Clinical Care	106
Exposure to Biological Hazards (Bites)	13
Exposure to Chemical Hazards	1
Total:	999

Exposure to Physical Hazards includes such things as slips, trips and falls, equipment issues, manual handling practices.

Exposure to Behavioural Hazards includes violence and aggression, incidents of self injurious behavior.

Incident/Hazard Category (Staff)

Exposure to Behavioural Hazards	332
Exposure to Physical Hazards	46
Exposure to Biological Hazards (Bites)	30
Exposure to Chemical Hazards	1
Total:	409

Incidents involving clinical care include medication errors.

Organisational Learning from Incidents

Organisational Risk Register identifies the risks associated with running Stewarts Care and actions taken to mitigate the risks. The register is communicated to the Executive Management Team quarterly by the Executive Director of Corporate Affairs, alerting them to changes in the Register e.g. where risk priority changes or level of risk alters responsibility. The register is reviewed quarterly by the Audit, Risk and Finance Committee and presented to the Board as required by the HSE.

Quarterly Analysis of Incidents was provided to the Person in Charge and each individual living area for 2016. Incidents are then analysed to identify patterns / trends associated in each home. Following analysis, actions are taken to reduce the frequency of the incident / reduce the risk. Examples of actions may be reviewing a risk assessment / consulting with a Multi-Disciplinary Team / reviewing or developing a Behaviour Support Plan / reviewing the local Risk Register.

Local Risk Register was developed in 2016 and was piloted in Designated Centres 12 and 13. Following the success of this pilot, a local risk register was developed for each of the 54 homes. The register identifies and prioritises specific risks associated with each individual home and informs staff of the actions taken to reduce the risk to a reasonably practicable level. Local registers are reviewed annually or when the risk changes significantly (whichever is soonest). A recent example was the addition of a mobile seating risk assessment to the Local Risk Register as a result of learning from an incident.

Incident Report and Risk Assessment Training an important aspect of learning from incidents is to 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 aims to provide staff with competence to identify a hazard, assess risk(s) and conduct a risk assessment so that risks can be prevented / reduced and managed.

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 incident reported. The objective is to provide evidence of a conscious effort to reduce the frequency / risk as a result of an incident. A recent example improves ability to foresee a biological hazard incident based on patterns of behavior. The Infection Prevention and Control Officer has supported high risk areas for biological hazard with training on prevention and infection control.

Monthly Health and Safety Audit for the purpose of identifying hazards and to ensure that the environment is safe. Following completion of the audit, a copy is sent to the Technical Services Department detailing repairs / maintenance required. The audit demonstrates a proactive evidence based approach to safety. One recent example was the introduction of a new Fire Safety Checklist as a result of the audit.

Site specific Safety Statement A review of the Site Specific Safety Statement was carried out in conjunction with Technical Services Manager and has been rolled out to all areas.

Medication Safety and Therapeutics Committee whose function is to oversee the Medication Management Process. The committee comprises of three 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.

Fire Safety

From June 2016, the Technical Services Department took over the responsibility for co-ordinating and facilitating Fire Safety for Stewarts Care. In conjunction with the Education and Training Department, Fire Safety Awareness training is made available for all Stewarts Care staff one day per month and on-site Fire Safety and Fire Drill Onsite Training is carried out during the scheduled Fire Drills by a third party facilitator twice per year.



In the non-Designated Centre buildings, staff are present for the fire drills, which are carried out twice per year. In this case attendance is not noted and therefore Training Records are not accurate. This will be corrected in 2017.

No Fire Safety Training was carried out for a period between January and May 2016 at which time the Technical Services Department commenced facilitating Fire Training. During 2016 478 staff undertook Fire Safety Awareness Training, and 274 staff undertook Fire Safety and Fire Drill Onsite Training.

Fire Drills

There is a requirement to carry out a minimum of two fire drills per location per year, one during the day and one at night in homes. Responsibility for night time fire drills was assigned to Persons in Charge and Deputy Persons in Charge by the Technical Services Manager and the Director of Care and there is a requirement to forward a copy of the fire drill report to the Technical Services Department.

Most Designated Centres were compliant in carrying out the night time fire drills and some carried out more than one. There were three homes that did not carry out a night time fire drill in 2016 or provide a copy of the fire drill report, these were; DC-8, Oak Court Close, DC-10, Balgaddy Cottage and St Andrews and DC-12, Louisa Valley and Silken Vale.

Maintenance and Servicing of Fire Equipment

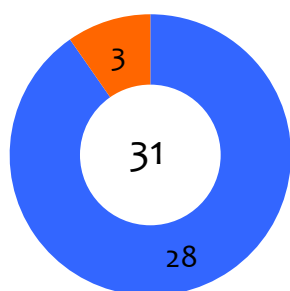
Quarterly inspections of the fire detection alarm systems were carried out by a competent service organisation and certificates of compliance were submitted to the Technical Services Department in accordance with requirements of IS 3218.

The quarterly inspections of the emergency lighting systems were carried out by a competent service organisation and certificates of compliance submitted to the Technical Services Department in accordance with requirements of IS 3217.

The annual inspections of the firefighting equipment were carried out by a competent service organisations and certificates of compliance were submitted to the Technical Services Department in accordance with requirements of IS 291:2002.

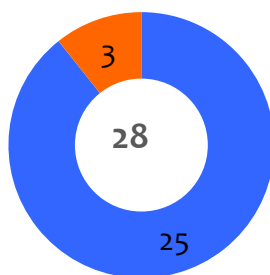
Volunteering

31 Volunteers 1/1/16



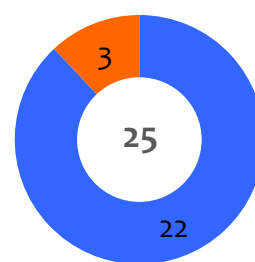
■ Non Staff ■ Staff

28 Volunteers 1/7/16



■ Non Staff ■ Staff

25 Volunteers 31/12/16



■ Non Staff ■ Staff

Activity for 2016

Throughout 2016, the volunteers in Stewarts Care have supported the Service User to attend and participate in the Social Club, which includes events such as music nights, movie nights and recreational evenings.

Volunteers are invited to attend social functions to support the Service User. Volunteers provide additional skills that support and compliment the existing skills of staff and assist in meeting the social care needs of Service Users.

