



# Stewarts Care

2015 Annual Review of Quality and Safety  
of Care and Support,  
Designated Centres 1 - 14





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## Statement from the Chief Executive

I would like to acknowledge and thank all staff for their very significant efforts in maintaining the quality of the service for the Service Users in Stewarts Care. The quality of care offered by Stewarts Care is underpinned by the performance of staff, both individually and collectively.

I would like to thank our progressive Board for their continued commitment, energy and focus on governing Stewarts Care over the past year.

2015 saw a further refocusing of Service Users' quality of life being at the very core of all decision making, the continuing success of the Service User Council, significant progress made in PATHs, a strong record of achievement in the quality audit function, the introduction of electronic rostering, and a continual drive to achieve strong corporate governance and effective risk management.

The focus in 2016 will be on continuing to implement decongregation; moving to community living, and to further develop the external advocacy service to assist Service Users in achieving their goals and aspirations.

The challenge for 2016 is for each member of staff in Stewarts Care to build and participate in teams, with a singular determination to further improve the quality of life of each Service User that is supported across all of Stewarts' services. I remain confident that the staff will continue to strive to meet the needs of every Service User with enthusiasm and consideration.

I look forward to working with the Service Users of Stewarts Care, their families, our staff, funders, and the regulatory authorities in continuing to reshape and improve the service to meet the needs of each individual Service User.

Mr. Gerry Mulholland

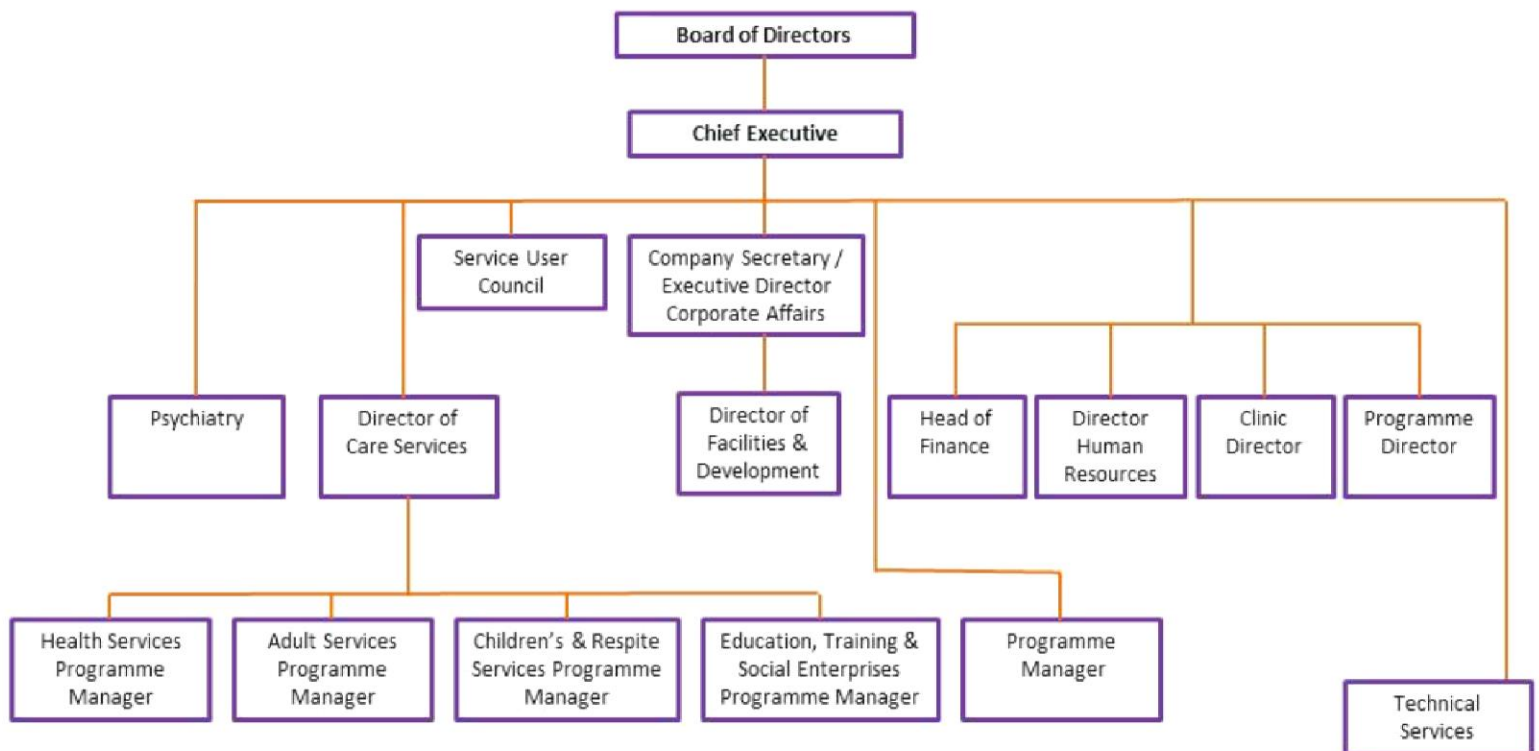
Chief Executive



## The Board of Stewarts Care

Mr. Dan O’Sullivan	Chairman
Ms. Elva Gannon	Vice Chairman
Ms. Frances Fletcher	Hon. Secretary
Mr. Gerard Fagan	Boardmember
Mr. Michael Green	Boardmember
Mr. Tom Doherty	Boardmember
Mr. Robert Grier	Boardmember
Mr. Michael Murphy	Boardmember
Ms. Frieda Finley	Boardmember
Mr. John Hynes	Boardmember

# Organisational Structure



# Service User Demographics

## Residential Services

Age Profile / Numbers:	<b>Adults (Age 12-91):</b>	<b>276</b>	<b>Children (age up to 12):</b>	<b>4</b>
Sex:	<b>Male:</b>	<b>158</b>	<b>Female:</b>	<b>122</b>
Accommodation:	<b>Own Room:</b>	<b>80%</b>	<b>Sharing Rooms:</b>	<b>20%</b>

## Day Services (including all adult Service Users in residence)

Age Profile / Numbers:	(Ages 11months – 68years)	<b>Adults</b>	<b>612</b>	<b>Children</b>	<b>172</b>
... detailed as;					
Number of Residential places x 7:		<b>Adults</b>	<b>259</b>	<b>Children</b>	<b>4</b>
Number of Residential places x 5:		<b>Adults</b>	<b>6</b>	<b>Children</b>	<b>0</b>
Number of Adult Respite places:		<b>Adults</b>	<b>100</b>		
Number of Child Respite places:		<b>Children</b>	<b>39</b>		
Number of Adult Day Services places:		<b>Adults</b>	<b>612</b>		
Number of Child Day Services places:		<b>Children</b>	<b>172</b>		

## Service User Council

Elections for the Service User Council took place in October 2015. For the first time since the establishment of the council, three extra places had to be allocated because of Service Users obtaining the same amount of votes in 'Kilcloon' and also in 'Community'. The new Service User Council 2015-2016 consists of 33 members supported by facilitators. As the JASS Hub is now based in Palmerstown the people who went forward for election were included in the 'Palmerstown Day' election instead of 'Rossecourt'. The members represent all Service Users and work to ensure that Stewarts is truly a person centred service.

The Service User Council election took place on 8<sup>th</sup> October 2015 and the following 33 Service Users were elected:



<b>Day Services (Palmerstown Campus) (7)</b>	<b>Rossecourt  (7)</b>	<b>Kilcloon  (5)</b>	<b>Adult Services On-Campus Residential (6)</b>	<b>Adult Services Off-Campus Community (8)</b>
Stephen Bramble	Orla Farrell	Derek Smyth	Richard Bradley	Joe Cornally
Una Coates	Sean Gilbert	Sarah Ennis	Martin Fennell	Padraig Cummins
Susan Dale	Lynsey Malone	Graham Hamilton	Caoimhin McLoughlin	Demelza Joy
Derek Dartnell	Jessica Murray	Sean Monks	Bridget McMahon	Carmel Long
Keith Doyle	Sarah Murray	Mark O'Hara	Robert O'Brien	Joan Maguire
Paul Mullen	Leah Murphy		Robert O'Brien	Elizabeth Mannix
Cathy Nichol	Deborah Orr		Dylan Rooney	Julie Maloney
				Jessica Woods

The first joint meeting of all five councils was held on 3<sup>rd</sup> November 2015. 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 prior to the meetings taking place.

Each of the five new councils will hold monthly meetings from December 2015 through to September 2016. Two elected representatives from each of the five councils will meet with the Chief Executive Officer and the Director of Care in January 2016 to discuss issues raised at the council meetings and a follow-up and feedback meeting will be arranged.

Achievements to date by the Service User Council include:

- The Council worked with Stewarts Care management regarding menu changes in Kilcloon and to establish a wider choice in meals provided to adult services on campus. A selection of soup, sandwiches, and wraps for those who choose not to have a main course was to be made available. A panini toaster is now also in place in the DAC Dining Room. Café Kaizen now provides 'easy read' menus with photosymbols, and flowers are now regularly on all the Service Users' tables.
- Person Centred Planning; all the members of the outgoing Council that expressed an interest were supported in participating in the Historical Tour of Glasnevin Cemetery on 14<sup>th</sup> October 2015. The members chose this as their annual outing this year.
- Council members received training throughout the period of their tenure in the following; First Aid, Manual Handling, Food Safety and Hand Hygiene.
- The Council worked with Stewarts Care to have pedestrian paths on the Palmerstown campus successfully repaired.
- The Council worked with Stewarts Care, and specifically the Grounds Department, to have shrubs, hedges and briars cutback along pathways.
- 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 Flower Shop.
- Representatives from the Council act as co-facilitators on 'Communication with People who have an Intellectual Disability' course where they share their personal experiences with staff. It is hoped that the newly elected members of the Service User Council 2015-2016 will come forward to participate in this course with the Education Training and Development Department.
- Two Council members Elizabeth Mannix and Robert O'Brien continue to participate on the Rights Review Committee.
- Edward Rynne received the keys to his new apartment in Adamstown. He gave a presentation on the process of learning the skills required, prior to his move, to other Council members.
- Representatives went to a talk and play called 'Sanctuary' on the 3<sup>rd</sup> December 2014 arranged by Down Syndrome Ireland through Inclusion Ireland. The play was based on changing the law on relationships for people with disabilities.
- Some Council members are attending Literacy Classes in Lucan and the Civic Centre in Ballyfermot.

The Service User Council members provided support on the following:

- Service User Survey; some Councils provided feedback on the easy to read Service User Survey.
- Review of QSC Safety and Quality of Care and Support report.
- The development of easy to read information on the Marriage Referendum.
- The members attended the launch of the Charter of Rights arranged by the Rights Review Committee and discussed the Charter of Rights at their meetings.

- The members were informed of how to make a complaint in Stewarts. The members submitted ideas to make the complaint form easier to understand.
- The Kilcloon members worked with Stewarts Care to restart their swimming and gym sessions and also purchased boxercise equipment for the Kilcloon campus.
- The members worked with management to achieve more outings, for example; Sculpture Exhibition in the Botanic Gardens, Tayto Park, bowling, concerts, the zoo, cinema, Knitting and Stitching Show, National Art Gallery, National History Museum, Foods of the World Outing, Chester Beatty Library, Hidden Heroes Textiles Exhibition and Tour, Japanese Vase and Pottery Exhibition, Sea Life Aquarium.
- The Rossecourt members worked with management so that the fourth year nursing students would be informed of day service placements early in the Summer instead of late August. This was successfully achieved for the 2015 cohort.
- The new edition of the Rossecourt newsletter is actively under review and development.

## Parent Involvement

Stewarts Care strives to be an open and transparent service. To this end, Stewarts is committed to involving as many stakeholders into the development of the service. As significant stakeholders, parents are particularly welcomed.

During 2015, Stewarts welcomed parent involvement through the following initiatives:

- A parent was welcomed onto the Rights Committee.
- Family Network meetings were held with the Chief Executive and the Director of Care.
- Programme Manager (Childrens Services) met with the Family Network to discuss respite services.
- Director of Clinical Services met with the Family Network to discuss clinical services
- Senior Manager with responsibility for PATH met with Family Network to discuss person centered planning for Service Users.
- Parents were invited throughout 2015 to participate in, and support their son/daughter in the PATH process.
- All parents were invited to participate in a comprehensive survey of the service.

## Planning 2016

- A parent will be invited to join the Quality Steering Committee from early in 2016.
- Parents will continue to be invited to join in on PATH meetings.
- The relationship with the Family Network will be further strengthened through an additional series of meetings in 2016.
- The Quality Steering Committee will undertake to review how parent involvement can be increased in the development of the service.

# Volunteering

It is the policy of Stewarts Care to avail of the skills of volunteers in order to complement and enhance the range of opportunities and experiences accessible to Service Users.

## Who is a Volunteer?

Volunteers are people in the community who share their time, energy and enthusiasm with or on behalf of the children and adults who attend Stewarts Care. No particular qualifications are required - just a willingness to make a reliable commitment. The role of volunteers will be that of a supportive, complementary nature alongside our staff.

## Why Involve Volunteers in Our Service?

- Stewarts believes in the distinctive contribution that volunteers can make to Service Users.
- Volunteers are a valuable human resource and can be involved either directly or indirectly with Service Users, all of which contributes to service delivery.
- Direct involvement of volunteers increases integration of Service Users in a two-way stream i.e. some volunteers come 'into' Service Users' homes and working environments and interact there while other volunteers go 'out' with Service Users to the wider community.
- Volunteers raise awareness of the work and aims of Stewarts Care. Each volunteer has their own network of friends, families, colleagues and contacts - a positive volunteering experience is positive publicity for the service, the mission of Stewarts Care, and most crucially can benefit persons with an intellectual disability.

## Individual Volunteering Opportunities

There are many volunteering opportunities within Stewarts Care including:

**Fundraising:** Volunteers help organise and support fundraising activities and events. Supporters have helped raise money for Stewarts through cake sales, golf outings, marathons and workplace collections.

**One to One Support for Clients:** Service Users living in the community need the assistance of volunteers to help them in the transition from living in a residential campus setting to living out in the community. This involves befriending the Service User and supporting them in everyday activities such as shopping, sport and social activities.

**Providing Transport:** Many Service Users living in the community have difficulty accessing services due to a lack of transport. Volunteers can provide vital services in such circumstances.

**Companionship:** Some Service Users have few visitors and can be lonely at times. Volunteers can help provide companionship. It can be as simple as sitting down and having a chat, playing cards or going for for a walk.

**Teaching:** Many Service Users like to participate in art, computers, creative writing and crafts. Volunteers help with these activities so that more residents can participate fully.

**Number of volunteers registered (as at Nov 2015):** 20



# Quality Steering Committee (QSC)

## QSC Activity 2015

- The QSC team developed the Annual Review of Quality and Safety of Care 2014. Following on from the publication, the QSC undertook a comprehensive review of the document with the aim of improving the next iteration of the publication at the end of 2015. This review culminated in the creation two task orientated project groups; one to develop Quality of Life metrics consisting of 100 questions relating to the quality of life experience of Service Users (who are residents), the other to develop a comprehensive set of surveys to ensure that all stakeholders were surveyed on the quality of the services provided by Stewarts Care. The effort of both of these project teams is reflected in this document. The review also highlighted the need to get more substantial information from clinical disciplines and to broaden the review to encompass services from across the organisation.
- QSC reviewed a total of 55 policies and procedures throughout 2015.
- The QSC Audit Committee chairperson is a member of the QSC and reported monthly to QSC on trends and learning from audits undertaken. This generates debate which continues to shape and define the workload of the QSC itself.
- The QSC supports the Director of Care in regard to HIQA compliance.
- The QSC team undertook a review of the Stewarts Care Strategy 2013-2016.
- A workshop was held for the QSC team, the new Head of Finance, and the Chief Executive on the theme of 'Cost per Client' with an expert guest speaker facilitating.
- The QSC team held a workshop to reflect on how a selection of national disability policies impact on the delivery of all services in Stewarts Care in both the short and the long term.
- QSC is charged with developing a quality assurance system in Stewarts Care. The QSC team has reviewed EFQM<sup>1</sup>, CQL<sup>2</sup>, PQASSO<sup>3</sup>, CARF<sup>4</sup>, and JCI<sup>5</sup> as potential quality accreditation frameworks. A two day workshop took place in December to give the team the opportunity to evaluate and critique the CARF Employment and Community Services framework and assess it's appropriateness in the context of the range of services provided by Stewarts Care and the HIQA Standards.
- An intervention workshop on culture was held for the QSC team with an expert guest speaker facilitating. Participants got the opportunity to deep-dive into the culture of

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<sup>1</sup> European Foundation for Quality Management

<sup>2</sup> The Council of Quality and Leadership

<sup>3</sup> Practical Quality Assurance System for Small Organisations

<sup>4</sup> Commission on the Accreditation of Rehabilitation Facilities

<sup>5</sup> Joint Commission International

Stewarts Care, the learning from which will be reflected in actions through 2016 and the next organisational strategy.

- QSC oversaw the collection of documentation for the HSE Service Improvement Team (SIT) in early 2015.
- Sponsored the development of an 'Incidents of alleged abuse or concerns database' to be operated by the Designated Person.
- Four editions of the 'Stewarts Quality Times' were issued (quarterly).

## QSC Planning for 2016

In addition to the regular business of the QSC, the committee will focus on;

- Welcoming a boardmember and a parent onto the committee from early 2016.
- The team will assist in the development of the organisational strategy 2017+.
- QSC will make a recommendation with regard to a quality assurance system for Stewarts Care.
- The 'Cost per Client' project will be revisited to steer the organisation into preparedness for the future shift in national policy when 'money follows the person'.
- A substantive body of work will be undertaken to ensure that the organisations documentation regarding services supports clear communication with stakeholders.

## Policies and Procedures

The Quality Steering Committee is responsible for ensuring that policies and procedures required to underpin the quality assurance process in Stewarts Care will be developed and reviewed as required by the relevant stakeholders. This responsibility was previously held by the 'Policies, Procedures and Guidelines Sub-committee'. The QSC carries out this function as follows:

- Create and maintain an accurate database of Policies (and those Procedures that are incorporated or appended to Policies), for the organisation in line with legislation, best practice and the needs of the organisation.
- Schedule Policies / Procedures for review per required frequency; and facilitate such review by assignment of committee resources and engagement of experts within the organisation and externally as required.
- Present for ratification Policies / Procedures comprising delivery of care, corporate governance, financial, fiscal and operational controls, compliance and risk management, throughout the organisation.
- Facilitate the development of new Policies / Procedures as required by revised legislation or where gaps are identified during review and/or internal / third party audit.

QSC also developed and a 'Procedure Template' that was ratified and disseminated, to be used as the standard template for local departments and functions across the organisation.

## QSC Policy Review Performance - 2015

Total number of Policies and Procedures being dealt with in 2015	55
Ratified New or Reviewed policies	14
Retired policies*	15
*due to obsolescence or a local procedure miscategorised as an organisational policy	
Ratified Procedures	2
Policies/Procedures currently under review	24

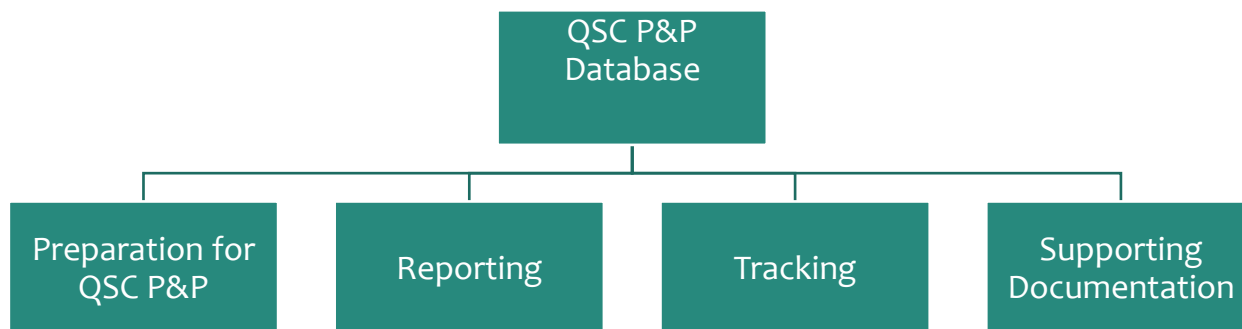
## QSC Policy Planning for 2016

QSC has identified 40 policies requiring review in 2016. These have been allocated to QSC members and will be returned for ratification through 2016. This includes several 'Schedule 5' policies.