In 2016 it was planned to increase the volunteer programme however it has reduced by six volunteers.

Corporate Volunteering

- Ulster Bank staff acted as marshals at St. Patricks Day Parade and donated Easter Eggs for Easter Egg Hunt.
- 7 volunteers assisted at the Special Olympics Athletics games at Santry 16/6/16.
- Hewlett Packard – staff painted some interior rooms in Mill Lane training centre.

Planning for 2017:

The Stewarts Care Volunteer Policy will be reviewed.

As an organisation we need to increase volunteer opportunities so that we can connect with people who are interested in participating in volunteering. We intend to involve more people from the locality as volunteers in order to continue to build a connection with the local community that will assist Service Users to become part of and be known in the community.

Sports Centre



14 WTE



€ 983,000

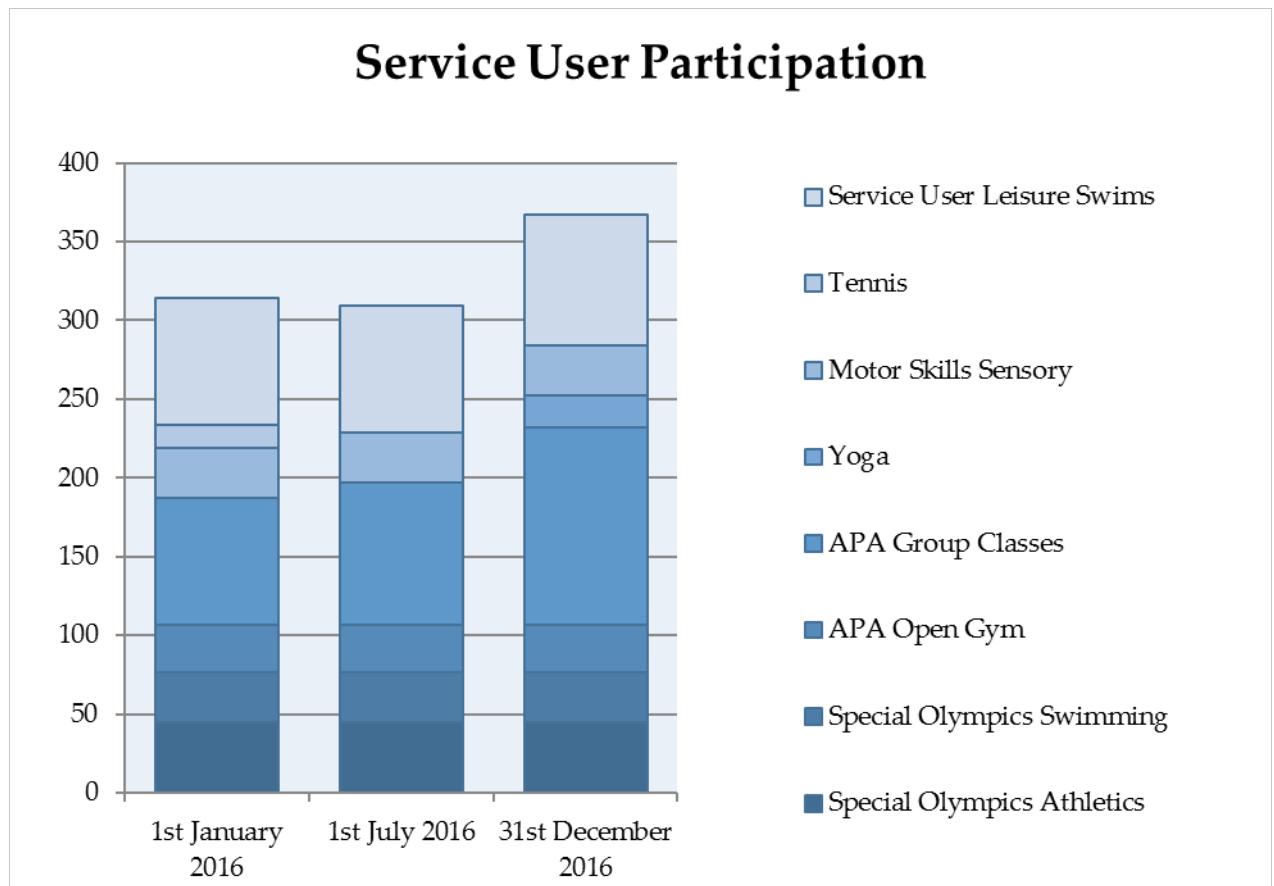


1.6 %



54%

Stewarts Sports Centre has seen considerable growth in visitor numbers from both the Service Users supported by Stewarts Care and members of the public throughout 2016. The Adapted Physical Activity (APA) Program has developed throughout the year and the addition of new exercise programs has proved popular with Service Users. The APA program at Stewarts Sports Centre has progressed considerably to include individualised gym programs to include various activities encompassing all components of fitness.



- Service User Participation up 17% year on year.
 - Total number of unique Service Users participating in activities in the Sports Centre is 281.
- Public Customer participation up 37% year on year.

In 2016 The Adapted Physical Activity (APA) Program offered a wide range of activities including sporting activities, gym based programs and exercise classes as well as swimming lessons, motor activities classes, athletic development, physical education, Special Olympics training and competitions. A number of new programmes were introduced including Tag Rugby and Yoga classes. The large new gym space facilitates gym and fitness class activities. APA welcomed two Students from the department of Health and Human Performance, Dublin City University in February 2016 as part of a six month work placement.

There was a significant redevelopment and expansion of the existing gym floor to occupy the previous gym hall space to include a running track, cycling room and a number of pieces of high tech equipment which are beneficial for wheelchair users. Additional income generated from increased swim school revenue was invested in refurbishing the Jumping Bean Café, installation of an outdoor seating area, new disability changing rooms and family rooms.

A Pool Pod was installed at Stewart's swimming pool to provide more dignified access to the pool. Stewart's Care is the first venue in the Republic of Ireland to host this innovative access system for people living with a wide range of mobility impairments. The user can independently control pool access without the need for lifeguard assistance. The Pool Pod has already seen a considerable increase in use from both Service Users and public members since its installation in October 2016.

Planning for 2017

Stewart's Sports Centre and APA programs will continue to expand with additional services and classes offered to both Service Users and public members.

All Service Users attending the gym are to be prescribed their own individualised gym programs. Each program is devised by APA Staff or Certified Gym Instruction Sports Centre staff. The goal is to facilitate Service Users to access the gym and follow their gym program with minimal assistance, in most cases independently. Where Service Users require assistance be it through one to one or small group assistance, this is identified on their program.

2017 will also see the launch of a new Service User Gym Membership. This membership will enable Service Users to access the gym at any time and will include both fitness classes and supervised gym time.

A new gym has been installed at Stewart's of Kilcloon using gym equipment formerly installed at Stewart's Sports Centre. The presence of this facility, is to help provide physical activity programs and exercise classes to 75 Service Users supported daily through programmes in Kilcloon. A daily activity timetable will include a wide range of health benefiting activities, instructed by a gym coordinator from Stewart's Sports Centre, supported by DCU placement students and staff from Kilcloon.

The pool accessibility and changing room project will see Pool Pod provide additional Pod+Aqua Chairs. The Pod+Aqua Chair is the first adjustable, tilting, submersible wheelchair developed as an addition to the Pool Pod an award winning platform lift. It will have an adjustable head rest, swing back arm rests for side transfers, removable tension adjustable one piece seating system with integrated flip back footrest and tilting function up to 30 degrees.

In addition, Pool Pod will provide Stewart's Sports Centre with a new 'Aqua Tilt Bed', which provides a means of transfer between the changing areas and the Pool Pod platform lift at the swimming pool.



The outdoor café at Stewart's Sports Centre is to be opened in spring 2017. This seating area will be an extension of the Jumping Bean Café at Stewart's Sports Centre for both Service Users and public visitors.



2.2



N/A



N/A



30%

Department of Corporate Affairs

The Corporate Affairs Department is responsible for managing a range of functional and administrative processes including, but not limited to, Company Secretariat, Corporate Compliance, Corporate Governance, Corporate Transport (that is management of vehicles in the ownership of the Companies), Corporate Volunteering, Data Protection, Freedom of Information, Fundraising, Incident Reporting, Insurance, Legal Affairs, Library Services, Litigation, Media, Property to include conveyance / acquisition / disposals and negotiation and execution of licenses and leases. Risk Management, Statutory and Regulatory Relations.

Company Secretariat

The Company Secretariat is charged with the task of managing the affairs of the Companies in accordance with Company Law. In 2016, the office managed the communication required to incorporate Revised Accounting Standards, Related Companies with internal and external auditors, Entity Incorporation and management of reporting relationships with the Companies Registration Office (CRO) arising from the enactment of the new Company Law.

During 2016 numerous new requirements emerged in respect of the Deloitte Review into Corporate Governance, which were fully implemented.

As a matter of routine the Company Secretariat manages the preparation, management, conduct and reporting of the meetings of the Boards of Directors (15 per annum), similarly for each of the Board sub-committees, the timely filing of statutory notifications to the CRO, the communication between the Boards and statutory bodies/funding agencies /regulatory authorities/corporate partners including Local Authorities/Government /Charities Regulator/HSE in compliance.

Corporate Compliance with:

- CRO Annual returns changes to directors - 3 companies
- Companies Act 2014
Liaised with Solicitors to ensure company type is correct and that company names were converted in compliance with the New Company Act for Stewarts Foundation Ltd., Stewarts Care Ltd. and Ronanstown Community Training Workshop Ltd. The companies are now called:-
 - Stewarts Care Ltd. (Private company limited by shares)
 - Stewarts Foundation CLG (Company limited by guarantee)
 - Ronanstown Community Training Workshop CLG (Company limited by guarantee)Liaised with HTH Accountants to arrange new Constitution (to replace existing Memorandums & Articles) of Ronanstown Community Training Workshop CLG.
Arranged and filed B10's with CRO for the termination of two directorships of Ronanstown Community Training Workshop CLG. Amended headed paper of the company.
- Charities Regulatory Authority (filed annual reports for Stewarts Foundation Ltd. and Stewarts Care Ltd. under section 52 of the Charities Act of 2009 - due by 31 October each year).

- Internal Compliance:
 - Charters/Terms of Reference for Board, Senior Management Team, sub-committees
Amended sub-committee terms of reference to address issues raised by Deloitte (HSE) audit.
 - Management of Internal Policies – reviewed existing policies as they fell due within Corporate and created new policy for Fundraising in 2016
- Banking - Worked with Ulster Bank and AIB to ensure compliance with bank requirements in relation to bank account information held on behalf of Stewarts Foundation Ltd., Stewarts Care Ltd. and Ronanstown Community Training Workshop Ltd.

Corporate Governance

Monitored and implemented change and reported progress on implementation of O'Higgins report. Monitored and implemented change and reported compliance with Governance Code. Implemented changes on Governance raised in internal and external audits including Deloitte, Price Waterhouse Coopers, Crowleys DFK, HTH Accountants, Charities Regulator. Monitored changes required to secure sign-off of the Annual Compliance Statement with HSE Head of Compliance.

Corporate Transport

The Corporate Team is responsible for the administration of the Corporate Fleet consisting of 37 vehicles including 25 Service User transport vehicles, 16 of which are wheelchair accessible.

Duties include management of maintenance, including routine, emergency and incident response, repairs, insurance, including processing of claims, reporting of motor incidents, Motor Tax, NCT (16), CVRT (19), and fuel.

Driver training and assessment, Vehicle acquisition and disposal. Maintenance of the Driver's Permit Database. Issuing and distribution of Wheelchair permits, Tax and Insurance discs.

Drivers using their own vehicles are required to comply with a number of conditions involving indemnities, disclosing of particulars etc. and these are verified prior to payments of expenses.

Property

Annually Manage relations with external bodies regarding our properties:-

- RATES/Valuation Office Applied for Nil Valuation on property in Chapel Lane – achieved 100%
- Irish Water
- Residential Property Tax

License of Allotments from SDCC

Rental of 49 Cherry Orchard Ind. Est.