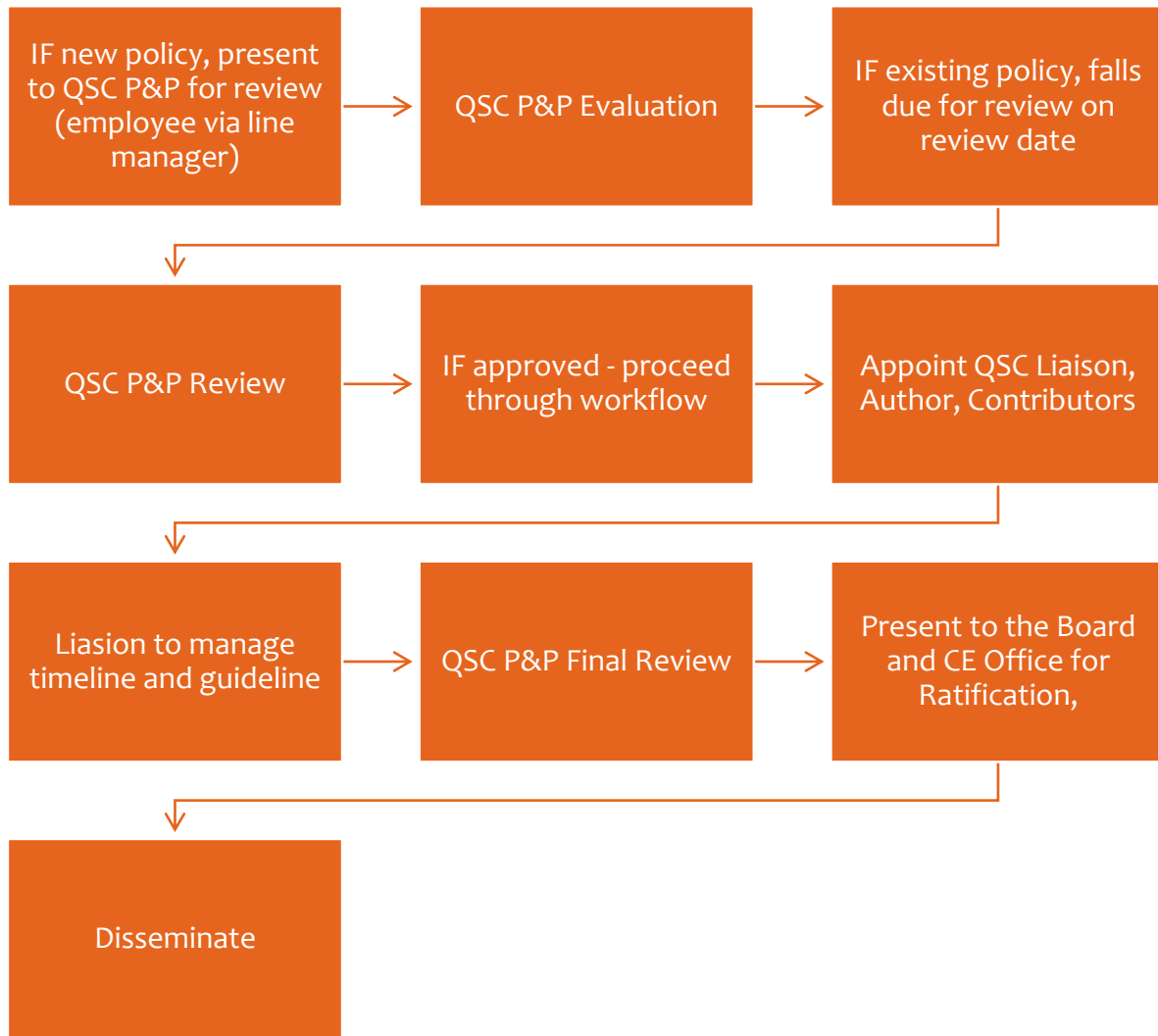
Two large overarching care policies are in development; one focused on care and one focused on medication management. Each will contain procedures that were previously (and/or are currently) listed as standalone policies. This will serve to reduce the total number of policies that impact on care delivery across the organisation.

## QSC Policy Workflow

CE Office:



## Policy Workflow:



## QSC Audit Committee

Having reported on the Quality Steering Committee – Audit Committee (QSCAC) activity for 2015, the team received some informal feedback on their activity. Closure of audit actions has been a challenge for the organisation since the Care Strategy Steering Committee commenced audit activity in 2013. Although there has been a significant amount of audit activity, completion of action plans and resolution of issues, in particular in a standardised way, has been a challenge.

In March 2015, the appointment of Padraig O'Rourke as interim Chairperson of the Audit Committee placed a focus on involvement of Persons In Charge (PIC) and Deputy PICs in audit activity. Auditor training by The Wolfe Group was conducted in April 2015 for new members of the committee and original members who had not had training. This resulted in the audit process broadening its brief and involve more managers in the hands-on implementation. Additionally, new sub-teams were formed with appropriate skills mix. In the initial stages, PICs and Deputy PICs audited their own area, and followed up with their teams to 'close the loop' on actions. Sincere thanks are due to Padraig for his efforts in steering the QSCAC through this transition period.

The appointment of Siobhan Kearins as Director of Care in September 2015 aligned the responsibilities for audit with functional responsibilities and Siobhan took over as Chairperson of the Audit Committee. Further Auditor Training by the Wolfe Group in September raised issues such as the requirement for unannounced audits in HR and for NFO6 notifications (statutory notifications to HIQA) to be included in the Annual Review of Care.

The new Chairperson re-organised the Audit Committee as follows:

- A compliance group was established – PICs to be responsible for compliance and action plan follow up in order to deliver improvements as a result of audit activity.
- Audit teams have been re-constituted to ensure skills balance. Limit placed on the number of audits to be conducted and a renewed focus on tracking audit through to closure.
- Audit tools – New audit tools generated as required.

## Audit Statistics for 2015 as follows

(not incl. Registered Provider Audits)

### January 2015 – September 2015

Audits completed:	41
Action Plans:	10
Audit Evaluations:	10

### October 2015 – December 2015

Audits Completed:	14
Action Plans completed:	14
Audit Evaluations completed:	14

## Audit Findings

(from Rights, Dignity, Consultation & Communication, and Healthcare Needs & Health Promotion Audits)

- In some areas communication supports need to be put in place. Resources need to be made available for staff training in communication.
- The availability of Day Services for Service Users living in Palmerstown needs to be reviewed.
- Service Users need to be supported in the area of advocacy and rights.
- Service Users enjoy planning their meals and being involved in choosing items for their meals in their local shop.
- Evidence of respect/friendliness in the way Service Users were communicated with by staff.
- On-going work on completing health related protocols.
- Good standard of record keeping and documentation.

## Plans for Audit Committee activity in 2016 as follows:

- 70 audits per annum
- Every home on campus and in the community to experience at least one audit.
- 2x 28 Registered Provider Audits to be carried out.
- Hygiene audits conducted by the Infection Control Officer.

## Thank You...

The QSC Audit Committee wishes to acknowledge the warm engagement that they have encountered on their internal quality audits throughout 2015. The teams have reported open and honest engagement in their encounters and there has been a notable improvement in delivery of action plans and completion of actions identified.

A new feature of the audit meeting is that the team has begun to receive requests from the Designated Centres for audits on certain topics of concern in order to prepare them for HIQA monitoring inspections.

## 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.*

### Audit Activity (January-June 2015)

During April and May 2015, Eddie Denihan, Director of Care, and Brendan O'Connor, Chairperson of the QSC, carried out the Registered Provider Audits on behalf of the Registered Provider, Mr. Gerry Mulholland, Chief Executive.

14x unannounced audits were undertaken with a focus on the following themes:

- Safeguarding and safety
- Governance and management
- Fire precautions
- Residents rights
- Food and nutrition

Following the audit activity, each Person in Charge was presented with an 'actions required' report on the findings. The findings were discussed in detail and action plans have been returned to the Director of Care.

### Audit Activity (July-December 2015)

During October and November 2015, Siobhan Kearins, Director of Care, and Brendan O'Connor, Chairperson of the QSC, carried out the Registered Provider Audits on behalf of the Registered Provider, Mr. Gerry Mulholland, Chief Executive.

14x unannounced audits were undertaken with a focus on the following themes:

- Safety and quality of care
- Governance and leadership
- Organisational communication
- Supervision

Following the audit activity, each Person in Charge was presented with an 'actions required' report on the findings. The findings were discussed in detail and action plans have been returned to the Director of Care.

## Findings

- Further supports are required to underpin the success of the Persons In Charge in delivering person centered services.
- Stewarts Care must consider how to communicate effectively with all stakeholders. It is evident that some functions/services communicate far more effectively than others.
- The implementation of the supervision policy remains weak.
- Family involvement is strong across all services.
- It is the considered view of the auditors that the quality and safety of care is meeting the standards. It remains the ambition of Stewarts Care to deliver an excellent quality of life to all Service Users and to continue to strive to become a high quality service.



## Rights Review Committee

The Rights Review Committee was set up in June 2014 and is chaired by Mr. Eddie D'Arcy, an external representative. The membership of the Rights Review Committee is as follows:

Service Users	Parents	Staff
Ms. Elizabeth Mannix	Mr. Damien Douglas	Ms. Siobhan Kearins
Mr. Robert O'Brien	Mr. Tom Stewart	Ms. Joan Rapple
		Ms. Lorraine Carmody
		Ms. Jackie Flanagan
		Mr. Pat Martin
		Ms. Yvonne Herd
		Ms. Adeline Quinn
		Ms. Barbara Wright (Admin)

The committee has met on five occasions during 2015. One of the objectives of the committee this year was to promote rights awareness among our Service Users, staff and families. The first step in this was an article in Stewarts Quality Times (a newsletter published quarterly). Following this, e-mail was sent to staff informing them of the fact that there would be a "Right of the Month" sent to them monthly in order to create awareness and discussion. This commenced in November 2015. A letter was also sent to families informing them of the Rights Review Committee and a poster of the rights was included. Copies of the Charter of Rights are available in all houses and all public areas in Stewarts while posters of the rights are also displayed in all public areas within the organisation.

To date the committee has received two rights restriction referrals. The first referral was in relation to a person's right to self-administer their own medication and the second referral had been resolved by the Complaints Office.

**Number of referrals for rights restrictions 2015: 2**

**Number of referrals ongoing: 1**

**Number of referrals resolved: 1**

## Stewarts Research Committee

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

### **Members:**

Ms. Lorraine Gallagher – Chairperson

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 – Programme Manager (Children's Services)

Research activities that took place during 2015 include:

- Stewarts Research Committee approved a research proposal from TCD on 13th April 2015. The study was entitled 'Utilising Technology is assessing the feasibility of using cognitive training to influence executive functions in adults with Downs Syndrome'. This is known locally by Stewarts Staff and Service Users as the 'Brain Exercise for Adults with Downs Syndrome' (BEADS) study. Three Service Users have successfully completed the assessments and exercises over an 8 week period using an i-pad and have received a framed certificate for participating in the study.
- A researcher from the Centre for the History of Medicine in UCD submitted a research proposal entitled 'An historical study: The care of children with 'mental deficiency' in Dublin and Galway, c1900 to 1212'. This study was approved by the Stewarts Research Committee on 29th June 2015. The researcher has since accessed Stewarts archive room for the records relating to this period and is currently in the early stages of the study.

# Stewarts Research Ethics Committee

Stewarts Care Research Ethics Committee held its first meeting on 1st June 2004. The membership of the Research and Ethics Committee is as follows:

## Expert Members:

Dr. Ray Sharpe - General Practitioner  
Dr. Marina Bowe – Consultant Psychiatrist  
Ms. Siobhan Kearins – Director of Care  
Ms. Patricia Healy – Head Social Worker  
Dr. Philip Dodd – Consultant Psychiatrist

## 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 four times a year, depending on the number of research proposals referred to it, and currently has had a variety of different research proposals before it. During 2015 it dealt with two applications. Some of the individual researchers are employees of Stewarts while others are postgraduate students of educational bodies such as Trinity College. Most of the research proposals are being carried out in connection with a postgraduate 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.

**Number of research applications during 2015:** 2

**Number of research applications approved during 2015:** 2

# Complaints

For the period covering November 1st 2015 to 31st October 2015:

Total number of complaints: **44**

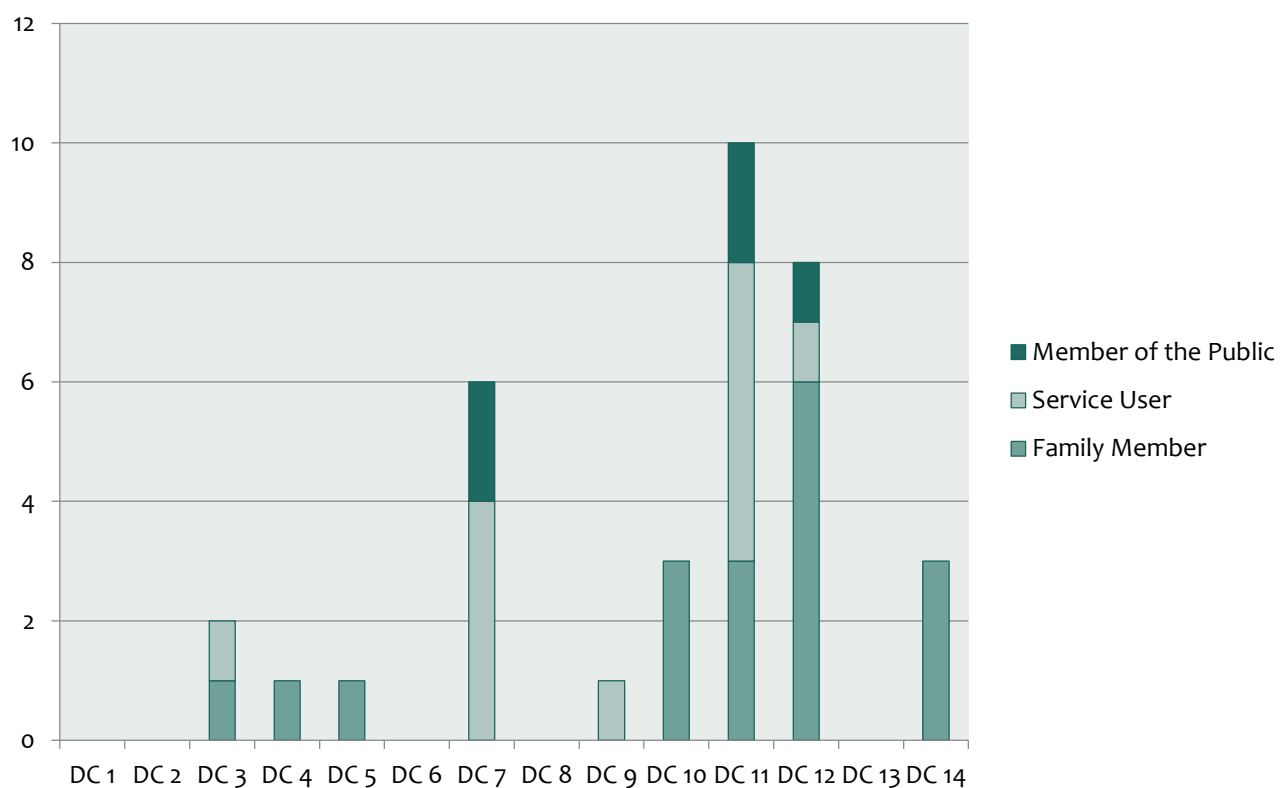
... of which;

- 23** were made by family members of Service Users
- 16** made by Service Users
- 5** by members of the public

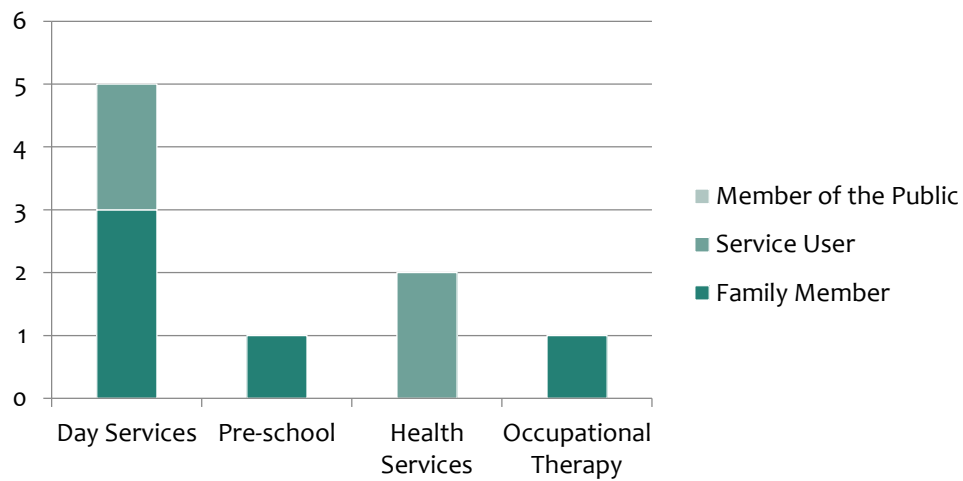
Of the 5 made by members of the public only 2 of these were deemed within the remit of the complaints process for Service Users. Of the 20 made by family members, one complaint was passed on to the Designated on-site for investigation as an Alleged Incident of Abuse.

The remaining **41** complaints are allocated as per the charts below:

## Complaints by Designated Centre



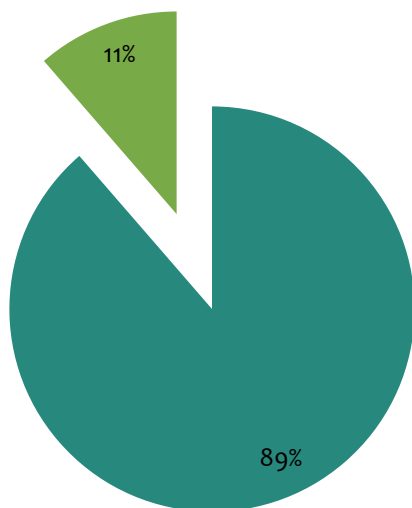
## Complaints by 'Other Services'



To date **36** of these complaints have been resolved either locally or through the formal complaints procedure. The following is a breakdown of these complaints:

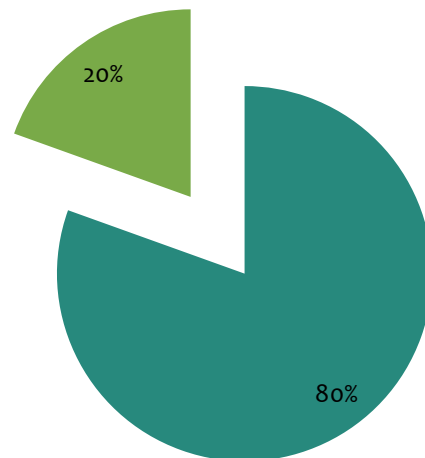
## Method of Resolution

■ Informally Resolved ■ Formally Resolved



## Duration of Complaint

■ Complaints resolved within 30 days ■ Complaints outstanding longer than 30 days



In general, complaints that take longer than 30 days do so as a result of delays in receiving reports from individuals due to illness or annual leave.