Rental of Allendale House, Palmerstown Village

- Sale of Lands at Balgaddy to Dept. of Education (completed in 2016).
- Purchase of 35 Castle Village Walk (completed in 2016)
- Purchase of title Lands at Mill Lane training centre (completed in 2016)
- New License to HSE (re. Glass Area, ground floor, Rossecourt Resource Centre)
- (3 year License commenced 3/1/17 & option to extend for further 2 years)
- Attended to the de-listing of Stewarts Foundation Ltd. from the Approved Housing Body listing

Fundraising

Stewarts Foundation engages in a limited number of events in order to raise funds to deliver services for which statutory funding is identified to be inadequate to achieve improved services for Service Users. These include Golf Classic (profit 2016 €17,397) Flag Days (profit 2016 €7,026) Print, Design, Distribution, Receipt of income of Christmas Cards (profit 2016 €7,100) Women's Mini Marathon (2016 €3,807) Donations (2016 €53,367) Bequests (2016 €38,147).

Total income from Fundraising in 2016 was €126,844

Library Services

Active borrowers 2016 (patrons with at least 1 activity) = 1435

Number of new patrons with Stewarts as home branch in 2016 = 117

People Counter	20,031	i.e. Total footfall in 2016
Internet sessions	3,778	Six Public Access pc's and Wi-Fi
Exhibitions	1	Eirí Amach na Cásca - Palmerstown 1916
Reading events	10	<ul style="list-style-type: none">• Book club meetings• Poetry event• Red Line book festival event
Other events (adults)	26	<ul style="list-style-type: none">• Seán O'Casey course• Mill Lane Writers creative writing group• Ted Courtney music appreciation
Children's events	7	<ul style="list-style-type: none">• Local Naionra event• Local school events• 2 events in Rossecourt
Group visits in Stewarts i.e. class visits and adult groups	817	Pre-booked half hour sessions in the library
Extra hours opened i.e. outside normal opening	61 hours	Events held after 5pm



Catering Services



19.25 WTE € 1,023,000



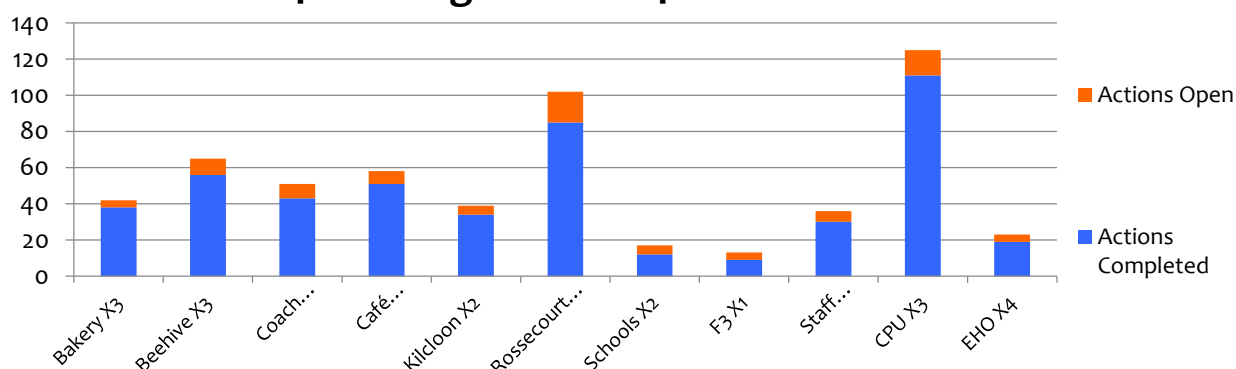
2.55



70%

Throughout 2016, the Catering Department conducted 24 audits of catering facilities throughout Stewarts Care. Of the 469 issues identified in the audit, 83% are completed. Of the 19 actions raised in Environmental Health Officer (EHO) Audits, 15 have been completed. Additionally, there were 19 reviews of residential homes with Persons in Charge. These included mealtime audits and food sampling. Mealtime observations were initiated in Day Service programmes with eight audits carried out across F1, F2, F3, and Café Kaizen.

24 Catering Audits & 4X EHO Audits



In January 2016 the EHO requested that the Food Safety Management Plan (HACCP) be completed as it was out of date. Three Environmental Health Management students from Dublin Institute of Technology were involved in the review. An upgrade of The Coach House restaurant was carried out as per the request of the EHO, thus allowing the HSE to register it as a food business again.

In April 2016 an additional meal option was added to the weekly menu that is provided to homes in Residential Services to increase choice and to promote additional options for Service Users that require special diets. In summer 2016 a meal ordering system was introduced to homes, further facilitating Service User choice. Requests by Service Users for cooked breakfast at the weekends were facilitated with great success.

Work commenced on financial recording and the 'shopping basket' system was reviewed. Charge back to homes was completed and food tendering was outsourced to a procurement company.

Planning for 2017

There will be greater accountability for purchasing and standardising quality, size and specification of goods bought in 2017, this will be achieved through the use of a Purchase Order (P.O.) system. Through the use of this electronic system, the Catering Department will greatly reduce the paperwork currently being created by delivery dockets and invoicing. All products purchased by the department will be reviewed and all purchases will be in line with Stewarts Care purchasing policy.

A review of meals supplied to homes will take place in order to move away from the current institutional practices at mealtimes. The Catering Department will become more involved with facilitating cooking projects in homes and ensure that staff in all homes are aware of good practice for nutrition and have food safety knowledge commensurate with their cooking activities

Food safety management systems must be rolled out to all the catering programmes in the first quarter of 2017 and an audit template and action plans developed for easier measurement within the Catering Department. The Catering Department plans to achieve accreditation from an external quality agency.



Information & Communication Technology (ICT)



3 WTE



N/A



N/A



30%

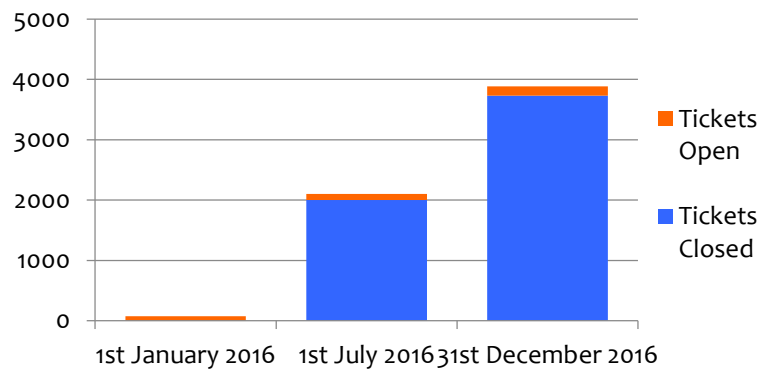
Activity for 2016

The LANDesk Ticketing System has facilitated the ICT Department to monitor and manage the requests that have been submitted to the department. This graph shows the progress throughout the year.

Management changes during 2016 are now firmly established. The department secured a donation of €500,000 from Microsoft in the form of Licensing in May 2016.

At the end of 2016, the following projects were underway and progressing:

ICT Dept. LANDesk Tickets 2016



Vodafone MWAN Project – Community Homes:

- Circuit install schedule – 89% complete.
- Router configuration & install schedule – 69% complete.

RDS Project – Community Homes:

- Rollout of new RDS devices (laptop & Wireless multifunction printers to community Homes on the new MWAN infrastructure - 11% Complete).

RDS Project – Residential Homes:

- Rollout of new RDS devices (thin client / laptop & wireless multifunction printers to residential Homes - 93% Complete).

Planned Activity for 2017:

- To upgrade / replace the phone system on the Palmerstown campus.
- To enhance the LANDesk Ticketing system to facilitate improved outputs.
- Review network switches and upgrade where necessary in order to facilitate added functionality and improved performance of network.
- Move SURA to new platform facilitating future enhancements.

Technical Services



8 WTE



€ 2,913,000



2.85 %



13%

Activity for 2016

The Technical Services Department closed a total of 7,480 LANDesk tickets in 2016, in addition to services bought in from contractors to support the provision of technical services across 72 buildings.

During 2016, the value of external funding or grants secured by the department was €10,900 from the HSE and a family member.

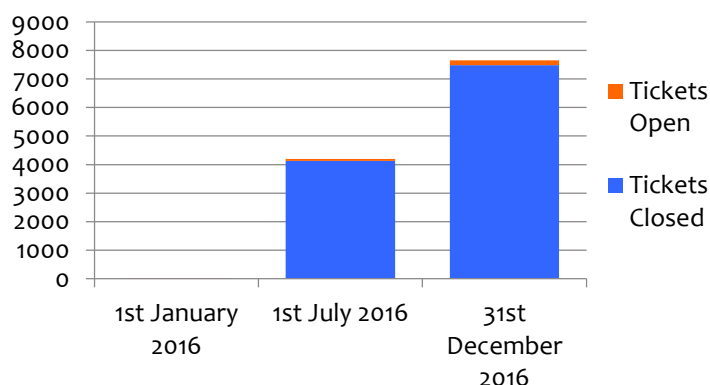
Projects carried out in 2016 to improve quality of living for Service User's and services provided included:

- Beech park automatic opening doors for Service User.
- Renovations to Aisling House for a new admission.
- New ground floor bedroom en-suites to Gleneaston Drive and Louisa Valley.
- Renovated four W/C changing rooms in the Sports Centre.
- New kitchen in Coach House.
- Renovations at Castle Village Walk for registration with HIQA.
- Change bathroom to wet room in Oak Court Close.
- Painting in 17 homes.
- Fitted new Floor Covering in 14 homes.
- Approx. €15k on new furniture for various homes.
- New overhead hoist and tracking in Woodlands 18.
- New wheelchair access doors to the Coach House and the Sports Centre.
- Fitted magnetic door hold open devices to: Aisling House, Louisa Valley, House 24, Ferrier House.
- Insulated Ferrier House and The Briars, Woodfarm Acres.
- New Service User toilet in House 24.
- New fire alarm in the Catering Department.
- Replaced paths and roads at locations on Palmerstown campus and at Red Cow Cottage.
- Replaced car park lighting at the Sports Centre.

Planned activity for 2017

- The department will develop a Business Case for energy works to community homes for application to the HSE for minor capital for the balance of SEAI funding in 2018.
- To develop a business case tender for energy works to Palmerstown Campus.
- Purchasing of new community houses for de-congregation of the Palmerstown campus and necessary renovations.
- Building of new Stewarts Special School in Rossecourt commencing in July 2017.
- The Technical Services Department will work with the ICT Department to further enhance LANDesk, with regard to improved reporting around timelines on closing tickets.

Tech Services Dept. LANDesk Tickets 2016



Household Services



31.79 WTE



€ 1,027,000



5.61 %

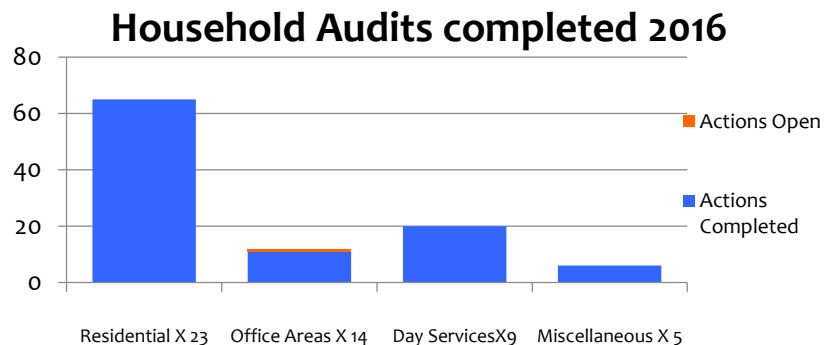


81%

Activity for 2016

Throughout 2016, Household Services carried out a total of 75 audits, identifying 103 actions for improvement. At the end of year, 102 actions were completed.

For the 2016 IASI Awards (Irish Accommodation Services Institute) the focus was on Designated Centres 1 & 2 and in the audit of 30th November 2016, Stewarts Care received a silver award.



The plan for a 6 monthly hygiene audit in each area was only 75% complete. This will improve in 2017 by having a more robust schedule and linking with infection and prevention audits.

Improvements in 2016 included an environmental goal to reduce paper by electronic communications. The Household Policy was reviewed in March 2016.

Household Services and the Infection Prevention and Control Officer worked in partnership to complete audits in 18 services in Stewarts Care in 2016. Inter-departmental initiatives also took place with Technical Services and the Catering Department and the engagement in such partnerships will continue to develop.