At the time of this report there are;

Complaints still outstanding:	5
...of which;	
being managed locally:	1
moved on to be a formal complaint:	4

During the period covering November 1st 2014 to 31st October 2015 there were a healthy variety of complaints from a number of sources that have been dealt with and resolved satisfactorily at local level. The majority of complaints for which locally resolved complaints notifications were completed were from three Designated Centres within Adult Services; DC's 7, 11 and 12. This should not be seen as a negative reflection on the Designated Centres in question but rather a reflection of their strong ability to report and resolve complaints at a local level.

An increase has been noted in the number of complaints received directly from Service Users which is a positive indicator of greater visibility of the complaints process among Service Users and an increased awareness by Service Users of their rights.

Of the 44 complaints received during the reporting period, the following common trends have been noted:

- Of the 16 complaints from Service Users, 9 were in relation to other Service Users. These 9 complaints equate to almost 20% of all complaints received.
- The 3 complaints received by Designated Centre 14 were all in relation to clothing issues.

## Notable trends in Complaints

- The Complaints Team will undertake a review of local reporting in each home within Designated Centres 1-14 during 2016 to ensure accurate reporting of all complaints.
- The Complaints Team will also seek to report on compliments in the 2016 Annual Review.

# Human Resources Department

## Starters and Leavers 2014-2015

In 2014 there was a net loss of 18 staff across the organisation. This is an expected outcome of the HSE moratorium on recruitment that prevented Stewarts Care from replacing any staff who resigned or retired.

From January to November 2015 a total of 42 staff left the organisation while 34 new staff joined. This net loss of 8 represents a slight improvement in fulfilling staff shortages across the organisation.

Some of the leavers in 2015 included key posts such as:

- Executive Director of Clinical Services
- Executive Director of Finance
- Executive Director Care Services
- Adult Services Programme Manager
- Assistant Director Care Services
- Clinical Nurse Manager 3
- Clinical Support Staff 8x
- Staff Nurses 20x

The above posts have been replaced as follow:

- Consultant Psychiatrist
- Head of Finance
- Director of Care
- Adult Services Programme Manager
- Clinical Support Staff 4x
- Staff Nurses 4x

	Starters 2014	Leavers 2014	Starters 2015	Leavers 2015
General Support	0	1	0	2
Health & Social Care	2	3	4	6
Medical/Dental	0	0	6	7
Management	0	4	7	8
Nursing	10	22	8	9
Other Patient	24	22	9	10
<b>Total</b>	<b>36</b>	<b>52</b>	<b>34</b>	<b>42</b>

## Document Compliance (Schedule 2 of the Health Act 2007)

For six Designated Centres there is 100% compliance against the requirements of Schedule 2 of the Health Act 2007 (Care And Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**100% Compliance with Schedule 2:** DC7, DC8, DC9, DC10, DC11 and DC14

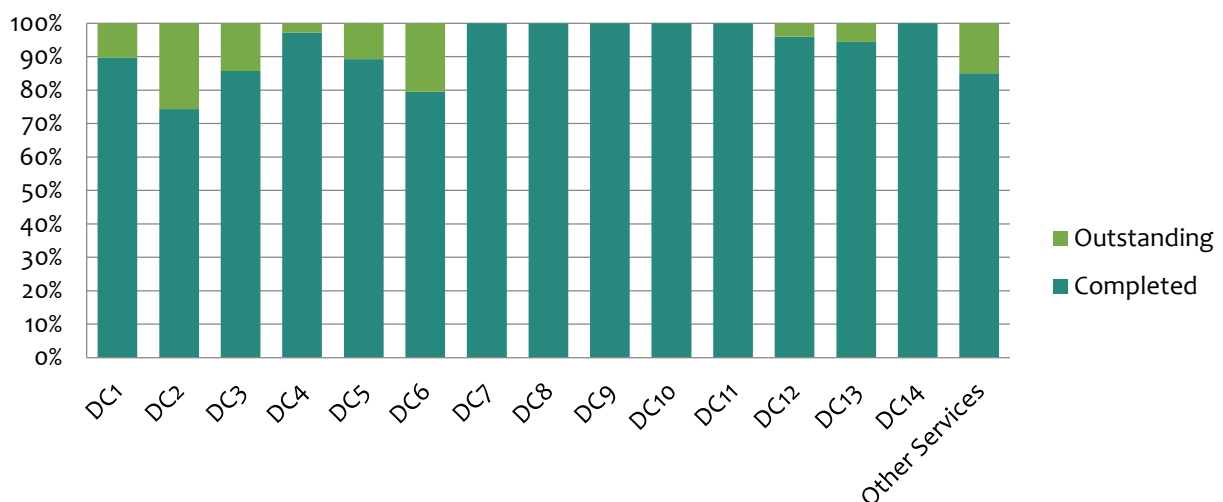
**110 records remain outstanding;**

**36** within 8 Designated Centres (DC1, DC2, DC3, DC4, DC5, DC6, DC12 and DC13)

**74** across the rest of the organisation

HR continues its effort to achieve 100% compliance for each staff member.

### Compliance with Schedule 2 (HR Documentation)



## Supervision

Supervision was first introduced in Stewarts in January 2014, in line with HSE Policy, and under the Public Service Agreement and Haddington Road Agreement.

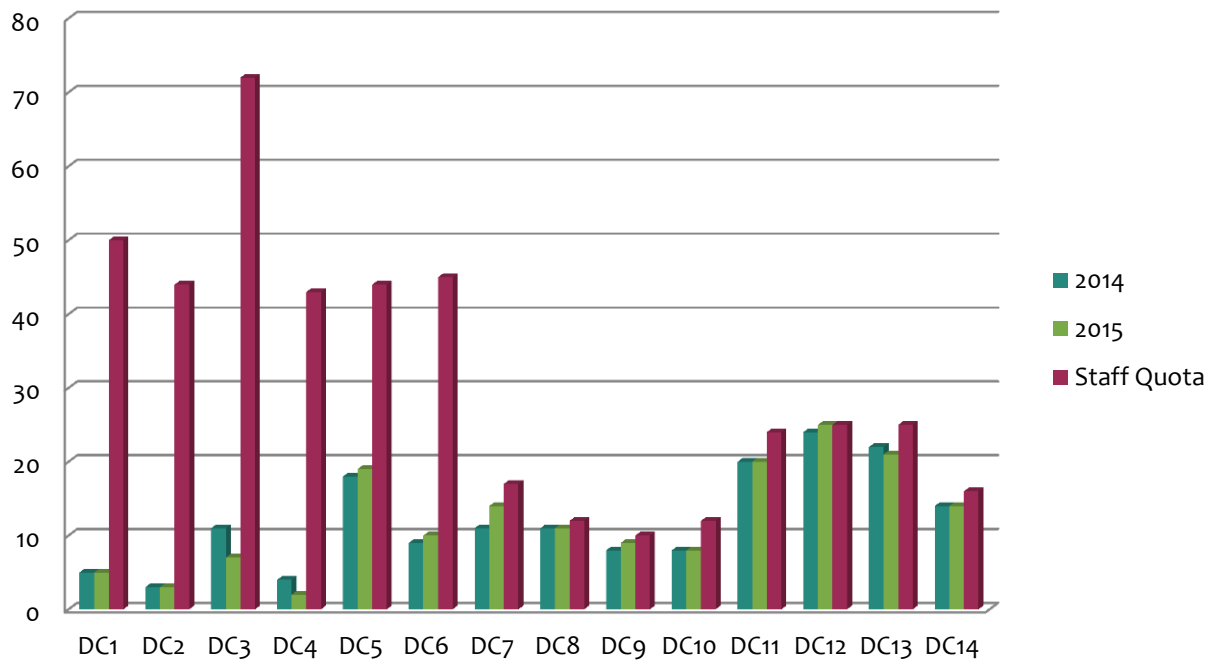
A total of 235 staff were supervised in 2014, of which 168 were from across the 14 Designated Centres and 67 staff were from other services.

Since January 2015 to November 2015, a total of 202 staff have taken part in supervision; 154 from across the 14 Designated Centres and 48 staff from other services.



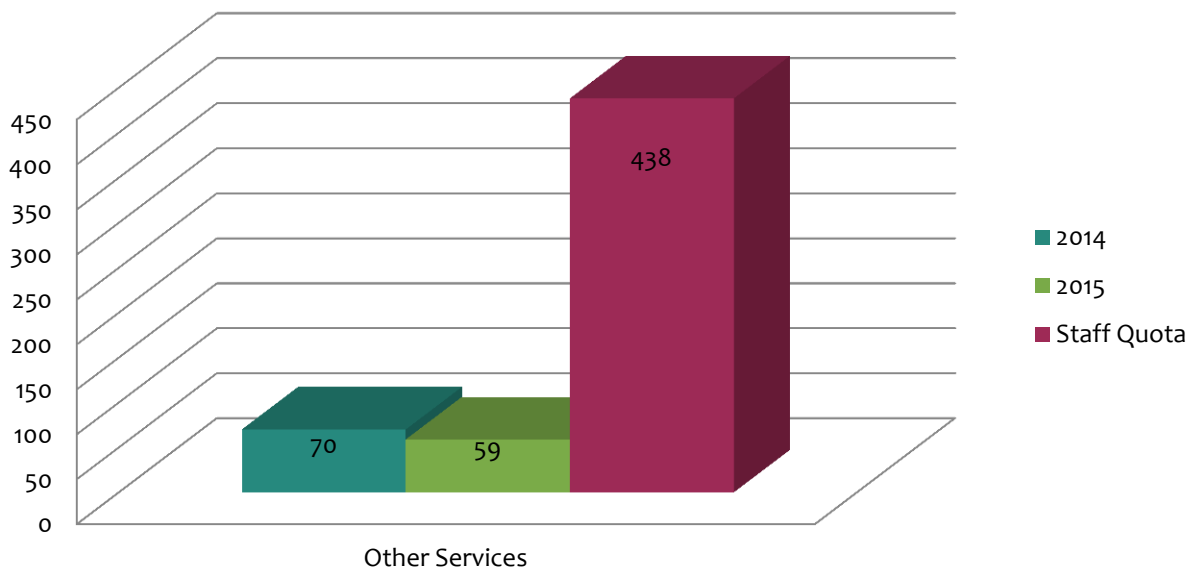
## Supervision completed in Designated Centres

### 1-14: 2014 -vs- 2015 -vs- Requirement



## Supervision completed in 'Other Services' (not Designated Centres)

### 2014 -vs- 2015 -vs- Requirement



# Education and Training Department

The efficiency of the Education and Training Department's quality services is measured against its 'Quality Assurance' agreement, Key Performance Indicators, Core Competency & Best Practice' requirements, 'advances in technology' and its involvement in 'Research'.

## Quality Assurance

The work of the Education, Training & Development Department is underpinned by its Quality Assurance Policy (2014) in line with Quality & Qualifications Ireland (QQI). The Occupational First Aid (QQI) Level 5 provided by the Education, Training & Development Department is validated and certified by QQI (formerly F.E.T.A.C.). It is subject to an authentication process which adheres to its own quality assurance agreement and with QQI. On the 12th May 2015, an external authenticator sampled 44 portfolio of assessment and the authenticator's report identified that the department was fully compliant with QQI assessments, with its high standards of assessment, a fully registered instructor with the Occupational First Aid Assessment Agency (OFAAA) with all assessments completed by an external registered instructor. On 22nd May 2015, the Chief Executive and senior management attended a 'results approval panel' to ratify the results of the assessments which followed the quality assurance process outlined in the internal and external authenticators report. In July 2015, 44 QQI certificates were distributed.

The department also operates a quality assurance system for the development of programmes for the purpose of staff training. All newly developed courses undergo a system of approval from the Education & Training Committee. In 2015, there were 22 quality assurance training proposals submitted for approval:

- Palliative Care Needs Assessment
- Safe Operation of Petrol Hedge Trimmer Onsite Training
- Safe Operation of a Leaf Blower Onsite Training
- Safe Operation of a Massey Ferguson 342 Onsite Training
- Safe Operation of a Ride on Lawnmower Onsite Training
- Safe Operation of Rotovator Onsite Training
- Safe Operation of a Tipping Training Onsite Training
- Safe Operation of a Tractor Mounted Sprayer Onsite Training
- Safe Operation of a Ransomes Compact Garden Tractor Onsite Training
- Safe Operation of a Tractor Mounted Scraper Onsite Training
- Safe Operation of a Stone Burrier Onsite Training Proposal
- Safe Operation of a Petrol Driven Strimmer Onsite Training
- Safe Operation of a Water Tank Onsite Training
- Multi-Element Behaviour Support
- Preceptorship Training
- Preceptorship Refresher Training
- Manual Handling Aids Onsite Training
- Receptive Language Development
- Chemical Safety Training
- PECS: Picture Exchange Communication System
- Coeliac Disease
- Xcessible Training Course for Leisure Centres

On 31st March 2015 the Stewarts Quality Times newsletter featured a section about the Education & Training Department, providing staff with an awareness of the department's aims and requirements for 'core competency' and 'best practice' training in line with its 'key performance indicators'.

## Key Performance Indicators

There are two primary key performance Indicators in the Education & Training Department; core competency training and training needs analysis.

## Core Competency Training

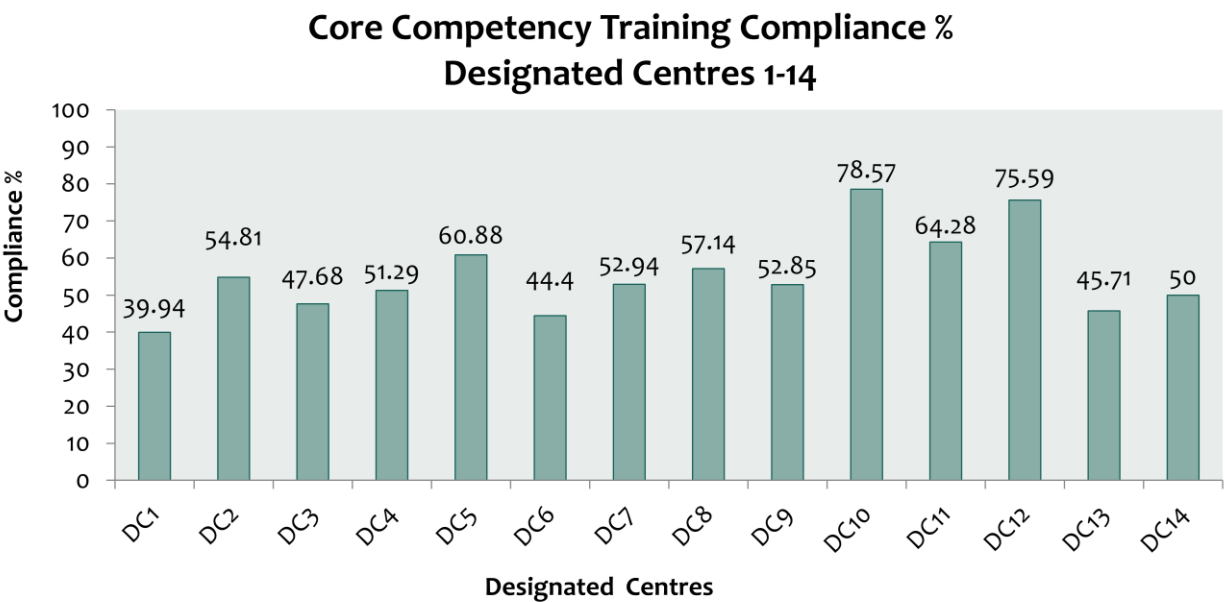
Training and staff development is a requirement under Section 16 of the 2013 Regulations which states that "the person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme" (Health Act 2007, Regulations 367 of 2013). As evidence of compliance with such legislation, the Education & Training Department activities report identified that 2,968 staff attended 382 in-house training events from January to October 2015.

On 22nd December 2014 the Director of HR informed all managers that compliance with core competency training was an essential priority in 2015. The following lists the core competency training courses required for 2015:

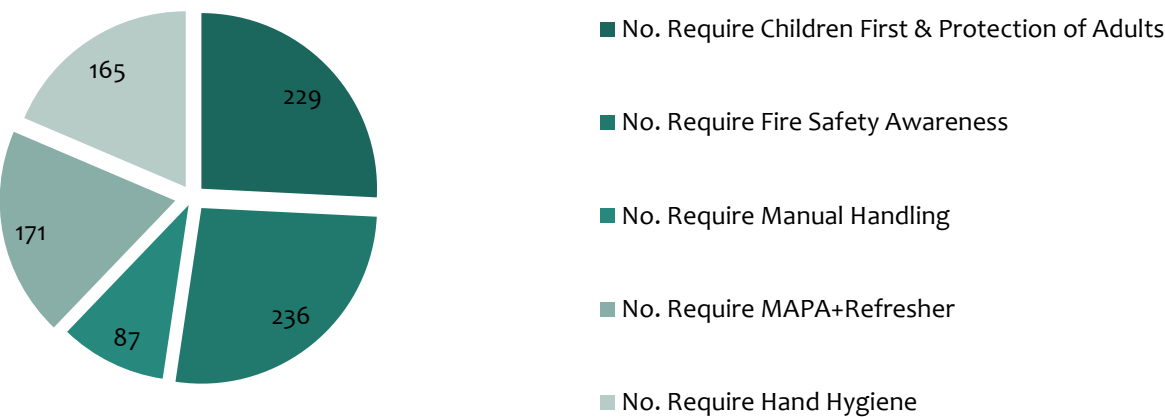
- Children First
- Protection & Welfare of Children & Adults
- Fire Safety Awareness
- Fire Safety & Fire Drill Onsite Training
- Manual Handling & People Handling
- Management of Actual or Potential Aggression (MAPA®)
- Hand Hygiene

# Compliance Rate with Core Competency Training Requirements – Designated Centres

The chart below displays that Designated Centre 10 has the highest rate of compliance at 78.57% with core competency training. Designated Centre 1 has the lowest rate of compliance at 39.94%.

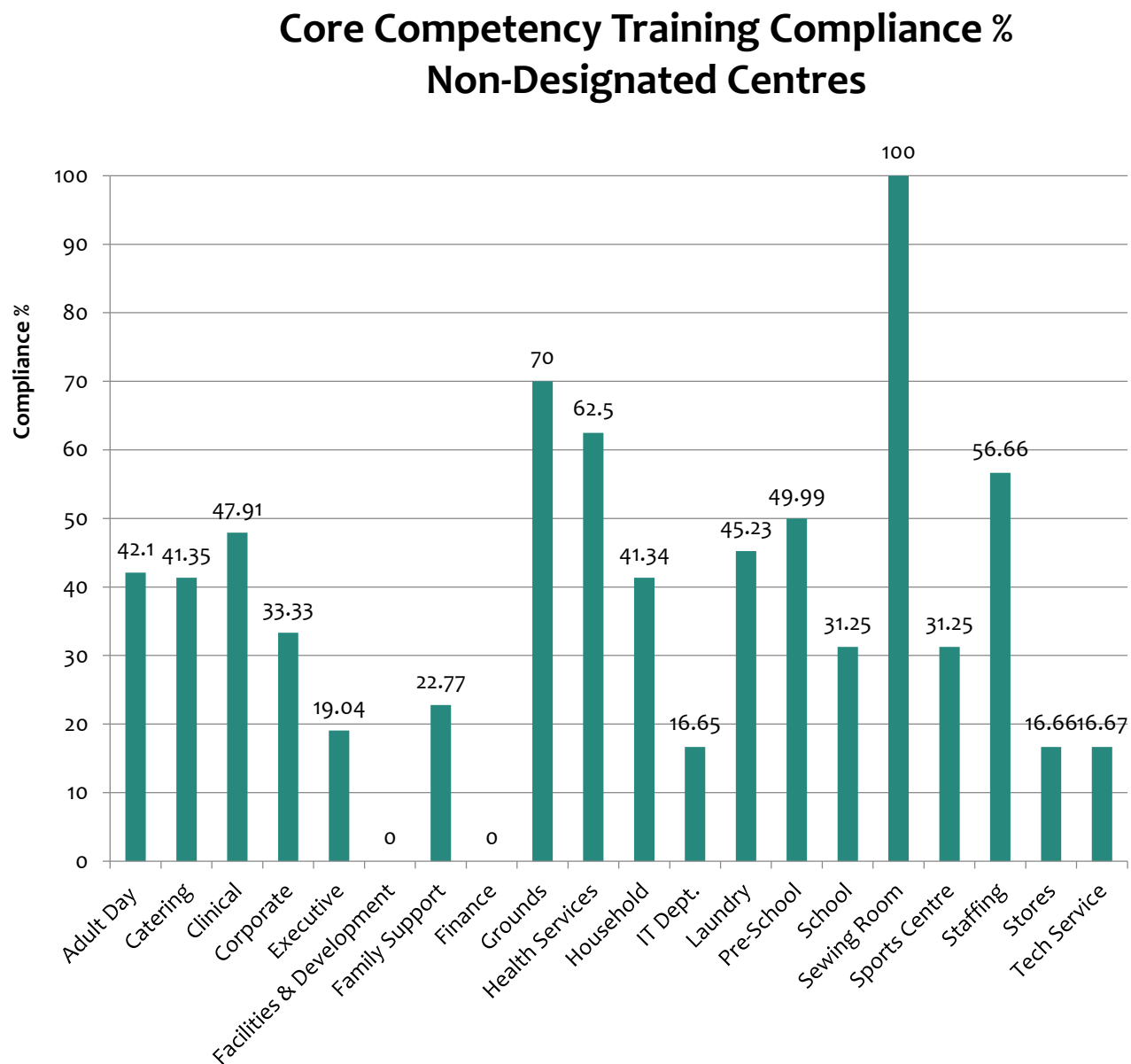


## Total Numbers of Staff in Designated Centres 1-14 that Require Core Competency Training



## Compliance Rate with Core Competency Training Requirements – Non Designated Centres

Figure 2 display high rates of compliance in the Sewing Department at 100%, and the grounds Department at 70%. Lower rates of compliance with core competency training requirements are displayed in Facilities & Development and the Finance Departments.



## Training Needs Analysis – Provided to Designated Centres 1-14

The National Standards for Residential Services for Children & Adults with Disabilities (HIQA, 2013) states that the training needs of the workforce are monitored on an ongoing basis and that identified training needs are addressed to ensure the delivery of high quality, safe and effective residential services for people with disabilities. On 17th Dec 2014 a training needs analysis (TNA) survey was sent out to all Designated Centres and in 2015 staff were contacted and requested to complete the survey online or by hand using a paper copy. The data from the TNA survey will be analysed in 2016. The TNA survey will also be distributed to all non-designated areas in 2016.

### Training Needs Analysis Survey Response Completion Level, Designated Centres 1-14

Designated Centre	Completion of Training Needs Analysis	
Designated Centre 1	Fully completed	
Designated Centre 2	Not completed for staff	1x
Designated Centre 3	Fully completed	
Designated Centre 4	Fully completed	
Designated Centre 5	Fully completed	
Designated Centre 6	Not completed for staff	8x
Designated Centre 7	Fully completed	
Designated Centre 8	Not completed for staff	1x
Designated Centre 9	Fully completed	
Designated Centre 10	Not completed for staff	3x
Designated Centre 11	Not completed for staff	4x
Designated Centre 12	Not completed for staff	8x
Designated Centre 13	Not completed for staff	4x
Designated Centre 14	Not completed for staff	7x

## Technology Advances

There were two new initiatives introduced in 2015 to encourage and support staff to engage in education and training; The Stewarts Care Hub/e-learning (HSELand) and self-registration for in-house courses on the Stewarts Care intranet 'online booking system'.

### Stewarts Care HUB

On 9th April 2015 Stewarts' e-learning programme 'Managing Feeding, Eating, Drinking & Swallowing' (FEDS) was posted to HSELand. This programme was developed by the Speech & Language Therapy Department with support from a third party supplier, Stewarts ICT Department and the Education, Training & Development Department. The 'Stewarts Care Hub' went live on HSELand on 29th July 2015 and the Education, Training & Development Department continues to be focused on promoting e-learning with staff in 2016 by accessing Stewarts Care Hub at [www.hseland.ie](http://www.hseland.ie)

The following training courses are currently available on the Stewarts Care Hub:

- Manual Handling Awareness Programme (Theory)
- Hand Hygiene for Clinical Staff
- Hand Hygiene for Non-Clinical Staff
- Managing Feeding, Eating, Drinking & Swallowing
- Medication Management
- Palliative Care Needs Assessment Lesson 1 & 2
- Dignity at Work

### E-learning (via the Stewarts Care Hub on HSELand)

76 staff accessed the following most commonly used e-learning programmes in 2015:

- Advocacy for Older People in Residential Care
- Assessment in the Care of Older Persons
- Being an Effective Team Member
- Clinical Audit
- Communicating with People who have an Intellectual Disability
- Dignity at Work
- Disability Awareness
- Encountering, Assessing and Managing Pain
- Hand Hygiene for Clinical staff
- Healthcare Records Management
- Managing Feeding, Eating, Drinking & Swallowing (FEDS)
- Manual Handling Awareness Programme – HSE
- Medication Management
- Non-Clinical Hand Hygiene
- Palliative Care Needs Assessment Module
- Personal Development Planning
- Prevention and Physiotherapy Management of Falls in Older People
- Professional Supervision
- Promoting Physical Activity
- Venepuncture

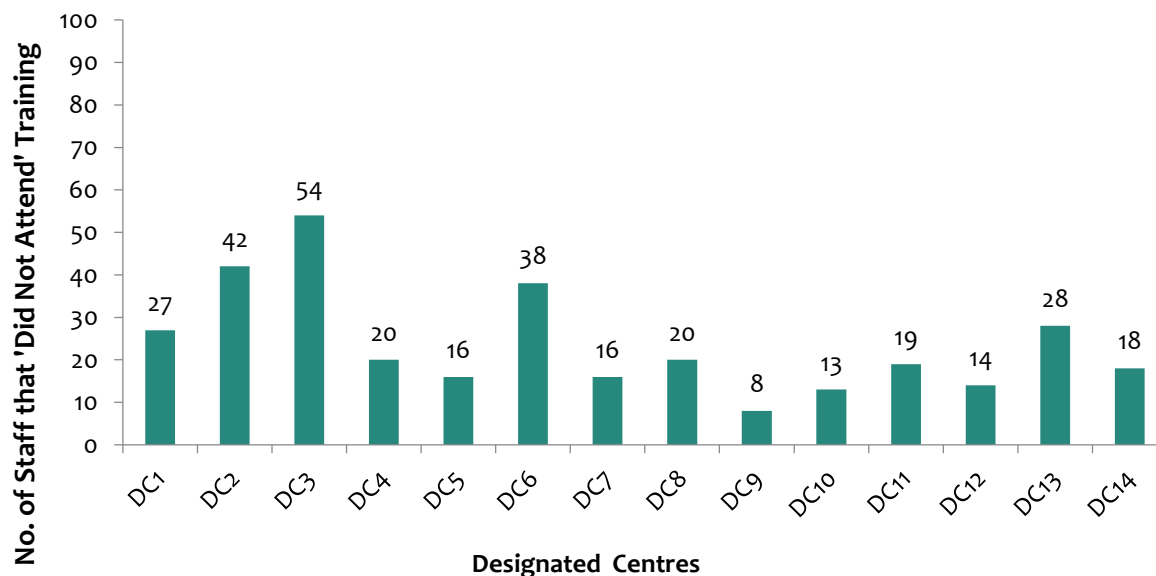
## Online Booking System for In-house training

On 24th July the Education & Training Department commenced using an online course booking management system which is now available by accessing 'Courses' on the 'Communities' section of StewartsCare.ie website. Each staff can individually register themselves onto a course using their staff number. Staff are encouraged to discuss with their line manager prior to registering on a course to ensure they receive approval to attend training. A large number of staff are actively engaging with the online booking system, however it has to be noted that a small proportion of staff have suggested they are avoiding using the system due to a lack of knowledge on using technology. Staff were provided with a step-by-step guide on 'how to book a course online', and the staff in the Education & Training Department have been giving one-to-one support to staff on how they can register and de-register for an in-house course as needed.

## Missed Training Events

The 'Missed Training Events' Reports from January to October 2015 indicates that 590 staff missed the training they were registered to attend. Often there is no rationale provided to the Education & Training Department as to why the staff member did not attend. When staff do not attend training they are blocking up places preventing other staff members from registering on the course. However it must be noted that a small proportion of managers/staff did send apologies and requested to reschedule alternative training dates.

### Missed Training Events 2015 Designated Centres 1-14





## Course Application & Process Committee

During 2015 the Course Application and Process Committee attended 30 meetings to review and approve 78 external course applications. Course funding applications and applications to attend external training were only considered provided the applicant was fully compliant with the Stewarts Core Competency Training Requirements.

## Forward Planning for 2016

The following initiatives are being planned for further development in 2016:

- To support and prepare registered nurses in 'maintaining professional competence'.
- To continue to liaise with the HSE to ensure training relating to 'Safeguarding Vulnerable Adults' is in keeping with National Standards and supporting senior managers and social workers to attend 'Designated Officers Training' and 'Train the Trainer' programmes in the HSE.
- To design and develop e-learning programmes such as 'Intimate & Personal Care'.
- To analyse the data from the 'Training Needs Analysis' which was provided by staff from Designated Centres 1-14 in 2015, and provide the TNA survey to non-designated areas.

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

PATH in Stewarts Care is planning for the Service User with the Service User. PATH as a process evolved from a recommendation from the Collaborative Study Initiative to implement person centred practice in association with Trinity College, Dublin. PATH is a graphical representation of an individual's goals and dreams. The PATH tool is dynamic in providing direction; it values inclusion and provides Service Users with a voice.

## What is PATH?

It is a vivid representation of our Service Users goals and dreams. The PATH process encourages support and involvement from parents, family, friends, key support staff and many more individuals from the beginning of the process.

PATH inspires opportunities for individuals to experience their local community and achieve outcomes in ordinary everyday places.

## Who is PATH for?

Stewarts Care is inviting all Service Users to take part in making choices and planning new outcomes in all aspects of their life. Areas such as personal relationships, social development, more links with the community and a focus for some individuals on work related skills and capacities. Participants are encouraged towards positive risk taking and are supported to explore many new experiences. Creating opportunities for a more holistic engagement that responds to the needs of the Service User is a key focus.

PATH facilitates new directions for the PATH finder and their families.

PATH supports the delivery of a quality caring supportive service.

PATH advocates on behalf of each individual's needs, abilities, goals and aspirations.

The PATH process is creating a culture of more voluntary support for our Service Users.

PATH is persistent in encouraging family/community relationships both on and off Stewarts campus. PATH is providing a sense of purpose for both Service Users and families and acknowledges all individuals needs and level of ability.

PATH puts the Service User at the focus, and as a result the support for their future is happening in a more voluntary natural way.

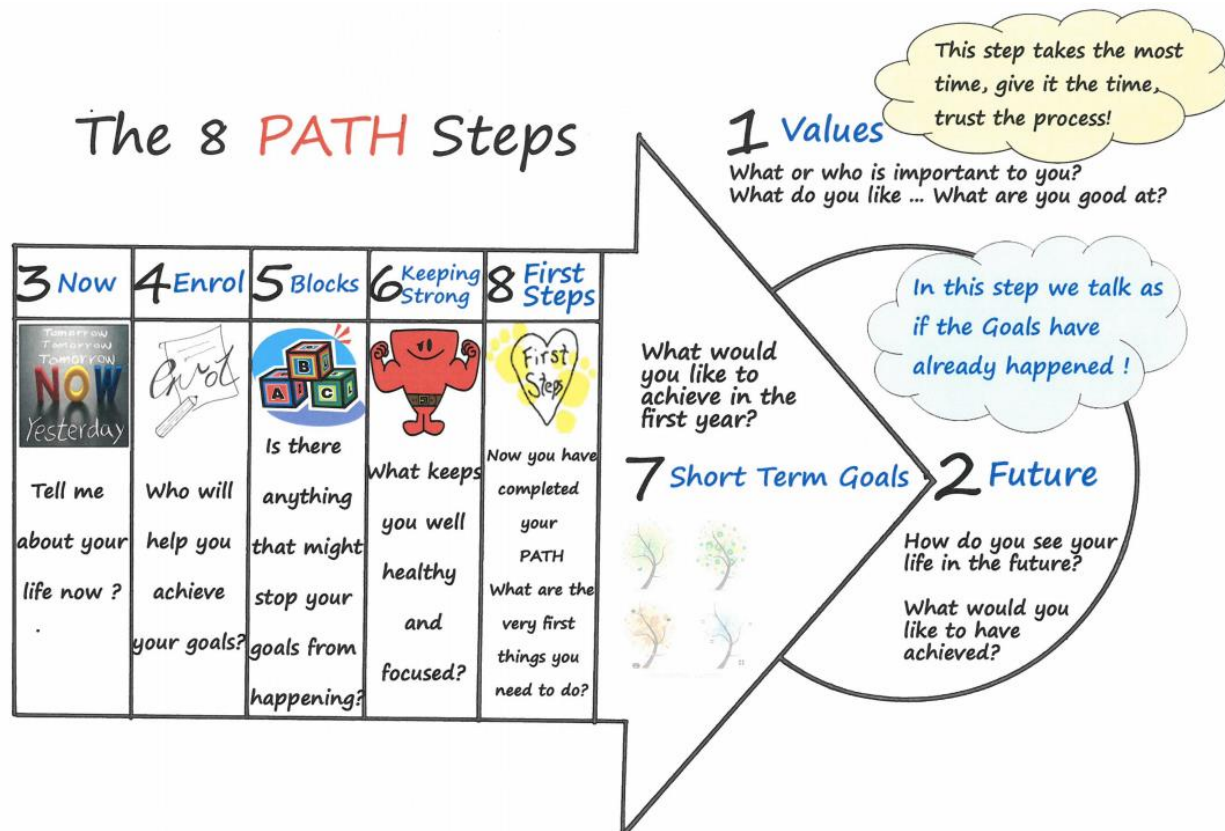
PATH performance has supported Service Users to share their individual lives with their family members in a unique way:

***“I came here today with a brother who has an Intellectual Disability and I am leaving with a man who has a life”*** (sister of a Service User supporting her brother's PATH).

Family participation in PATH is often the first time that the family member has seen their son, daughter, brother, sister as an individual leading a meaningful and active life. Many have

expressed an overwhelming reaction to the many links with community, the commitment of staff and access to resources. The tailor made activities, the creativity and flexibility of programmes all demonstrate the provision of a Person Centred Service.

PATH has given Service Users full participation and ownership in planning their lives and also an opportunity for personal expression. The degree of support and commitment from many key people is evident in strengthening each individual's personal development and wellbeing.



## PATH process

PATH facilitators start the process by meeting relevant support staff in the living areas. They deliver a workshop which explains the various stages. Each Service User will complete a pre PATH with support and input from family and staff. A PATH will usually take about 2 hours to complete. The PATH team is mindful of each individual's needs with relation to the shared space and participation of support persons.

The focus is on the Service User and their wellbeing. Successful PATH facilitation ensures people enjoy the process and that it is a positive, non-judgmental experience.

On completion of the graphic plan all evidence is photographed and recorded on SURA. The physical record is stored in the PATH room. Each individual receives their PATH along with their peers in their living area.





- Designated Centre 7 (Roseville)
- Designated Centre 2 (Red Cow Cottage)

## Planning for 2016

- Pre-PATHs in progress (as at 7/11/15)
  - o Designated Centre 12 (Glen Easton Court/ Drive /Avenue)
  - o Designated Centre 11 (Weston Way/ Court/ Cannonbrook)
  - o Designated Centre 1 (House 25 / Bungalow 3 / Carrig Apartment / Aisling)
  - o Designated Centre 5 (Bungalow 2 / the Farmhouse)
  - o Designated Centre 2 (Bungalow 12/ 13 /22)
  - o Designated Centre 6 (Bungalow 11 )
  - o Designated Centre 8 (Palmerstown Heights)
  - o Designated Centre 9 (Riversdale)
  - o Designated Centre 12 (Silkenvale)
- PATH Information sessions will commence in the next few weeks
  - o Designated Centre 3 (Bungalow 24)
  - o Designated Centre 12 (Louisa Valley / Royal Meadows)
- Development of a PATH policy, procedure and guideline
- PATH facilitators will collate outcomes from each step of the process in order to highlight and work on the objectives and goals set. This will support and promote the delivery of a quality service that reflects each individual's needs and preferences.

In 2016 a conference will be hosted in Stewarts Care titled “Stewarts on the right PATH”. The purpose of this conference is to explore and share the Stewarts journey with PATH to date and it will involve Service Users, family and staff experiences of the process. Also presenting on the day as part of the ‘Collaborative Initiative to implement Person Centred Practice’ within Stewarts Care will be;

Prof. Mary Mc Carron Dean of Health Science Trinity College, Dublin 2.

Prof. Philip Mc Callion Albany University, USA.



The PATH Team

# SURA (Service User Records Application)

Phase 1 rollout of the SURA system was completed in early 2015 and all Service Users are registered on this electronic care recording system.

## SURA Training

All staff involved in frontline care has received basic training on the SURA system. Training continues for all new student nurse entrants and new employees on a monthly basis as required and in conjunction with the Dept. of Education and Training Development. Refresher training is also available to all staff as required.

Training related to new SURA software updates (modules and minor enhancements) is presented through SURA update workshops and presentations.

Training continues to be delivered on a location-specific basis in consultation with the Persons In Charge.

There is an on-call support arrangement in place for SURA for staff that require assistance.

## Software enhancements 2015

Over the past 12 months the following enhancements have been added to the system:

1. The introduction of Designated Centres to the Demographic section
  - a. Enhancements to the Demographic section to improve the search function and including:
    - i. Marital status, admission authority
    - ii. Long term residential charge - tick box and text box for amount
    - iii. Own room tick box
    - iv. Shared room Tick
    - v. Stewarts assessment of need - text box for a rating
    - vi. NIDD Scale - text box for a number
    - vii. Identifier for Hepatitis B to medical alert screen
  - b. Search box on Demographic – tick box for active Service Users (default on)
  - c. Search box on Demographic – tick box for referrals
  - d. Search box on Demographic – tick box for deceased Service Users
2. Chiropody notes
3. Dental notes
4. P.A.T.H section in SURA with P.A.T.H. progress notes
5. The review of the Personal Support Plan with the inclusion of the Communication Supports chapter
6. The introduction of the facility to record signing by multiple staff on each of the nine Initial indicators and goal sheets that accompany them
7. Weekly Meal records
8. Blood Glucose recording

9. Revision of Mental Health notes to include the names and registration numbers of the psychiatrists in line with their code of practice
10. The introduction of a second signatory section on electronic Restraints Prescriptions
11. The development of Mental Health meeting notes
12. The introduction of the Query section in order to run reports on Next of Kin details and demographic details

## Planning for 2016

- Enhance the reporting function in order to deliver improved management information to be used in designing and delivering the service
- S.U.R.A. and Document Control Committee to review the S.U.R.A. Policy and user access rights by mid 2016
- The S.U.R.A. project team continues to report to the S.U.R.A Document Control Committee on issues as they arise and on future system enhancements. Typical issues under continuous review include:
  - Requests for access rights
  - Requests for document creation
  - Requests for enhancements
- Develop a data flow between the NIDD and S.U.R.A. so that there is only a single 'record of truth' system operating in the organisation.