Planned activity for 2017

- The department will undertake an efficiency review, exploring new cleaning techniques, new equipment and greater efficiency.
- Review of Environmental & Household Cleaning Policy with Infection Prevention and Control Officer is planned for March 2017.
- Provide onsite environmental cleaning training for all staff with the Infection Prevention and Control Officer.
- Department budget and operational cost review, based on 2016 spend to get a budget overview.
- Assess all areas under household remit and implementing cost reduction plans.
- Review internal audits with Infection Prevention and Control Officer, including updating an audit tool, schedule and action plan.
- Conduct a customer satisfaction survey on household services.
- Continue to participate on the IASI Council.
- Achieve a gold standard in the IASI awards in a selected area in 2017.

Laundry Services



6.5 WTE



305,000



5.1 %



100%

Activity for 2016

An audit of the Laundry Department was carried out in 2016 by the Infection Control and Prevention Officer. The department received 82% compliance in relation to the practice of infection prevention and control in the interest of ensuring a quality service. The International Standards Awards Company also audited the service and Stewarts Care received 92% compliance against the standards.

A member of staff from the Laundry Department visits homes monthly for their comments or complaints. There were eight minor complaints this year they were addressed.

The Laundry Policy for Used, Foul & Infected Linen Serviced by the Laundry Support Service was reviewed and updated.

Wash 169kg	€8.79 incl.VAT
Dry 120kk	€10.68 incl.VAT

**Cost of washing and drying specified weight loads, inclusive of gas and electricity.*

Planned activity for 2017

- Improvements identified through Hygiene Audit include; roof repair, painting, Air Conditioning service, repairs to floors and high dusting cleaning schedule.
- Planning has commenced with the Accommodation Services Manager and Infection Prevention and Control Officer with regard to creating a schedule in homes to provide a deep clean in every home twice yearly, where the laundry department will provide a same day service on duvet and curtain cleaning.
- Reduce department costs and introduce charge-back costs to each home.
- Business case to be submitted to replace the laundry van as the current vehicle is 18 years old.



Stores / Sewing Department



3 WTE



N/A



N/A



80 %

Activity for 2016

The Stores Department and the Sewing Department are part of the support services within Stewarts Care.

The stores department provides medical, stationary and general stores to all residential homes, schools, Day Services, restaurants / kitchens, offices and they also provide reduced services to community homes.

The Stores Department sources all products from approximately 30 companies who supply in excess of 500 different products. The department is completely self-sufficient in terms of household duties, goods inward, goods outward, and delivery of goods and safe storage of products.

Through 2016, the Stores Department worked with Persons in Charge to establish agreed quantities for deliveries to ensure an efficient service and adjusted request sheets to improve the ordering system. This was carried out with a view to minimising unplanned deliveries. Re-negotiating was carried out with suppliers with regard to cost and service. The department ensured that the premises and vehicle were maintained to a safe standard and that staff complied with the core competency training of the organisation. The department aimed to support new projects within Stewarts Care, such as moving into the community.

The Sewing Department is responsible for providing essential items for Service Users and for various departments, which require specially tailored and customised solutions. The department provides an alterations and repair service for Service Users clothing. Specialist clothing such as wheelchair ponchos and clothing protectors are made as well as sourcing stock from reputable companies.

The Sewing Department source fire retardant material and make high quality curtains, duvets and pillowcases for living areas. Service Users assist the department with monthly deliveries, which include towels, duvets, pillows and tea towels.

Finance & Payroll Services



8 WTE



549,000



3.41 %



57%

The Finance Department is responsible for the monitoring and processing of finances for both Stewarts Care and Stewarts Foundation. The department is responsible and accountable for the accuracy, quality and validity of all financial transactions, and production of monthly and statutory financial statements and obligations, this includes:

- Financial accounts.
- Foundation Accounts.
- Sports Centre Accounts.
- Service User Accounts.
- Accounts payable.
- Accounts receivable.
- Internal recharging.
- Banking for all enterprises areas and reconciliation of same.
- Staff pensions.
- Payroll processing.
- DDLETB (Dublin Dun Laoghaire Education Training Board) claim.

Activity for 2016

The Finance Department:

- Undertook a major project to change supplier payment method from cheques to Electronic Funds Transfer.
- An electronic Purchase Order System was introduced.
- A project to reconfigure payroll analysis file to automate month end journal was completed and Schedule III of 2016 Service Level Agreement between Stewarts Care and HSE was prepared.
- The department implemented procedures documents for payroll & finance in line with internal audit requirements.
- A Procurement Policy was developed.
- The department ran a catering tender, split into six lots and awarded to five suppliers.
- The Finance Department also prepared unfunded workforce plan for the HSE, prepared Staff Pay & Numbers (SPN) 2017 and Monthly Integrated Management Report (IMR).

Planned activity for 2017

In addition to completing the 2017 requirements for all of above, the Finance department will:

- Complete Financial Assessments for all Service Users.
- Introduce Service User Bank Accounts including ATM Cards.
- Introduce Visa Purchasing Cards for community homes.
- Roll out Receipting Module on Purchase Order System.
- Roll out Electronic Purchase Order system to all of Stewarts Care.
- Roll out Budgets and Management Accounts for all Cost Centres across Stewarts Care.
- The department issued 109 cheques during 2016 to correct errors made in staff payroll and this requires some further analysis and corrective action in 2017.
- Implement Government and HSE directives with regard to issuing tenders.



Freedom of Information (FOI) & Data Protection



1 WTE



N/A



N/A



100%

Activity for 2016

During 2016, there were nine Freedom of Information requests, all of which were actioned and closed. There was one Data Protection request that was actioned and closed. There were no external Data Protection breaches during the year. Two data protection issues raised internally were resolved.

Key lessons learned during the year were:

- 1) The importance of regular audits regarding access to computer systems.
- 2) What constitutes personal information and the importance of protecting this type of information.

Freedom of Information & Data Protection:

- FOI Stats for 2015 completed and sent to the National Federation of Voluntary Bodies.
- Nine FOI requests processed and completed.
- FOI Publications were placed on Stewarts Care website with links to relevant documents as per requirements of the FOI Act 2014 Publication Scheme.

Data Protection:

- Annual Registration was reviewed and submitted with annual fee to the Data Protection Commissioner's Office on 10th June, 2016.
- One Data Protection request was processed and completed.
- Review of Stewarts Care Data Protection Policy was completed.
- Review of Stewarts Care CCTV policy was completed.