# HIQA Compliance

## Three Day Statutory Notifications (1<sup>st</sup> Jan to 31<sup>st</sup> Dec 2015)

In accordance with Regulation 31(1) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, the person in charge must ensure that HIQA are notified within three working days of specific incidents.

During 2015, there were a total of 35 such notifications as outlined below:

Notification Type	Number of Incidents
<b>NFo1D:</b> The unexpected death of any residents, including the death of any residents following transfer to hospital from a designated centre.	1
<b>NFo2D:</b> Outbreak of notifiable disease.	0
<b>NFo3D:</b> Serious injury to a resident which requires immediate medical or hospital treatment.	14*
<b>NFo5D:</b> Unexplained absence of a resident from a designated centre.	4
<b>NFo6D:</b> Any allegation, suspected or confirmed, of abuse of a resident.	10**
<b>NFo7D:</b> Any allegation of misconduct by the registered provider or by staff.	4
<b>NFo8D:</b> Any occasion where the registered provider becomes aware that a member of staff is subject to review by a professional body.	0
<b>NFo9D:</b> Any fire, loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	2

\* Of the fourteen notifications of serious injuries, ten of the notifications were injuries occurring due to falls.

\*\* All allegations were screened by the Designated Person in line with the organisation's policy. Eight of the allegations were against staff, one allegation against a relative and one relates to another Service User. Six allegations were of physical abuse, two relate to psychological abuse, one to sexual abuse and one relates to an intervention that violates the integrity of the person.



# RISK

## Risk Management Committee

The Risk Management Committee was established in 2009. The purpose of the Committee is to provide a framework to identify hazards and manage risk throughout the organisation. The Risk Management Policy, which was developed by the Risk Management Committee, provides clear responsibility through the line management structure for the management of risk.

The Terms of Reference for the Committee is to:

- Develop and implement a Risk Management Policy
- Develop a cohesive Risk Management Strategy
- To ensure that there is a systematic process in place to identify, assess, control and document actions in order to reduce risk to a reasonably practicable level
- To develop a Risk Register
- To ensure that the organisation is compliant with current legislation
- To promote and embed risk management throughout the organisation

## Corporate Risk Register

A risk register is a record of foreseeable risks identified in the organisation. Risks are categorized, e.g. legislative, financial and environmental; and are then measured by the likelihood that the risk may occur and the consequences of the risk should it occur.

As part of the risk management strategy, an Organisational Risk Register has been developed and is reviewed on a quarterly basis.

The Risk Register is used to:

- Maintain a record of organisational risks.
- Track risks, the management of the risk and the allocation of responsibility for each risk
- Prioritise risks so that they can be easily identified, with the highest priority given more attention

In March 2015, the Risk Register was distributed to the Audit, Risk and Finance Committee for review and was approved. The Risk Register was then presented to the Board in April 2015 and was approved.

A pilot project was also undertaken to develop a Local Risk Register in Designated Area 11 and 12. This pilot has proven to be very successful and will be made operational across all Designated Centres 1-14 through 2016.

## Incident Reporting Procedure

Where an incident occurs, there is a clear procedure in place to report, record and to ensure that follow up action is taken. An important element of reviewing incidents is to learn from the incident so that efforts can be made to prevent / reduce future incidents. This must be evidence based.

An analysis of incidents is undertaken to identify the type/frequency and severity of incident and also to identify any patterns / trends that occur.

All incidents are reportable to the State Claims Agency (SCA) through the Clinical Indemnity Scheme (CIS). Where an incident occurs to a staff member and results in an absence of three days or more, the incident must also be reported to the Health and Safety Authority (H.S.A). Stewarts Care is fully compliant in all reporting activity.

## National Incident Management System (NIMS)

The State Claims Agency (SCA) has upgraded their software system for incident reporting. This system is 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.

Stewarts began the implementation of the new NIMS solution in July 2015. Part of this process involved the switch from Stewarts incident report forms to using a standardised incident report forms called National Incident Report Forms (NIRF) which were developed by the State Claims Agency

There are four categories of National Incident Report Forms:

- NIRF 01: Person
- NIRF 02: Crash / collision
- NIRF 03: Property
- NIRF 04: Dangerous occurrence / complaint

An important component of NIMS is a national incident database that involves the recording and reporting and analysis of incidents. Reports can be produced and an analysis of incidents can be generated. Following analysis of incidents, a risk management plan can be developed and implemented. This enables the risk register to be further developed in order to highlight the main risk/s per designated area and document how they are managed.

A training programme has been developed through the Department of Education, Training and Development to provide training for staff on the completion of the National Incident Report Forms

## Learning from Incidents

- Behavioural: The recruitment of two psychologists should provide continuous ongoing support in the development of training in behaviour support.
- Behavioural: The clinical nurse specialist has prioritised areas that need more support in the area of behaviours that challenge.
- Physical: A falls policy is being developed which will improve and increase the interventions available to Service Users.

## (NIMS) Risk Report for Stewarts Care - July to November 2015

Hazard Category	Sub Category	Count
Clinical (31)	Medication	30
	Chiropody	1
Behavioural (179)	SIB	35
	Violence	144
Physical (104)	Slips/Trips/Falls	51
	All other	53
Biological (8)	Bites	8
Property (7)	Personal Property	5
	State	2
Chemical	-	0
<b>Total count:</b>		<b>329</b>

## Fire Safety

The Director of Facilities and Development has the responsibility for co-ordinating and facilitating fire safety and fire safety awareness training throughout the organisation. To effect the implementation process, the use of a Safety Office as a focal point is used.

During 2015 387 staff attended the Fire Safety Awareness training. 108 fire drills and evacuations were carried out throughout the Designated Centres within Stewarts Care, including on-site training. They were carried out by a contracted third party fire officer and signed off and recorded in both the safety office Fire Register and the on-site Fire Safety Report Form.

The Safety Office developed fire safety strategy for the buildings across Stewarts Care is made up of three essential elements:

- **Passive fire safety measures:** Passive fire safety measures are features that include the provision of escape routes and exits, the provision of fire resistance to the building structure and the provision of access to use around the building.
- **Active fire safety measures:** Active fire precaution measures include fire detection and alarm systems, emergency lighting and fire fighting equipment.
- **Management fire safety measures:** Fire safety programmes are established in each building in order to correctly manage fire safety and meet legal obligations.

## Fire Safety KPIs

Key performance indicators (KPI's) are used to monitor on-going performance and effect continual improvements:

- All fire equipment testing and inspections up-to-date.
- Fire alarm breakdowns and repair items are resolved within specified time scales.
- Percentage of attendance at mandatory fire safety awareness training.
- Percentage of attendees at induction training within one month of appointment.
- Evidence of planned fire drills and evacuations completed.
- Evidence of risk assessments completed and up-to-date for each building.
- Evidence of up-to-date Fire Safety compliant certificates for each building.

## Fire Safety Programme

The main elements of our Fire Safety Programme are:

- Emergency procedures, evacuation drills, regular fire safety inspections, maintenance and servicing of fire equipment, staff training, information to staff (occupants of building), keeping of records.
- Emergency planning

## Emergency Procedures

All occupants of a building must be capable of responding correctly in the event of fire. Plans have been prepared outlining the procedures to be followed. These predetermined plans can be broken down into a number of sections:

- A procedure for raising the alarm, a procedure for calling the fire brigade, an evacuation procedure, an assembly point and roll call procedure, a procedure for fighting the fire.
- A procedure for assisting the fire brigade.

## Fire Evacuation Drills

The competent Fire Officer carries out drills at regular intervals as per the bi-yearly planned schedule. The objective is to test the effectiveness of the predetermined arrangements. The aims of a fire evacuation drill are:

- To ensure safe, orderly and efficient evacuation of all occupants of the building, to use all exit facilities available in order that occupants are familiar with them. To test all aspects of the emergency procedure.
- To achieve an attitude of mind that reacts rationally when confronted with a fire or other emergency situation.
- The outcome of fire drills and evacuations are recorded on Fire Safety Report forms by both staff and the competent Fire Officer. The reports are issued to the Safety Office for review and recording. Any learning outcomes from fire drill and evacuation reports are communicated via a copy of the report being issued to each designated area (building) and the local management.

## Regular Fire Safety Inspections

Regular inspections are required to ensure the continued functioning of the active and passive fire safety measures in a building and to detect dangerous practices. The Safety Office encourages local staff and management to carry out frequent fire safety inspections and record same.

## Maintenance and Servicing of Fire Equipment

Annual inspections of fire detection alarm systems are carried out by competent service organisations and certificates of compliance are submitted to the Technical Services Department in accordance with recommendations of IS 3218.

Annual inspections of emergency lighting systems are carried out by competent service organisations and certificates of compliance submitted to the Technical Services Department in accordance with recommendations of IS 3217.

Annual inspections of first aid fire fighting equipment are carried out by competent service organisations and certificates of compliance submitted to the Technical Services Department in accordance with recommendations of IS 291:2002.

## Staff Training and Instructions

Comprehensive instruction and training is given to all staff to enable them to carry out their functions under the fire safety programme. Staff receive instruction in:

- Emergency fire prevention measures and emergency procedures.
- First aid fire fighting

It is mandatory for all staff to attend fire safety awareness training annually. This consists of the following:

- The action to take in the event of fire and on discovering a fire.
- Fire hazards
- Use of fire equipment
- Evacuation procedure
- Fire drills

## Information and Keeping of Records

- a. Fire Logs are issued by the Safety Office to all buildings in order for staff and local management to maintain information and records of fire safety for their building which include, as a minimum:
  - Details of the building (title and address)
  - Names of duty holders
  - Records of training
  - Records of incident reports (copied to Safety Office)
  - Records of staff and local management fire safety inspections
  - Records of planned evacuations
  - Test and inspection results, e.g. fire alarm systems, fire extinguishers, emergency lighting, etc.
  - Inspection and audit reports.
- b. The Safety Office maintains and keeps a Fire Safety Register as a record of the bi-annually planned fire drills and evacuations carried out in each building. The competent Fire Officer signs off each entry.
- c. The Register serves as a formal record and also as a checklist for the Safety Office to ensure that checks and training which are required are being carried out on an on-going basis.

## Fire Detection Alarm Systems, Fire Fighting Equipment and Emergency Lighting

The fire detection alarms in all the residential buildings throughout Stewarts Care are serviced annually as per the applicable SI / code of practice / standards.

These standards are:

1. Safety, Health and Welfare at Work (General Application) Regulations, 2007.
2. IS 3218:2009 Fire Detection and Alarm Systems for Buildings: System Design, Installation Servicing and Maintenance

The fire alarms are serviced four times per year. The Technical Services Department contract the maintenance of the fire alarm systems out to a competent registered contractor and all service records are held in the Technical Services offices. The fire alarms are monitored through the intruder alarms for all community houses by a monitoring station for immediate response of the emergency services if required, and through a panic alarm system for the on-campus houses in Palmerstown where the Security Office is notified of an alarm activation and request the

emergency services if required. Any fault found on the fire detection alarm system is reported to the Technical Services Department and the fault is subsequently addressed.

The fire fighting equipment in all the on-campus buildings throughout Stewarts Care in Palmerstown is serviced as per the Applicable SI/Code of Practice/Standards.

These standards are:

1. Safety, Health and Welfare at Work (General Application) Regulations, 2007.
2. IS 291:2002 - The use, siting, inspection and maintenance of portable fire extinguishers.
3. BS 9999:2008 Code of practice for fire safety in the design, management and use of buildings.
4. BS 5306-3:2009 Commissioning and maintenance of portable fire extinguishers, Code of practice

The fire extinguishers are serviced once a year. The Technical Services Department contract the maintenance of the Fire Extinguishers out to a competent registered contractor and all service records are held in the Technical Services offices. Any fault found with a fire Extinguisher is reported to the Technical Services office and the fault is addressed.

The emergency lighting in all on-campus houses throughout Stewarts Care in Palmerstown is serviced as per the Applicable SI/Code of Practice/Standards.

These Standards are

1. IS 3217: 2008 Emergency Lighting.
2. IS EN 62034:2007 Automatic Systems for Battery Powered Emergency Escape Lighting.
3. IS EN 60598-2-22 Luminaries: Particular requirements - Luminaries for emergency lighting.
4. BS 9999:2008 Code of practice for fire safety in the design, management and use of buildings.

The emergency lighting is serviced four times per year. The Technical Services Department contract the maintenance of the emergency lighting out to a competent registered contractor and all service records are held in the Technical Services offices. Three out of the four tests are for '½hr on battery life' and the fourth test is a '3hrs test on battery life'. Any faults found on the emergency lighting are reported to the Technical Services office and the faults are addressed.

## Mandatory Fire Drill Log 2015 (as at Nov 30th 2015)

	1st Drill	2nd Drill
<b>On-Campus Homes</b>		
Bungalow 2	24/03/2015	13/10/2015
Bungalow 3	24/03/2015	13/10/2015
Bungalow 4	24/03/2015	15/09/2015
Bungalow 5	24/03/2015	13/10/2015
Bungalow 6	14/04/2015	15/09/2015
Bungalow 7	14/04/2015	15/09/2015
Bungalow 8	14/04/2015	15/09/2015
Bungalow 9	09/06/2015	15/09/2015
Bungalow 10	26/05/2015	13/10/2015
Bungalow 11	06/06/2015	11/08/2015
Bungalow 12	26/05/2015	21/09/2015
Bungalow 13	09/05/2015	21/09/2015
House 17	04/08/2015	13/10/2015
Bungalow 18	04/08/2015	20/10/2015
Bungalow 20	04/08/2015	20/10/2015
Bungalow 22	11/08/2015	21/09/2015
Bungalow 23	11/08/2015	21/09/2015
House 24	11/08/2015	15/09/2015
House 25 (Apartments 25)	See file	21/09/2015
Woodlands 26	26/05/2015	15/09/2015
Woodlands 27	26/05/2015	renovations
Woodlands 28	26/05/2015	15/09/2015
Carraig Apartment	17/02/2015	17/11/2015
<b>Off-Campus Homes</b>		
Aisling	04/08/2015	21/09/2015
Beechpark -123	12/05/2015	24/11/2015
Beechpark - 40	02/06/2015	24/11/2015
Buck House	10/04/2015	13/10/2015
Cannonbrook	12/05/2015	24/11/2015
Celbridge Abbey	28/05/2015	10/11/2015
Dochas Lodge, Ovidstown Rd., Straffan	28/05/2015	15/12/2015
Farmhouse	25/08/2015	17/11/2015
Ferrier House	05/05/2015	10/11/2015
Glen Easton Avenue	05/05/2015	15/12/2015
Glen Easton Court	05/05/2015	15/12/2015
Glen Easton Drive	05/05/2015	15/12/2015
Hollyville - 2	17/02/2015	27/10/2015



Hollyville - 3	17/02/2015	18/08/2015
Louisa Valley	05/05/2015	15/12/2015
Min-a Cree	18/08/2015	17/11/2015
Oak Court	02/06/2015	08/12/2015
Palmerstown Heights		08/12/2015
Palmerstown Square	02/06/2015	27/10/2015
Red Cow Cottage	25/08/2015	27/10/2015
Riversdale	17/02/2015	27/10/2015
Roseville Apartments	26/05/2015	17/11/2015
Royal Meadows 119	18/08/2015	08/12/2015
Royal Meadows 130	18/08/2015	08/12/2015
Silkenvale	28/05/2015	10/11/2015
St Andrews	12/05/2015	24/11/2015
The Briars Woodfarm Acres - 2	02/06/2015	08/12/2015
The Briars Woodfarm Acres - 4	02/06/2015	08/12/2015
Westbury	12/05/2015	
Westhaven	12/05/2015	24/11/2015
Weston Court -11	28/05/2015	10/11/2015
Weston Way - 8	28/05/2015	10/11/2015
Balgaddy House	05/05/2015	24/11/2015
<b>Day Services / Other</b>		
Balgaddy Saturday Club		
Balgaddy Grounds Dept	17/02/2015	10/11/2015
Balgaddy Special School	17/02/2015	10/11/2015
Beehive	17/02/2015	20/10/2015
Carraig Building		15/09/2015
Cherry Orchard Stores	24/11/2015	
Clarkeville	24/02/2015	10/11/2015
Coach House	17/02/2015	24/11/2015
C.P.U.	24/02/2015	20/10/2015
D.A.C. Preschool	10/03/2015	08/12/2015
D.A.C. Cafeteria	10/03/2015	17/11/2015
D.A.C. Sewing room	10/03/2015	17/11/2015
D.A.C. Basement Canteen	10/03/2015	17/11/2015
Grounds Department	02/06/2015	08/12/2015
Jazz Hub		10/11/2015
Kilcloon Workshops	17/02/2015	03/11/2015
Kilcloon	17/02/2015	03/11/2015
Kinvara		
Laundry	18/08/2015	08/12/2015
Library	24/02/2015	13/10/2015

Liffey Valley Enterprise Centre	24/03/2015	08/12/2015
Main Hospital		24/11/2015
Orchard		24/11/2015
Red Brick Building	13/10/2015	08/12/2015
Rossecourt	17/02/2015	24/03/2015
Special School Rossecourt	17/02/2015	10/11/2015
Special Junior School Main Complex	24/02/2015	01/09/2015
Special School DAC	10/03/2015	17/11/2015
Sports Centre	24/02/2015	20/10/2015
Technical Services	24/02/2015	20/10/2015
Waterstone Centre	24/02/2015	01/09/2015

## Health Services

Health Services comprises of the Health Services Programme Manager, general practitioner (GP) team, surgery nurse, infection prevention and control officer (IPCO), pharmacy, dentist, dental hygienist, optician and chiropody service. Health Services based in the Orchard building and the dental surgery is based in the Carraig building.

## Dental Surgery

The dentist service is provided on Tuesday mornings by the dental hygienist by appointment. The dental hygienist also provides onsite oral care training.

Data supplied as at Nov 2015:

Dental check-ups:	127
Dental Hygiene Appointments:	249
Appointments not attended:	98

## Optician

Throughout the year, the optician attends the Orchard centre to assess Service Users eye health needs.

## Chiropody Services

The chiropodist service is provided on Tuesday afternoons.

Chiropody appointments:	128
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## Immunisations and Vaccines

Vaccinations are provided for residents through the Orchard centre by the surgery nurse and the IPCO. In addition to these two nurse vaccinators, there are 13 other nurse vaccinators within residential services who can administer vaccines. In order to administer a vaccine, each resident must have a GP prescription for the vaccine; the nurse vaccinator must be trained in basic lifesaving and also anaphylaxis management, and/or there must be a protocol in place. A password protected electronic database is used to keep a record of vaccines received including identifying those at risk because of low immunity to a virus.

## Influenza vaccine

Seasonal influenza vaccines are offered to every resident annually. Residents on campus can receive the vaccination conveniently in their own home and community residents can receive their vaccine in the Orchard. Seasonal influenza is a viral infection of the respiratory tract. The Influenza Vaccine provides active immunisation through an immune response, typically against three strains of the flu. It is recommended that all residents in long term care facilities receive the influenza vaccination (RCPI/HSE 2015).

- **173/175** residents on campus received influenza vaccine. One resident was unwell at time of vaccination and one resident was excluded because of previous reaction to similar vaccine.
- **85/90** residents in adult services community received influenza vaccine, including one resident who received their vaccine with their own GP. 5 residents decided not to have the vaccine.
- **3/4** residents in children's services (DC 13) received the influenza vaccine.
- **7/11** people from the independent living project received influenza vaccine. 4 residents from the independent living project chose not to have the vaccine.
- Respite Service Users in designated centres 13 and 14 do not receive the vaccine in the orchard centre.

### Total numbers of influenza vaccinations issued as at Nov 2015:

Designated Centre	Number vaccinated	Number not vaccinated	Total number of residents
1	19	0	19
2	30	0	30
3	38	0	38
4	26	0	26
5	30	1	31
6	30	1	31
7	13	0	13
8	8	0	8
9	14	0	14
10	8	1	9
11	19	1	20
12	23	3	26
13	3	1 resident	4 residents
14	0	0 residents	0 residents
Ind. Living	7	4	11
<b>Total</b>	<b>275</b>	<b>12</b>	<b>277</b>

## Pneumococcal polysaccharide vaccine (PPV)

Pneumococcal disease is a very serious disease. It is a major cause of illness and death, particularly amongst the very young. Those with the following conditions should be vaccinated with PPV.

Everybody aged 65 years and over

Those aged over 2 years with;

- Diabetes mellitus
- Chronic heart, respiratory or liver disease
- Chronic renal disease, nephrotic syndrome, renal transplant
- Sickle cell disease
- Those with missing or non-functioning spleens
- Disorders of the immune system including cancer (& *coeliac disease*)
- People receiving chemotherapy or other treatments that suppress the immune system
- Persons with HIV infection or AIDS
- Those who have received or are about to receive cochlear transplants

PPV vaccination is not recommended for healthy children and adults as they are at low risk of pneumococcal disease. This vaccine is only received once when the person is over 65 and otherwise every 5 years (RCPI/HSE 2015).

- Emails and information leaflets were sent to all residential areas to identify over 65's and residents at risk from pneumonia. Uptake depends on staff supporting residents to uptake.
- 29 of 30 over 65's have received PPV in Stewarts (15 in 2014 and 14 in 2015).
- 16 residents who were under 65 and at risk of pneumonia were vaccinated in 2014 and 20 were vaccinated in 2015.

### Total numbers of pneumococcal vaccinations issued as at Nov 2015:

Designated Centre	Over 65's	Under 65's identified at risk	Total received vaccine
1		3	3
2	1	2	3
3	9	7	16
4	1	1	2
5	2	1	3
6		2	2
7	1	1	2
8			
9			
10			
11		1	1
12		1	1
13		1	1
14			
<b>Total</b>	<b>14</b>	<b>20</b>	<b>34</b>

## **Tetanus vaccine**

Tetanus vaccines may be prescribed by the GP for a tetanus prone wound or bite injury for example. Tetanus is an acute, often fatal disease, sometimes referred to as lockjaw. The vaccine is made of inactivated toxins from the bacteria. Vaccination stimulates the body to produce serum anti-toxin (RCPI/HSE 2015).

**No Service Users required a tetanus vaccine between July and November 2015.**

## **Hepatitis B vaccine**

Hepatitis B virus (HBV) is a DNA virus and an important cause of serious liver disease including acute and chronic hepatitis. People with chronic HBV infection can transmit the infection for many years. A safe and effective vaccine is available for the prevention of HBV infection and is recommended for residents in long term care facilities for people with intellectual disabilities. Residents are offered vaccines and blood tests are offered to monitor immunity to the hepatitis B virus (RCPI/HSE 2015).

**Between July and September 2015, two residents in Designated Centre 1 commenced the hepatitis B vaccine, having not been previously vaccinated.**

**In Designated Centre 3, one resident received a booster vaccination due to low immunity to the virus.**

## **Surveillance of health care associated infections**

A healthcare associated infection (HCAI) is an infection that is acquired or is incubating before admission or attendance at a healthcare or social care service (HIQA 2009).

There were no “notifiable” health care associated infections in any of the designated centres between July 2015 and November 2015. Notifiable health care associated infections (HCAI’s) are infections which cause such transmissible risk to the public that they need to be identified to public health and investigated for their risk to the greater population (HSE 2011). Examples are influenza, norovirus, TB. *“Notification should be made by a medical practitioner as soon as he becomes aware or suspects that a person on whom he is in professional attendance is suffering from or is the carrier of an infectious disease”* (Infectious Diseases Regulations 1981 as cited by HSE 2011).

No outbreaks of infection were identified between July 2015 and November 2015. An outbreak is described as an increase in the occurrence of an infection or pathogen above the background rate (HIQA 2009). This is normally 2 or more individuals presenting with the same infection from the same source. *“The efficient management and control of outbreaks of communicable/transmissible diseases, including HCAI’s, is essential for minimising the impact of an outbreak to all Service Users, staff and the general public”* (as cited by HIQA 2009, p. 34). Any suspected infections or

outbreaks were managed by the infection prevention and control officer by researching the background rate, understanding the cause of the infection and its pathogen and contacting the public health department for advice.

During the period of 1st July – 30th September 2015, the number and type of “non-notifiable” HCAI were predicted based on the monitoring of the use of antibiotics or antiviral medication to treat infections. This information was collated from the antimicrobial database which is based on gathering information from recordings by GP, nurse’s notes and communication notes. In addition some areas also notified the infection prevention and control officer of new antibiotic or infection. This database does not include when HCAI’s are not reported or when person is identified as having an HCAI and it is not treated.

### Healthcare Associated Infections (HCAI’s) for Q3 (July-Sept) 2015:

**Notifiable health care associated infections in Designated Centres 1-14: 0**

**Non-notifiable health care associated infections in Designated Centres 1-14: 84**

(Predictions based on antimicrobial database – which is based on gathering information from recordings by GP, nurses notes and communication notes – does not include when HCAI’s are not reported or when person has HCAI and it is not treated)

Designated area	Notifiable HCAI’s	Non-Notifiable HCAI’s
1	0	12
2	0	12
3	0	24
4	0	9
5	0	5
6	0	10
7	0	2
8	0	1
9	0	0
10	0	0
11	0	7
12	0	2
13	0	0
14	Respite 0	Respite 0
<b>TOTAL:</b>		<b>84</b>

## General Practice (GP) Services

### Surgery

The GP team provide services for residents Monday-Friday between 09:30 and 12:00. This service includes allocated 10 minute appointments in the surgery and typically four house calls daily. In addition, there are prescription kardex reviews, generation of general medical script (GMS) and other business activities regarding medical follow up and consultation that are carried out.

An out of hour's service is available through Dubdoc service.

### Annual medical reviews

Annual medical reviews (AMR) are carried out for each resident.

### GP Activity

Designated Centre	Total GP consults	Total AMRS
1	172	19
2	220	31
3	384	38
4	224	26
5	225	30
6	313	27
7	78	13
8	49	7
9	67	14
10	64	10
11	91	24
12	120	25
13	13	0
14	Respite o	Respite o
<b>TOTAL:</b>	<b>2,020</b>	<b>264</b>



## Phlebotomy service

The surgery nurse coordinates a phlebotomy service in the surgery for residents by appointment Monday to Friday. Blood tests are taken as ordered by the GP following outpatient appointments or psychiatrist team inputs. The results of blood tests are reviewed in consultation with the GP and action is taken as necessary to ensure appropriate follow up.

## Clinical waste and pharmacy ordering

The surgery nurse coordinates the distribution and disposal of clinical waste through the Orchard centre and ordering of medical appliances and pharmacy items.

## Specimens

Specimens to be sent to the laboratory are dispatched from the surgery by courier to the relevant laboratories for investigation and results are followed up in the surgery.

## Outbreak (Infection) Management

There were no Notifiable infections in 2015 as at the end of November.

In the case of a suspected bacterial infection, IPCO liaised with the public health officer and the laboratory.

## Infection Control Audits

33 hygiene audits were carried out in 12 Designated Centres between July and November 2015. The same tool was used for each Designated Centres. This tool is an adapted version of the HIQA monitoring tool (2014) which was adapted for use from an acute setting to a community based/ long-term care setting using Stewarts' infection control policy manual, national guidelines such as the hand hygiene guidelines for Irish Health care settings (HPSC/RCPI, 2015), the World Health Organisation's hand hygiene guidelines for community and long term care settings (2012) and HSE manual for long term care and community settings (2011). To ensure improvements in 2016, the IPCO will formulise a more robust approach to ensuring that action plans are complete by each area.

*“The physical environment, facilities and resources are developed and managed to minimise the risk of Service Users, staff and visitors acquiring a healthcare associated infection” (Standard 3, HIQA).*

<b>Number of hygiene audits in 2015:</b>	<b>33</b>
<b>Findings against standards:</b>	
<b>Compliant:</b>	<b>3</b>
<b>Minor Non-Compliance:</b>	<b>7</b>
<b>Moderate Non-Compliance:</b>	<b>17</b>
<b>Major non compliance:</b>	<b>6</b>

## Referrals and Waitlists

Referrals and waitlists as at 20th November 2015

Review Team	New referrals in 2015	Referrals suitable for waitlist	Referrals placed	Number of persons currently on waitlist	In process
Adult Services and Older Adults	13	2	10	16	2
Ronanstown Community Training and Education Centre	13	10	7	3	2
Day Services	12	12	12	7	
School	46	43	14	29	6
Early Services	24	20	16*	10	2

*\*5 referred in 2014, 11 in 2015*

### Adult Services

Stewarts Care provides long stay residential places for approximately 300 adults with varying degrees of intellectual disability.

There are 25 houses on campus and 25 houses in the wider community of Palmerstown, Lucan and North Kildare.

Stewarts' policies underpin our practice to deliver a quality of life for all adults who reside with us. Each Service User has their own Personal Support Plan (PSP) that outlines their personal goals and individual support needs.

### Staffing

The Adult Services team is comprised of suitably trained staff with the skills to support the Service User to attain their personal goals. The Team is led by the Programme Manager and supported by a multi-disciplinary team in the delivery of care.

### Families and Visitors

Families and friends are encouraged to be involved in the care of the Service User through their participation in the development of their Personal Support Plan.

## **Residential - Campus**

Since its foundation in 1869, the core function of Stewarts Care has been the provision of residential care, currently provided to 175 Service Users. The development of this service has been a continuous process. In 1982, we pioneered the establishment of purpose-built bungalows and houses for residents - a dramatic departure from the institutionalised, ward-style accommodation. This facilitated the creation of family-style living for all residents, regardless of their level of disability.

At Stewarts, we continuously strive to promote a high standard of care by implementing evidence-based best practices to achieve excellence in service provision.

It is our policy, using a multi-disciplinary approach with our Service Users, to help them develop life skills in order to realise their full potential. The changing pattern towards community living has enabled the organisation, through the process of continuous evaluation, to offer a range of accommodation options to our Service Users. In residential services we provide a variety of living facilities ranging from high to medium support accommodation. The focus of our service is to provide a homely environment, with the individuality of each Service User at its core.

## **Residential - Community**

Stewarts established its first community house in 1972, the aim being to integrate Service Users in a home-like environment in family sized groups and to afford them the opportunities to improve their quality of life.

These community houses currently accommodate 90 Service Users, with varying degrees of intellectual disabilities. Each Service User has a work / social placement in either day activities or in sheltered / supported employment, which they attend Monday - Friday each week.

We aim to deliver a high standard of care to all of our Service Users, using best practice to achieve a forward-looking service and by involving the multi-disciplinary team provide all the services necessary to achieve this goal. We provide a holistic approach through medical, clinical, religious and pastoral support.

Family Support is an integral part of Community Services and it provides a service to approximately 150 adults, children and their families. Our aim is to provide support to the families through our various services. In essence, the scheme primarily offers 'hands on' practical assistance to people with intellectual disabilities and their families.

The scheme offers a continuity of home support options providing relief for parents, and gives adults and children an opportunity to integrate and socialise. In order to facilitate as many families as possible, the programme is structured so that the diversity of the family's needs / circumstances can be addressed within the constraints of our resources.

Stewarts also offers respite services to the children and adults with an intellectual disability who attend Stewarts Schools or Day Services. Respite breaks are on a rotational, planned basis with the respite committee and the family. We strive to continuously improve our quality of service, to be person-centred and to meet the diversity of need.

## **Innovation in Housing**

Some of our innovations in the housing strategy include;

### **Supported Independent Living at Roseville:**

10 single apartments have been developed on the periphery of the Palmerstown complex to support 10 Service Users in their move toward community living.

### **Supported Independent Living at Adamstown:**

Five two-bedroom apartments and one single apartment were secured by Stewarts Care through the Clúid Housing Association to facilitate 11 Service Users moving to their own homes in the community. This initiative has been supported by funding and training from Genio. Assessment and training have been supported using Supports Intensity Scale (SIS), SUSSI and other assessment tools.

## **Day Services**

Day Services provides training, education and employment opportunities for people over 18 years of age. The service has centres in a number of locations such as Rossecourt, Palmerstown and Kilcloon. The aim of the service is to provide flexible, holistic and integrated training and educational programmes. Service Users are offered training in vocational skills, personal development and lifeskills. A person-centred approach is used to identify a Service User's individual plan and how this can be met. The various programmes are integrated in the community and actively work towards community inclusion.

## **Ronanstown Community Training & Education Centre (RCTEC)**

Ronanstown Community Training & Education Centre is an integrated centre for young adults with an intellectual and/or physical disability and early school leavers in Rossecourt. It is the aim of Stewarts Care to address the needs of individual learners, empowering them to develop an individual training plan. The Rehabilitative Training programme is a QQI Level 3 accredited 4 year programme for people of 18 years of age or over with a mild to moderate intellectual disability. The training programme for the early school leavers is a QQI Level 3 accredited 1-2 year programme, has an age profile of 16 years to 21 years and is funded by the Education Training Board (ETB). The training programmes curriculum is based upon General Learning and Vocational Skills with an emphasis on supporting and encouraging independent living skills. Trainees have the opportunity to participate in social, recreational and health related activities.

## Stewarts Early Services

Stewarts Care's Early Services provides programmes for children aged from birth up to school going age who have developmental delay and/or an intellectual disability. There are three programmes within Early Services:

- **Infant Stimulation Programme:** Programme for children aged from birth to three years approximately. This programme is delivered through regular sessions of home based intervention.
- **Integrated Preschool Programme:** Programme for children who are aged from approximately three years of age up to school going aged who are attending mainstream preschool within the catchment area. A senior team member provides regular support in this setting.
- **Special Preschool:** Preschool provided by Stewarts Care that caters for children aged from approximately three years of age up to school going age.

Children on the various programmes also have access to clinical services as required and are supported through a multidisciplinary team approach.

Referrals for the Early Services programmes are reviewed and processed by a multidisciplinary team who meet on a monthly basis.

# Respite Services



*Dochas Lodge (Respite Home)*

Stewarts Care provides both overnight and day respite for children and adults.

## Residential (overnight) respite

Dochas Lodge in Straffan (pictured below) is a respite house for children and is currently registered for four respite beds for children. This house opened in October 2014. Prior to this there was no dedicated respite house for children. In the year since the house opened, significant progress has been made on the waitlist for respite for children. The number of children accessing respite there has increased by 34% with 39 children now accessing the service.

There are three adult respite houses, Ferrier House in Kilcloon (pictured below), 40 Beechpark, Lucan and 130 Royal Meadows, Kilcock. Between the three houses, Stewarts Care is registered for fifteen respite beds for adults.

Admission to Respite Services is governed by Stewarts Care policies on Respite Services for Children and Respite Services for Adults. Admission is based on a priority rating system determined by a multidisciplinary assessment of need. In some circumstances, particular funding applications have to be agreed by the Health Service Executive (HSE). Respite is delivered on a scheduled planned basis. A six month schedule of respite for individual respite users are issued twice a year. Historically these schedules were issued in January and July of each year. Based on feedback from families, the issue date for the six month schedules will be changed to March and September of each year. This will give families more advanced notice of respite dates over the summer months and thereby allow families more opportunity to plan for those months.

The multidisciplinary Respite Committee meet on a monthly basis to

- Process referrals for respite
- Wait list management
- Scheduling of respite
- Review and manage issues arising from respite service.



*Ferrier House (Respite Home)*

Every year, staff in each of the respite houses hold a coffee morning for parents/families of respite users. This provides a great opportunity for parents/ family members to meet with the staff and also with other parents/ families.

During the year, management of the respite service attended the Stewarts School Parents Association AGM to give an update on the respite service. A presentation on Respite Services was also delivered at the Post Board Meeting in April last.

## Family Support (day respite)

The range of Family Support services currently available in Stewarts Care is:

- After school service for children
- Evenings out for adults
- Saturday club for children and adults-alternate weeks
- Summer camp - children and adults

## Overnight Respite: Children

Number of respite beds for children	4
Number of children currently availing of overnight respite	39
Number of new children to respite since 1st January 2015	11
Number of children currently on waitlist for overnight respite	9
Number of respite nights for children provided 1st Jan- 30th September 2015*	897

*\* Reduced occupancy of respite beds for children from 1st Jan to 30th June 2015 due to need for one child to come in to respite on his own. This situation is no longer in existence since 1st July 2015.*

## Overnight Respite: Adults

Number of respite beds for adults (registered with HIQA)	15
Number of adults currently availing of overnight respite	100
Number of new adults to respite since 1st January 2015	3
Number of adults currently on waitlist for overnight respite	43
Number of respite nights for adults provided 1st Jan - 30th September 2015**	3054

*\*\* Currently operating to optimum efficiency based on funded resources.*

## Family Support: Day Respite

Number of children accessing Family Support	<b>60</b>
Number of adults accessing Family Support	<b>130</b>
Number of children on waitlist for Family Support	<b>20</b>
Number of adults on waitlist for Family Support	<b>38</b>
Number of Family Support sessions for adults-1st Jan to 30th September 2015	<b>1949</b>
Number of Family Support sessions for children 1st Jan to 30th September 2015	<b>1288</b>



## Day Services

Through its involvement with the community, Stewarts Care has developed quality Day Services that meet the ongoing and changing needs of people with intellectual disabilities. Our experience of service provision, the expertise and dedication of our staff and the ongoing support given by our multidisciplinary teams ensure excellence in the services we provide and development of our programmes to meet the ever-changing needs of our Service Users.

The aim of Day Services is to provide a high quality service to Service Users from Stewarts' Adult and Children Services and to those attending from their own homes. The service is cognitive of the individual needs of the Service Users, both in structure and delivery of service. Service Users are supported by appropriately qualified staff to develop their full potential physically, mentally, socially and educationally.

In recent years there have been significant changes in how Day Services are operated with particular emphasis on alignment with the interests and aspirations of the person's life, and on building capabilities and competencies in a community-based environment. In its efforts to improve its approach to Day Services provision, Stewarts Care has reconfigured its programme to include an 'individualised home-based' programme for residents as well as a 'centre-based' programme for those living at home and in the community.

The Day Services programme is made up of many functions, some of which are listed below.

- **Rossecourt Resource Centre**
- **Job Advocate Support Service (JASS)**
- **Adult Education**
- **Rossecourt Restaurant and Panini Bar**
- **Café Kaizen**
- **Coachhouse**
- **Clarkeville Art & Flowers**
- **The Old Beehive Restaurant**
- **Mill Lane Activity Centre**
- **Kilcloon Equestrian Centre**
- **Day Activation (Palmerstown)**

The JASS Programme and Horticulture Department are specifically mentioned in the following pages in order to incorporate a sample of the Day Services programme into the Annual Review. Each day service programme will be required to return KPI and leading activity/initiatives in the Annual Review 2016 to better reflect the breadth of services offered through Stewarts Care.