Planned activity for 2017

- FOI Act 2014 Publication Scheme updated on Stewarts Care website.
- Preparation for the implementation of the General Data Protection Regulation (GDPR) which will come into force on the 25th May 2018, replacing the existing data protection framework under the EU Data Protection Directive.

Activity for 2016

Stewarts Care Transport consists of a fleet of 35 vehicles, three of which are leased. The value of the fleet is €668,190. In addition to this, services are bought in from five other vendors at an annual cost of €411,700.

Details of transport service for 2016 attached below.

Hours fleet are available for use weekly (24hoursx35x7)	5,880 hours
Hours fleet in use weekly (8hoursx35x7)	1960 hours
Hours fleet not in use due to mechanical or related failure.	Not known
Value of the contracted bus transport services?	€390,000
Total transport operational cost: road tax	€23,172
Total transport operational cost: fuel	€60,000

- Total cost of taxi services in 2016 = € 258,000
 - Taxi paid by Service Users = € 67,000
 - Taxi paid by Stewarts Care = € 191,000

Value of external funding or grants secured by the department = €140,000

Planned activity for 2017

- A review of the transport system is to be conducted.
- A Transport Policy is to be developed.
- Record of time that fleet is not in use due to mechanical or related failure will be recorded for 2017.

Planned Enhancements for 2017



Appendix 1 - Omissions

- **Day Services**

- Day Activation
108 Service Users have the opportunity to partake in day activation based in residential homes.
- The Orchard
A large number of Service Users attend The Orchard for multi-sensory sessions.

The quality of these services was not recorded as part of the baseline report. Going forward these services need to be included in all Day Service quality assurance/ compliance checks in order for Stewarts Care to continuously improve the Day Service programmes.

- **Social Work Department**

The Social Work Department failed to submit a review of the department for 2016.

- **Psychiatry Department**

A submission was not requested from the Psychiatry Department. The department will be included in the Annual Review of Safety and Quality of Care and Support in 2017.

- **Independent Living Programme**

A submission was not requested for the Independent Living Project. This project will be included in the Annual Review of Safety and Quality of Care and Support in 2017.

- **Medication Management Policy Development and Review Group**

A submission was not requested from the Medications Committee. The committee will be included in the Annual Review of Safety and Quality of Care and Support in 2017.

- **Medication Safety and Therapeutics Committee**

A submission was not requested from the Therapeutics Committee. The committee will be included in the Annual Review of Safety and Quality of Care and Support in 2017.

- **TMS Support**

A submission was not requested from TMS support. The department will be included in the Annual Review of Safety and Quality of Care and Support in 2017.

- **Early Services**

A submission was not requested from Stewarts School, Infant Stimulation or the Integrated Preschool. These departments will all be included in the Annual review 2017.



Appendix 2 - Details of Policy Review & Approval by QSC

Policy No.	New and Reviewed Policies 2016
C.013.01	Laundry Policy for Used Foul and Infected Linen Serviced by the Laundry Support Service (New)
Retired	Laundry Personal Protective Equipment (PPE) Policy
Retired	Laundry Procedures for Used and Infected Linen in Living and other Areas
C.014.02	Adult Protection Policy Formally policy for the protection of adult Service Users from abuse/neglect by an individual other than a S employee
Retired	Policy for the protection of Adult Service Users from abuse/neglect by an individual other than a Stewarts Employee
C.015.02*Due	Child Protection Policy - Rejected by SMT - Due immediately
AS.016.02	APA Policies and Procedures
AS.017.02	Education Policy for Children in Residential Care
C.018.01	Fall Prevention and Management Policy
C.019.01	PAYROLL OVERPAYMENTS & UNDERPAYMENTS POLICY
C.020.02	CCTV Policy
C.021.03	Household Cleaning Policy - Formally Household Policies and Procedures
C.022.01	Registration of Nurses with NMBI Policy (NEW)
C.023.02	Visitors Personnel Policy for Reception Area
AS.024.02	Food Safety Policy
AS.025.01	Purchasing and Procurement Policy AS.025.01 (NEW) Ratified 13th December
C.026.01	Outbreak Management Policy (NEW)
AS.027.02	Admission and Discharge Policy for RCTEC
AS.028.01	Responding to Behaviours of Concern- Proactive and Reactive Strategies Policy (NEW)
Retired	Restraints and Restrictive Practice (Superseded by Responding to Behaviours of Concern- Proactive and Reactive Strategies Policy (NEW)
Retired	Challenging Behaviour (Superseded by the Responding to Behaviours of Concern - Proactive and Reactive Strategies Policy AS.028.01)
C.029.02	Supervision Policy
C.030.01	Person Centred Medication Management Policy (NEW)
C.030.02 -Revised	Revised version of Person Centred Medication Management Policy (NEW) released
Retired	Errors in the Administration of Medication Policy - See Person Centred Medication Management Policy C.030.01
Retired	Interim Security of Medicine(s) Keys (New) (No indexation for interim policy) Retired 19.10.16
Retired	Medication Management Policy and Procedures Manual
Retired	Ordering Administration Storage of Oxygen Policy
Retired	Self-Administration of Medication Policy (TEMPORARY)
Retired	Safe Medication Management Policy for Community and Day Service Staff other than registered Nurses
C.031.01	Managing Bites, Sharp Injuries and Blood Exposure C.031.01 (NEW) Ratified 13.12.16
Retired	Prevention & Management of Bite - Sharp Injury Policy
C.032.02	Infection Prevention and Control Policy Ratified March 2010
Retire	Infectious Disease Management - Protocol for Preschool (Superseded by Infection Prevention and Control Policy Ratified March 2010)
C.033.02	Risk Assessment Policy
C.034.02	Mobile Phone Usage Policy

Policy No.	Name of Policy
C.035.02	Telephone Usage Policy
AS.036.02	Stewarts Parking Policy on Palmerston Campus Edits to name (previously Parking Policy)
C.037.03	Managing Attendance Policy
C.038.03	Complaints and Compliments Policy
C.039.03	Computer Systems Acceptable Usage Policy
Retired	Passwords Standards Policy -Retired (Superseded by the Computer Systems Acceptance Usage Policy C.039.03 (Ratified October 2009)
C.040.03	Data Protection Policy
C.41.02	Fire Safety Policy - short review due to Appendix A draft Guidance
Total of 28 Policies from 01.01.2016 - 31.12.2016 of which 7 New and 21 Reviewed	