## Day Services: JASS (Job Advocacy Support Services)

The JASS Programme provides a free supported employment/recruitment service for Service Users. The JASS Team provide a service using a person centred approach to each Service User, with the principals of 'New Directions (National) Policy' and the 'Review of HSE Day Services and Implementation Plan (2012)' at its core.

### JASS Programme KPI's

Data as at 20<sup>th</sup> Nov 2015.

Number of Service Users supported in the JASS programme*	66
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\*Number of Service Users that are part of the JASS Programme and only link into the JASS programme through paid employment, Internships and CE Schemes. (Service Users have to be more than 2 days per week in these employmentProgrammes.) JASS also connects these Service Users into the following:

- Community Education Programmes: further education, life Skills programmes, and ongoing literacy and numeracy courses
- Recreational activities: Social Clubs and Special Olympic Sports Clubs

Number of Service Users in paid employment (placed through JASS)	48
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Number of Service Users actively seeking employment	6
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Number of Service Users participating in the 'HUB' program**	8
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\*\*The 'HUB' program is a new initiative which was created in 2015 for graduates of the RCTEC program to further their Life skills.

Number of Service Users currently seeking work experience	3
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Number of Service Users on the wait list for JASS ***	4
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\*\*\*Service Users that have been recommended by the Clinic Team, keyworker, and Day Service manager. Service Users would have acquired certain sills to be at this point.

Number of Service Users accessing JASS from other areas****	8
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\*\*\*\*Service users that would be linked into Enterprise Training & Education and would be in paid employment for less than 2 days per week.

The JASS team continued to provide support to the 48 Service Users in paid employment to maintain and continue in their employment for 2015.

Four Service Users participated in the national Job Bridge internship scheme.

JASS (Stewarts Care) is a member of the Irish Association of Supported Employment.

Five Service Users participated in the National Job Shadow Day with the support of two staff members.

The JASS programme was entered for a pan-European public competition on best practice in supported employment via the European Association of Service Providers for people with Disabilities. The JASS programme was a Top 3 winner reflecting the high quality of the service provided to Service Users on this programme.

Two industry-accredited courses were run in conjunction with Skillsnet providing industry specific certification to 24 Service Users in Work Place Safety (SQT Training) and Environmental Food Safety (Chartered Institute of Environmental Health).

The JASS team held 'Jobs Clubs' one evening per month through 2015.

Two Service Users made a presentation to second year nursing students in Trinity College Dublin in February.

One Service User spoke at the Disability Conference on behalf of the INMO in October 2015 in Waterford.

Two Service Users completed a three week program at an OBAIR Jobs Club.

## Planning for 2016

It is hoped that the JASS programme can increase the level of community involvement in Palmerstown through;

- Increased participation of Service Users in paid employment.
- Supporting Service Users to integrate into their local community at a level that they choose.
- Joining the 1916 Commemoration Committee and participating in their planned street theatre in March.
- Getting involved with the Heritage Committee who are creating a local heritage trail.
- Inviting the Service Users to get involved in the Tidy Towns in their local area.
- Increasing the numbers of Service Users accessing community education.
- Further integrating with the local Community Centre.

To establish computer training and personal presentation skills for Service Users in the JASS Hub in Palmerstown.

To explore the option of volunteering with South Dublin County Council.

## Day Services: Horticulture Department

The Horticultural Department provides a Day Service for 37 Service Users. The Department is divided into four different areas;

- **Stewarts Palmerstown Campus:** A team of four staff and ten Service Users look after and maintain fifteen acres of landscaped grounds around the campus.
- **Rossecourt Campus:** A team of three staff, thirteen Service Users and five trainees look after and maintain six acres of landscaped grounds in Balgaddy . A QQI Level 3 Horticulture Course is run from the site.
- **Mobile Crew:** Five Service Users are on the mobile crew. They landscape and maintain 30 gardens in community houses in addition to the grounds area of the local church in Balgaddy and Palmerstown.
- **Kilcloon Equestrian Centre** – Two staff and nine Service Users work on grounds in Kilcloon. There are three horticultural growing tunnels on site where summer and winter bedding, and fruit and vegetables are grown. Two acres of landscaped grounds are maintained.

Working within the horticultural department can have many benefits for Service Users such as developing better social skills, co-operation and team working skills, improve motor coordination and grow self-esteem.

### Achievements in 2015

In March 2015, the Horticulture Department received both a Bord Bia Quality Award and a Continuous Progress Award.

A Horticultural Therapy Programme was set up in Kilcloon and in the Stewarts Palmerstown Campus.

Having acquired horticulture job skills, 5 Service Users from Day Services gained paid employment on a part time basis in the community in 2015.

5 people from the QQI (Quality and Qualifications Ireland) programme completed their Fetac level 3 horticultural course in Balgaddy Grounds.

2 Service Users from Day Services completed the job shadow initiative.

Work experience was organised for 2 of our Day Service Users

Families of Service Users supported by the Horticulture Department were invited to BBQ's during 2015.

## Support Services

The delivery of care to Service Users is primarily through programmes such as Adult/Children On-Campus (Residential), Adult/Children Off-Campus (Community), Day Services, Respite Services, Early Services and Clinical Services. All of these programmes, and indeed the entirety of front line care delivery, is supported in turn by other services across Stewarts. Such services include:

- Human Resources
- Adapted Physical Activity Centre
- Sports Centre
- ICT
- Corporate
- Catering
- Technical Services
- Household
- Laundry
- Stores
- Finance
- Payroll
- Education and Training
- Transport

The Adapted Physical Activity Centre is specifically mentioned in the following pages in order to incorporate a sample of such support services into the Annual Review. Each support service will be required to return KPI and leading activity/initiatives in the Annual Review 2016 to better reflect the breadth of support services offered through Stewarts Care.

## Adapted Physical Activity Centre (APA Centre)

The APA service offers an extensive range of activities that are adapted to meet the individual needs of Service Users, providing both group and 1:1 sessions as required. Throughout 2015 the Adapted Physical Activity Centre provided physical activity programmes to over 170 Service Users on a weekly basis. Activities included gym based physical activity programmes, swimming lessons, motor activities training programmes, athletics training, physical education sessions and Special Olympics specific training and competition for athletes. The APA Centre also supported athletes to participate in the following events:

- Sunday 8th February: 15 athletes participated in an athletics development event (category 3, 4 & 5 athletes) in Morton Stadium Santry.
- Wednesday 27th May: 22 swimmers participated in a friendly swimming gala against the NAC Sharks Special Olympics Club in the National Aquatics Centre, Blanchardstown.
- Tuesday 9th June: 34 athletes competed in an athletics non-advancement event (category 1 & 2 athletes) in Morton Stadium, Santry.
- Monday 23rd November: 30 swimmers competed in the Special Olympics Aquatics Area Games advancement event (category 2, 3, & 4) in Ballyfermot Leisure Centre.

The APA Centre has developed strong on-going links with Dublin City University Department of Health and Human Performance. In February 2015, two DCU students commenced their five-month INTRA (practical work experience) placements in the APA Centre, gaining practical experience via the provision of various physical activity opportunities for Service Users.

In addition to this, and now in its fourth year, from October to December 2015 40 DCU Sports Science and Health students completed a 10-week placement in the APA Centre as part of the practical component of their APA module. During this placement the students provided 1:1 instruction to Service Users on both land and water based activities.

## Planning for 2016

In 2016 the APA Centre will set out to continue supporting Service Users to achieve their physical activity and sporting goals. The APA Centre will aspire to increase the level of participation among Service Users throughout the service in physical activity based programmes both on campus and in the local community.

- In January 2016, in conjunction with the Stewarts Sports Centre, the APA Centre will develop and deliver an Operation Transformation programme for Service Users. This 6-week programme aims to increase awareness of healthy living practices via the provision of HSE Healthy Food Made Easy Cookery Demonstration classes, running aqua aerobics classes and setting up a walking club.
- Commencing on Wednesday 27th January 2016, the APA Centre will be linking up with the Castleknock Tennis Club whose coaches will deliver tennis lessons for a group of 12 Service Users. This community initiative is entitled ENJOY Tennis and is being funded by Tennis Ireland. It is envisaged that this programme will expand throughout the year and provide a large number of Service Users with the opportunity to try this sport.
- For the first time in over 10 years a team of eleven athletes from Stewarts Care will compete in a Motor Activities competition. This Special Olympics Area Games advancement event is taking place on the 20th of January 2016 in Tallaght Leisure Centre.

- On Thursday 16th June 2016 the Area Advancement Games for athletics takes place in Morton Stadium Santry. Given the number of athletes that attend our weekly athletics training sessions, it is estimated that we will have over 50 athletes competing in this event.

The service provided by the APA Centre is delivered with the continued support from the staff and management of Stewarts Sport Centre as well as all the staff within the organisation that support and encourage Service Users with whom they work to participate in regular physical activity opportunities.

# Clinical Nurse Specialist (CNS) Behaviour

“Severely challenging behaviour refers to culturally abnormal behaviour(s) of such intensity and frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour that is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.”<sup>6</sup>

Additionally, behaviour can be deemed to be challenging if:

- It is physically harmful to the individual or others.
- It impacts negatively on an individual’s or others’ overall quality of life.
- It interferes with the learning of new skills or by excluding an individual from learning opportunities.
- It seriously limits an individual’s participation/presence in community based activities.
- It causes a threat to an individual’s current support mechanism, resulting in more specialised and restrictive measures being sought

Ms. Miranda Tully took up the post of Clinical Nurse Specialist in behaviour in March 2015. The CNS supports adult Service Users whom are residents within the service both on and off campus.

Referrals are currently made to CNS by staff directly or through a Designated Centre’s Person in Charge. A referral pack is given to the staff team for completion and returned to the CNS for review. CNS service delivery is prioritised according to the assessment included in the referral form.

The levels of support are indicated depending on assessment:

## Control Measures

	Provide advice/support. Manageable by staff team.
	Provide training and recording mechanisms. Monitor for support requirements. Attend case reviews/team meetings etc
	Direct contact support. Provide training. Devise, monitor and regularly review Behaviour Management Guidelines and recording mechanisms. Attend all relevant meetings, appointments, reviews, etc.
	Full Behaviour Assessment & Behaviour Support Plan required. Close monitoring and review of all interventions, guidelines and recording mechanisms. Attend all relevant meetings, appointments, reviews, etc.

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<sup>6</sup> Emerson, E. (2001). Challenging Behaviour: Analysis and intervention in people with learning disabilities (2nd Edition). Cambridge: Cambridge University Press.



## CNS (Behaviour) Activity 2015

15 behaviour support plans have been implemented and reviewed and supports required have reduced to minimal input and guidance.

13 Service Users are currently receiving direct support in the development of behaviour support strategies and plans.

5 Service Users have had behaviour support plans developed however require ongoing assessment and support.

10 Service Users are currently awaiting input.

*This data does not include those who are also referred to or receiving supports directly from psychology department.*

## Behaviour Management Guideline Process

1. Stabilise the situation, allow for more accurate assessment and address variables (e.g. training for staff, environmental issues, inconsistencies in approach, etc.). If further work is indicated...
2. Comprehensive Behaviour Assessment; (Provides a holistic overview of all issues that may be related to the referral behaviours)
3. Functional Assessment; (Focuses on the specific variables relating to the referral behaviour(s). Determines the variables affecting the individual's behaviours and defines events in the individual's environment that reliably predict/maintain behaviours that are challenging. Information gathered directly influences the nature of approaches, interventions, considerations, etc.)
4. Behaviour Support Plan; A behaviour support plan contains 5 areas and will specify the functions or communicative intent of the behaviour and then focus on teaching the person alternative adaptive behaviours.
  - Environmental alterations
  - Behaviour Management Guidelines
  - Skills teaching
  - Direct Interventions
  - Mediator Interventions
5. Progress Reviews

## Planning for 2016

Clinical holding skills, a MAPA approved physical restraint, will be cascaded to staff members working with Services Users who, following assessment, require the assistance of staff during essential clinical procedures.

A review of the Restraints and Restrictive Practices Policy is currently underway and will be ratified and made available for dissemination in 2016. The policy will include procedures to guide staff and its focus will be positive behaviour support.

Training in understanding behaviours of concern and positive behaviour support will continue for all staff members working with people who display behaviours of concern.

Data collection requirements will be reviewed in order to better analyse behaviours of concern experienced across the organisation and show levels of reduction following implementation of positive strategies for 2016.

## Psychiatric Team / Mental Health Team

A Vision for Change (the National Policy on Mental Health) is now 10 years old and recommends sectorised community based multi-disciplinary teams to deliver Psychiatric Assessments and Follow-up to people with intellectual disability (Mental Health Intellectual Disability- MHID Teams). Unfortunately, due to resource and inter agency issues people with intellectual disability attending Stewarts Care Services who need psychiatric input receive assessment and follow up from Psychiatrists only. The Psychiatrists liaise closely with colleagues of other relevant disciplines from the Clinic Intellectual Disability Team in Stewarts and the Stewarts General Practitioners in an effort to minimise the possible adverse effects that the lack of a multi-disciplinary MHID Team in this area may cause.

The Psychiatric provision to Stewarts Care Ltd. is provided by part-time input from 2 approved posts. Post 1 has a 11/11 sessional commitment to Stewarts and post 2 has a 5/11 commitment to Stewarts. The first post is currently occupied by a locum following the retirement of the post holder (April 2015). The second post is occupied by a permanent Consultant who also works in the St John of God Kildare Services and the Dublin west/ Mid-west Mental Health Services.

There are 2 Trainee Psychiatrist Posts in Stewarts. These were unoccupied for several years, until July 2015, due to the national shortage of Trainee Doctors. There is 1 Senior Registrar Post (3/10 sessions) shared with the St John of God Kildare Services. There is 1 Basic Specialist Trainee Post which is full-time in Stewarts (9/10). Both posts were occupied from July 13<sup>th</sup> 2015 until the end of the year.

Psychiatric services are delivered on an out-patient basis through four consultant led clinics; IT consultation through correspondence and chart review; domestic visits; workplace visits; team liaison meetings; family meetings and GP liaison. There is no availability of specialist day hospital or inpatient beds as was recommended in A Vision for Change and as is needed. If a patient needs inpatient treatment this has to be provided elsewhere. This can create clinical, administrative, logistical and financial difficulties for the individual, their family/carers, other Service Users, the clinicians involved and the Stewarts Care service. Patients who are on long-term psychiatric medication and stable are reviewed at least once every 3 months. Review also requires regular monitoring of physical parameters and related blood tests and this is carried out by the psychiatrists.

Summary of outputs by Psychiatric Team:

- A mental health assessment and management service is delivered on a consultation basis to a caseload of between 260-280 persons receiving a service from Stewarts Care.
- This comprises of 157 residential campus, 44 community/residential and 54 day attendees approximately.
- 32 new referrals were received from May to December 2015. 26 were activated. (6 were inappropriate for persons not in receipt of services from Stewarts care.)
- Providing assessment and care to those residents with epilepsy (Post 2 holder only)

- Though figures cannot be currently reliably extracted the caseload can be postulated as comprising of :
  - Intensive care: weekly + review
  - Acute care: fortnightly + review
  - Continuing care : monthly + review
  - Routine 4 reviews per year
  - Historic epilepsy, 2 reviews per year
- Family, MDTs, GP and external liaison meeting are provided as required on the caseload.
- Assessing residents re need for and safety of sedation for tests and/or procedures (e.g. dental intervention)
- Specific committee/group attendance include:
  - Drugs and Therapeutic Committee
  - Restrictive Practice Committee
  - Safeguarding Group
  - Independence Project
  - Generic RosseCourt Meeting
  - House 25 MDT Meeting
- Management activities include policy and IT liaison where relevant
- Creation of a Mental Health Clinic Database
- Advising on and ensuring compliance with administrative aspects of HIQA requirements as regards clinical issues including relevant protocols and prescribing practices.
- Psycho-education is provided to team-members, Service Users and families as required.
- Educational supervision is provided to both registrars and to visiting medical students and professionals where indicated.
- External activates include support to Irish College of Psychiatry and voluntary organisations in the areas of Disability and Mental Health.
- Advice is provided on request to colleagues in mainstream Mental Health Services by phone, correspondence and direct 2nd opinion on patients in mainstream mental health services and in general hospitals.
- CPD is kept updated as required by regulatory body, Irish Medical Council.

## Future needs:

There is a problem with missed appointments which it is hoped the recent provision of administrative support and the database will mitigate.

There remains a need for designated allied mental health professionals, especially clinical psychologists and Clinical Nurse Specialists dedicated to mental health activity, to be part of a proper Mental Health in ID multi-disciplinary Team. This is an urgent need to augment the service given.

A Mental Health day hospital and a unit for residential treatment with short-term and medium-term places would greatly improve the potential for interventions that would reduce stress for Service Users and their carers and negate the need to look outside the service for help in complex cases.

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Dr. Marina Bowe and Dr. John Hillery

# Clinical Services Team

**Mr. Pat Quinn, Director of Clinical Services**

## **Psychology Department**

Ms. Jackie Flanagan – Manager  
Ms. Helen Davis  
Ms. Aiveen Dillon  
Ms. Cathy Hayes

## **Social Work Department**

Ms. Patricia Healy – Manager  
Mr. Colman Parker  
Ms. Emer Ingoldsby  
Mr. David O'Mahony  
Ms. Ciara O'Sullivan  
Ms. Octavia Mvumbi

## **Paediatrics Department**

Dr. Gervaise Corbet

## **Speech and Language Department**

Ms. Lorraine Carmody – Manager  
Ms. Adeline Quinn  
Ms. Aoife Stack  
Ms. Emer Kavanagh  
Ms. Giselle Caligari  
Ms. Sarah McCormack

## **Occupational Therapy Department**

Ms. Emer Murphy – Manager  
Ms. Caroline Samuel  
Ms. Enda Murray  
Ms. Lisa Kelly

## **Physiotherapy Department**

Ms. Kellie Bradley – Manager  
Ms. Maeve O'Rafferty  
Ms. Lynne McMenamin  
Ms. Doireann Barnicle  
Ms. Hannah Segrave  
Ms. Nicola Sutton

## **Administration**

Ms. Susan Lehane – Clinic  
Administrator  
Ms. Mary Donohoe  
Ms. Niamh Tyrrell  
Ms. Attracta Moran

## Speech and Language Therapy Department

The Speech and Language Therapy (SLT) Department provide assessment and intervention to children and adults who present with Communication and/or Feeding, Eating, Drinking and Swallowing Difficulties (FEDS). We provide direct assessment and intervention to Service Users, but also offer a range of training and other support to families and carers. 2015 was a particularly challenging year for the department, with significantly reduced staffing (down to 50% capacity for a large part of the year) and a surge of referrals, particularly for adults. The waiting time for assessment and intervention for children is kept to a minimum, however the waiting list for adults is currently running in excess of 2 years.

### **Number of Service Users receiving a service from the SLT Dept:**

October:	176
November	159
December:	156

### **Number of Service Users referred to the SLT Dept. Jan-Dec 2015 (new referrals):** 109

Many of these new referrals were for adults attending the service. It was noted that there was a surge of referrals in the latter part of the year following on from Registered Provider Audits and HIQA inspections.