	RETIRED POLICIES
Retired	Policy for the protection of Adult Service Users from abuse/neglect by an individual other than a Stewarts Employee
Retired 25.11.16	Challenging Behaviour (not informed at time so retired 25.11.16)
Retired	Household Policies and Procedures
Retired 13.12.16	Prevention & Management of Bite - Sharp Injury Policy (Superseded by Managing Bites, Sharp Injuries and Blood Exposure C.031.01)
Retired	Infectious Disease Management - Protocol for Preschool (Superseded by Infection Prevention and Control Policy Ratified March 2010)
Retired 05.12.16	Restraints and Restrictive Practice
Retired 19.10.16	Errors in the Administration of Medication Policy - See Person Centred Medication Management Policy C.030.01
Retired 19.10.16	Interim Security of Medicine(s) Keys (New) (No indexation for interim policy)
Retired	Medication Management Policy and Procedures Manual
Retired	Ordering Administration Storage of Oxygen Policy
Retired	Self-Administration of Medication Policy (TEMPORARY)
Retired	Safe Medication Management Policy for Community and Day Service Staff other than registered Nurses
Retired	Skill Programme Policy
Retired	Acting Up Arrangements for Nurses - Guidelines
Retired	Library Policy and Procedures
Retired	Laundry Personal Protective Equipment (PPE) Policy - (Superseded by Laundry Policy for Used Foul and Infected Linen Serviced by the Laundry Support Service (New)
Retired	Laundry Procedures for Used and Infected Linen in Living and other Areas - (Superseded by Laundry Policy for Used Foul and Infected Linen Serviced by the Laundry Support Service (New)
Retired 14.12.16	Catering Dept. - Delivery of Meals Policy - Proposed by catering manager Retire and become a procedure
Retired 14.12.16	Catering Department - Maintenance of Food Temperature Probe Policy - Proposed by catering manager Retire and become a procedure
Retired 14.12.16	Catering Department - Delivery of Meals Policy
Retired 10.01.2017	Passwords Standards Policy -Retired (Superseded by the Reviewed Computer Systems Acceptance Usage Policy C.039.03 (Ratified October 2009)
Total 21 Policies Retired between 1st January - 31st December 2016	

QSC Policy Planning for 2017

Policies Planned for 2017 = 65

2017	Policy work Planned for 2017 = 65
	Respite Services for Children Policy
	Respite Services for Adults Policy
	Nurses Registration with NMBI Policy
	Lone Working Policy
	Record Retention and Destruction Policy
	Visitors Policy for Residential and Respite Service Users



Policy No.	Name of Policy
	Catering Department Policy
	Child Protection
	Trust In Care Policy and Children First Policy Implementation
	Waste Management Policy
	Identification (I.D.)Badge/Swipe/Proximity Door Access & Electronic Resources Control Policy
	Notification of Service Disruption – Text Service
	Rights Policy
	Risk Management Policy
	Admission and Discharge Policy for RCTEC
	Care Delivery Policy (or similar),
	Bereavement Support for Service Users
	AED Operation Policy
	Admission to Early Services Policy
	Early Services – Discharge and Transfer Policy
	Admission, Transfer and Discharge Policy for Day Placement in Adult Services for Residents of Stewarts Care and External Referrals
	Admission, Transfer, temporary Absence and Discharge Policy for Long Term Residential Placement – Adult Services
	Admission, Transfer, temporary Absence and Discharge Policy for Long Term Residential Placement – Children’s Services
	Course Application and Process Policy
	Garda Vetting Policy
	Investigation Policy
	Manual Handling and People Handling Policy
	Recruitment and Selection Policy
	Promotions Policy
	Education, Training and Development Quality Assurance Policy
	Person centred Medication Management Policy
	Procedure for developing Policy, Procedure, Protocols and Guidelines (PPPG)
	Out of Hours GP Service for Service Users who are Short or Long Term Residents in
	Stewarts Care Ltd, who present with Mental Health Problems Policy
	Hoisting and Mobile Tracking Policy
	Medicine Prescription Pads – Use and Storage Policy
	Misuse of Drugs, Schedule II Drugs Administration Policy
	Nutrition and Hydration Policy
	Missing Service User in Community Policy
	Missing Service User on Palmerstown Campus Policy
	Environmental Cleaning Procedure Manual
	Prevention of Blood Borne Viruses Policy
	Volunteer Policy
	Buccal Midazolam Administration Policy
	Epilepsy Rescue Medication Policy for Service Users by Community and Day Services Staff
	Education Policy for Children in Residential Care
	Access to Education, Training and Dev for Residents of Stewarts Care and External referrals
	Disability Distress Assessment Tool
	Charter of Rights
	Communication Supports for Service Users Policy
	Relationships and Sexuality...
	Advocacy Policy
	Disbursement of Service Users Funds
	Transport Policy Previously ratified with 6 mts review timeline

Policy No.	Name of Policy
	Consent Policy
	Personal Possessions Policy for Service Users
	Information Provision for Service Users and their Families Policy
	Policy and Guidelines for Staff on Expenditure of Service Users' Fortnightly Pocket Money
	Service Users Record Management Policy
	Service Users Records Application (SURA) Policy
	Safety Statement
	Emergency Critical Incident Policy (Facilities Dept.), (New/Existing Policy Review Form)
	Prescription and Procurement of Special Equipment Policy
	Cash Handling Policy
	Purchasing and Procurement Policy

APPENDIX 3 - Clinical Services Team

Mr Pat Quinn, Director of Clinical Services Ext 1148 pat.quinn@stewartscare.ie

PSYCHIATRY DEPT.

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Dr A Malone, Registrar	Mobile No.	art.malone@stewartscare.ie

PAEDIATRICIAN Dr Gervaise Corbet Ext.1142 gervaise.corbet@stewartscare.ie

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Ms Sarah McCormack, SLT Basic	Ext. 1304	sarah.mccormack@stewartscare.ie
Ms Sharon Buckley, SLT Basic	Ext 1296	sharon.buckley@stewartscare.ie

Senior Dietician

Orlaith Burkett Mon, Tues & half day Wed Ext. 1256 orlaith.burkett@stewartscare.ie

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