### **Number of Service Users on the SLT Dept. wait list (as at Dec 30<sup>th</sup> 2015):**

Service Users waiting for initial speech and language assessment:	139
Service Users waiting for speech and language intervention:	279

### **Based on current resources, length of time required to eliminate waitlist:** In excess of 2 years

## Early Intervention Services (Speech and Language)

All children attending Stewarts Early Intervention service receive individual and/or group Speech and Language Therapy. Parental involvement and support to preschool and educational staff is a significant focus of this service in order for children to maximise their progress. Parent training courses delivered in 2015 include:

- Orientation to SLT service;
- Lámh Part 1 and Part 2 (in conjunction with Psychology Department);
- Hanen 'It Takes Two to Talk'-Adapted and Refresher courses;
- Speech Sounds and Combining Words.
- Joint OT and SLT groups on Literacy, Early Reading and Writing Skills.

Currently, 49% of children attending Stewarts' services experience difficulties with FEDS. In 2015, assessment and intervention took many forms, including tube weaning, group management of aversive feeding difficulties in conjunction with the OT department, and individual assessment/therapy.

## Stewarts School (Speech and Language)

All children attending Stewarts School receive individual and/or group Speech and Language

Therapy. Sessions generally take place in the therapy room, or in the classroom, and parental participation is welcomed. In 2015, Parent information sessions were delivered on 'Managing Aversive Feeding Difficulties' and at the Parents Association AGM on 'Total Communication'.

## Adult Services (Speech and Language)

Through 2015, assessments of FEDS difficulties took place across community, residential and Day Services for new referrals and reviews. In April 2015, the eLearning Module 'Managing Feeding, Eating, Drinking & Swallowing' (FEDS) was launched and a number of staff across the organisation have completed this module online.

A limited number of individuals were seen for communication input, particularly for adults with high priority communication needs. Other initiatives, projects and committees the SLT department supported include: facilitation of Service User Council meetings and activities; delivery of Lámh Module 1; membership of Survey Team; membership of Rights Review Committee; support to Independent Living Team; input into the Official Easy to Read Document on the Marriage Referendum, produced by the Referendum Commission.

## Planning for 2016

2016 will see a change in how services are delivered to children with disabilities at a national level. Under Progressing Disabilities which is due to come into effect in 2016, SLT for children aged 0-18 will be delivered by a Network Team, and will likely change the amount and type of SLT children attending Stewarts' services receive. In the year ahead, SLT will work to try to ensure a smooth transition to Progressing Disabilities. In the meantime the SLT team will continue to provide group and individual therapy sessions to children and will provide ongoing training for families and staff as required.

### Focus on Speech and Language Therapy services for adult Service Users

In 2016, Speech and Language Therapy plan to target the long waiting list for SLT (Communication) for adult Service Users, by providing additional individual and group therapy sessions, providing staff training-particularly on Communication Passports, Total Communication and Lámh.

Initiatives and committees that will continue to be supported include: Service User Council and the Rights Review Committee.

Ongoing priority will be given to referrals for Feeding, Eating, Drinking and Swallowing Difficulties, and it is hoped that further Aversive Feeding therapy sessions will take place in 2016. Practical Training on the Management of FEDS difficulties will also be scheduled.

2016 also sees the introduction of Professional Registration for all Speech and Language Therapists with CORU, and the SLT department are currently preparing for this process.



# Occupational Therapy Department

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.

## Caseload Management

The Occupational Therapy Department operates on a referral based system rather than have therapists allocated to specific support areas or caseloads. This method allows all Service Users to be referred for an Occupational Therapy Service based on their needs. These referrals are prioritised and then allocated to an Occupational Therapist.

A direct contact with a Service User is when a therapist works directly with the Service User on a specific issue. This is where the therapist is present with the Service User in their environment or is working with a member of their family or staff. An indirect contact is generally administrative or other miscellaneous tasks to support direct contacts this includes writing notes or reports; telephone calls; travel time or preparing resources or environments for therapy sessions. Generally one direct contact results in three to four indirect contacts. On average, for equipment or therapy, each Service User would receive 8 – 15 contacts, approximately 8 of which are direct. It should be noted that many Service Users present with more than one equipment or therapy requirement, thus creating a minimum direct average contact rate of 20 contacts in a year.

<b>Number of Service Users receiving a service from the OT Dept (as at 1<sup>st</sup> Nov):</b>	146
<b>Number of Service Users referred to the OT Dept. Jan-Oct 2015 (new referrals):</b>	210
<b>Number of Service Users on the OT Dept wait list (as at 1<sup>st</sup> Nov 2015):</b>	66
<b>Based on current resources, length of time required to eliminate waitlist:</b>	not provided

### Support Statistics for Service Users (as at 1<sup>st</sup> Nov):

	<b>Adults (Day Services)</b>	<b>Children</b>	<b>Residents</b>
<b>Currently receiving an OT Service</b>	15	63	68
<b>Referred 2015</b>	41	67	102
<b>Number of Service Users in direct receipt of OT 'contact' 2015*</b> (*Minimum three contacts)	37	99	154
<b>Waitlist</b>	12	29	25

## Additional Services

- Membership of Restraints and Restrictive Practices Committee
- Membership of Quality Steering Committee
- Policy development
- Early Services Groups
- Independent Living Skills assessment and group work
- Occupational Therapy Clinic to address minor once off issues and reduce waiting lists
- Regular seating clinics to address Service Users' complex postural management needs
- Home based activity groups for residents
- Participation in EASPD Research Project
- Joint CPD with SLT Department
- Participation in ASD assessment and diagnosis

## Notable Issues

- Limited staffing resources has reduced services available to Service Users and families. This has resulted in complaints from parents who want more services for their children.
- There is increased administration and delays and in the assessment and prescription of equipment as a result of slow service by suppliers and the additional administration demands by the HSE.
- The upcoming transition to community teams for children and mental health services under the auspices of Progressing Disabilities.

## Planning for 2016 (Initiatives)

- Continue to develop the Independent Living Skills Programme
- Liaise with Physiotherapy, Risk Manager and Technical Services Colleagues regarding the cleaning, storage and record system of special equipment
- Begin additional home based activity groups for Service Users
- Continue 24 hour postural management programme
- Continue OT Clinic for minor referrals

# Physiotherapy Department

## Number of Service Users who received at least one or more Physio contact (Jan-Oct 2015):

Children:	100
Adults:	119

## Physio Team Direct Contacts (Jan-Oct 2015) \*

Children:	1,330
Adults:	1,350

## Physio Team Indirect Contact (Jan-Oct 2015) \*\*

Children:	2,320
Adults:	2,270

*\*Direct contact is where a Service User/family/carer is physically present with a physiotherapist, e.g. one on one therapy session, group sessions with other Service Users, clinic appointments internal & external, direct meeting with therapist or MDT for a Service User/family/carer*

*\*\*Indirect contact is anything other than direct contact that is a part of the overall care/therapy for the Service User, e.g. notes, phone calls, general MDT where Service User/family/carer not present, reports*

## Number of Service Users referred to the Physio Dept. Jan-Oct 2015 (new referrals): \*\*\*

Children:	100
Adults:	130

*\*\*\*Based on an average monthly referral rate of 10 and 13 respectively, exact data not available.*

## Number of Service Users on the Physio Dept wait list (as at 1<sup>st</sup> Nov 2015):

Children:	0
Adults:	10

**Based on current resources, length of time required to eliminate waitlist:** not provided

## Planning for 2016 (Service Development)

In 2015 the Physiotherapy Department initiated a falls prevention programme for older adults and those presenting as at risk of falls. This included developing a pathway for the management of someone who is presenting with falls or at risk of falls. A multifactorial assessment was also developed, to be completed by care/nursing staff, to ensure a comprehensive assessment is completed prior to deciding the best intervention. The development of a Falls Policy has been noted as a requirement by the Physiotherapy Department and this policy development work has commenced. The Physio team has been working on this with relevant members of the MDT and the policy will be completed in 2016.

A pathway has been developed for Service Users referred to the Physiotherapy Department for hydrotherapy services.

The Physiotherapy Department will be working closely with the Sports Centre team and other MDT members to establish clear guidelines for staff working with Service Users in the swimming pool environment, and setting out what should be assessed prior to a Service User attending the pool.

## Social Work Department

The Social Worker team provides input across all services; from Early Services to Adult Services On-Campus. The aim of the department is to work in partnership with Service Users, their families, carers, staff and service providers to identify need, facilitate problem solving, provide emotional and practical support, and to empower Service Users to become as independent as possible and to maintain the highest possible quality of life.

The range of activity involvement and services provided by the Social Work Department, often in conjunction with other disciplines, includes;

- Social work assessment, including identification of Service User & family support requirements
- Counseling to Service Users and families on a range of issues, e.g. adjustment to having a child with disability, coping with difficult life stages, bereavement, family relationships, relationships & sexuality and anger management
- Provision of information regarding benefits, entitlements , financial and housing supports
- Provision of information and referral to community support services
- Referral of Service Users for respite and residential services
- Promotion of the welfare & protection of Service Users, including support to the organisation in abuse investigations and liaison with statutory authorities
- Co-facilitation of a range of training initiatives for families, Service Users and staff including: Abuse awareness training, staff induction, sibling workshops, Relationship and Sexuality Training for Service Users, Parent Plus Training, Bereavement Education Workshops for Service Users
- Advocacy for Service Users and families
- Participation in Service User reviews /person centered plans
- Participation in a range of policy and organisational initiatives

### **Number of Service Users who received at least one Social Work contact (Jan-Oct 2015):**

#### **Social Work Team Direct Contacts (Jan-Oct 2015)**

*(A direct contact is a face to face contact with a parent, family member or Service User)*

Children: 984 (estimate only)

Adults: 1,964 (estimate only)

#### **Social Work Indirect Contact (Jan-Oct 2015)**

Children: 2,168 (estimate only)

Adults: 7,172 (estimate only)

**Number of Service Users referred to the Social Work Dept. Jan-Oct 2015 (new referrals): 26**

**Based on current resources, length of time required to eliminate waitlist:** not provided

## Social Work Activity 2015

- Social workers involved in over 80 PATH meetings with Service Users
- Social workers involved in the planning and delivery of training for Safeguarding Vulnerable Children and Adults; 12 training sessions of 3 hour duration
- Bereavement training for staff in order to support Service Users
- Independent Living Support; direct input by 4 Social Workers to 11 people in 2015
- Attendance at Designated Training for Vulnerable Adults 2015
- Attendance at Meitheal training in the HSE 2015
- Representation at 6 Federation of Voluntary Bodies meetings throughout the year to put forward safeguarding issues and views of committee for policies and training
- Departmental representation at SWID National Meeting
- 10 group work sessions for Service Users and their families throughout 2015
- Designated Person and Deputy Designated Person are members of the Social Work Department
- Complaints Officer is member of social work Department
- Social worker is a member of the Service User council

# Psychology Department

## Referrals

The Psychology Department receives many types of referrals including;

- Provision of behavioural assessment for behaviour that challenges the service Psychological therapy
- Cognitive assessments
- Dementia assessments
- Autism assessments

### Number of Service Users referred to the Psychology Department (Jan-Oct 2015):

Children:	87
Adults:	190

### Number of Service Users who received at least one or more Psychology contact (Jan-Oct 2015):

Children:	219*
Adults:	415 *

*\*January-August 2015, contact was defined as the number of unique Service Users seen. August-December 2015, contact was defined as the number of actual contacts.*

### Number of Service Users on the Psychology Dept wait list (as at 1<sup>st</sup> Nov 2015):

Children:	51
Adults:	146

**Based on current resources, length of time required to eliminate waitlist:** not provided

## Activity in 2015

One of the initiatives in the Psychology Department in 2015 was developing procedures around carrying out dementia assessments. In order to do this we looked at the assessment tools available and consulted with colleagues in other services. A series of tests was agreed following this consultation. In order to prioritise the referrals, the Plymouth Dementia Screener was sent out to all on the referrals list. A Dementia Team has recently been set up which will oversee the assessment work, look at carrying out screening and set up a database to track changes over time.

Psychologists also contributed to training on Positive Behaviour Support, Lámh training for staff and Lámh training to families.

# Paediatrics

## Early Services (as at 1<sup>st</sup> Nov)

**Number of infants and children referred to Pediatrics (new referrals, Jan-Oct 2015):** 16

**Number of infants and children receiving a Pediatric service (as at 1<sup>st</sup> Nov):** 51

Each infant/child has an initial paediatric appointment when they start in the service and thereafter would receive appointments as required, varying approximately from every 3 to 12 months. The paediatrician liaises with other clinical disciplines involved with the infant/child, as well as their general practitioners and consultants.

## School children (as at 1<sup>st</sup> Nov)

**Number of children who received at least one Paediatric contact (Jan-Oct 2015):** 57

The total number of appointments outlined above includes children with Down Syndrome (21) and children in residential placement (3) who are reviewed annually, children seen on an as-needs basis (23), children who were referred by the 'School Team' (3), children who needed to be referred to Consultant Child Psychiatrist (2) and school leavers (5).

**Based on current resources, length of time required to eliminate waitlist:** not provided



## Feedback Surveys – Service Users / Family and Friends

As part of the Annual Review 2014, a number of Service Users, families and friends participated in a survey to give feedback to Stewarts Care about the Residential, Community and Respite Services provided. The Quality Steering Committee debriefed on the exercise in early 2015 in order to improve both the response quantity and quality for the Annual Review 2015. The QSC commissioned a project sub-group to design and conduct survey activity for 2015 and this team produced a comprehensive survey set, the output of which are contained in this report.

The survey project team was led by Ms. Mary Burke and Ms. Emer Murphy with assistance from Ms. Adeline Quinn, Ms. Heather Curran, and Mr. Jake Leonard. Further input was provided by Ms. Fiona Lynch, Ms. Sharon Doyle, and Ms. Lua Flannery. Ms. Fidelma Flannery and Ms. Aine O'Reilly were advisors to the project team at the commencement of the process.

Pilot surveys were sent out on 24<sup>th</sup> August 2015 to 20 Service Users and 15 families. All were returned within one week.

The team prepared 10 different surveys to cater to the different groups within the service:

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Family and Friends, Adult Residential</li><li>• Family and Friends, Residential Child</li><li>• Respite Adult Family and Friends Survey</li><li>• Respite Child Family and Friends Survey</li></ul>   | ] | Sent out 5 <sup>th</sup> September<br>Returned 1 <sup>st</sup> October |
| <ul style="list-style-type: none"><li>• Assisted Survey Adult Resident</li><li>• Assisted Survey Child Resident</li><li>• Assisted Survey Adult Respite</li><li>• Assisted Survey Child Respite</li><li>• Easy to Read Survey, Adult</li><li>• Easy to Read Survey, Respite</li></ul> | ] | Sent out 9 <sup>th</sup> September<br>Returned 1 <sup>st</sup> October |

Stamped addressed envelopes were provided to facilitate response.

264 Adult Residential Service Users and 5 Children Residential Service Users were surveyed

13 Adult Respite Service Users and 6 Children Respite Service Users were also surveyed. (It was agreed to only survey those Respite Service Users that were availing of the service on the week of 14<sup>th</sup> – 18<sup>th</sup> September 2015).

135 family and friends for Respite Services were surveyed.

230 family and friend Residential Services were surveyed (some families have more than one person availing of services provided by Stewarts Care).

Overall, of approximately 650 surveys sent out, a total of 408 responses were returned by the 28<sup>th</sup> October deadline. This reflects a response rate of 80% for Service Users and 41% for family and friends. We thank all those who participated and / or facilitated in any way.

## Family/Friend Surveys

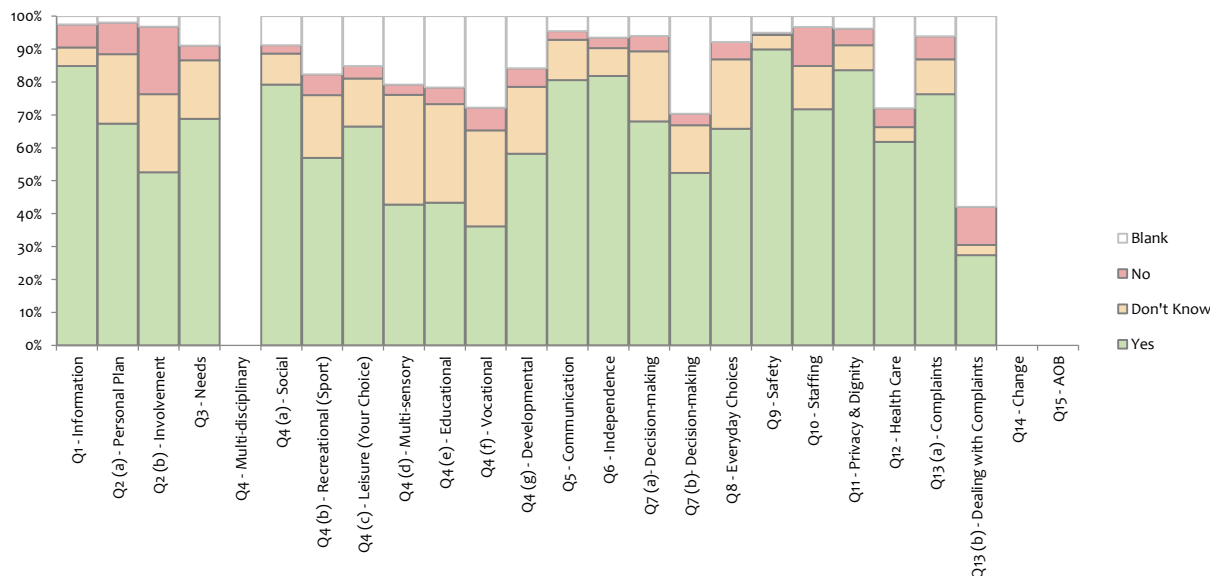
This graph shows the results of 158 Family and Friends Surveys completed across all of the Designated Centres combined.

Details of the questions can be found in the Survey Schedule which is available through the Quality Steering Committee.

So, how do I read this chart??

- means NO
- means I DON'T KNOW
- means YES
- means it was BLANK

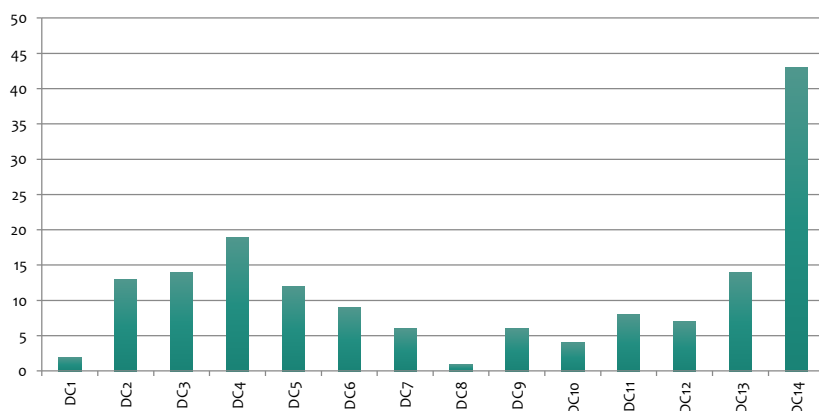
### Family and Friends Survey Results - DC ALL (Total=158)



Survey results from Family and Friends produced very positive feedback in the areas of provision of information, meeting social needs, communication supports, promoting independence, safety and dignity. Areas that require attention include involvement in care planning, multi sensory, educational and vocational, decision making and choice.

**Overall Scoring:** 64% positive, ~7% negative, 21% don't Know, Blanks 9%

### No. Family / Friends Surveys Completed



**Stewarts Care Ltd**

**Family, Friend and Relative Survey**

Name of centre: \_\_\_\_\_

Your name (optional): \_\_\_\_\_

Name of resident (optional): \_\_\_\_\_

Your relationship to the resident: \_\_\_\_\_

Hello,

The following questions should be answered according to the wishes of your relative or the resident you represent.

Thank you.

1. Have you received information about Stewarts Care Ltd and its services for your relative?

Yes ☐ I don't know ☐ No ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

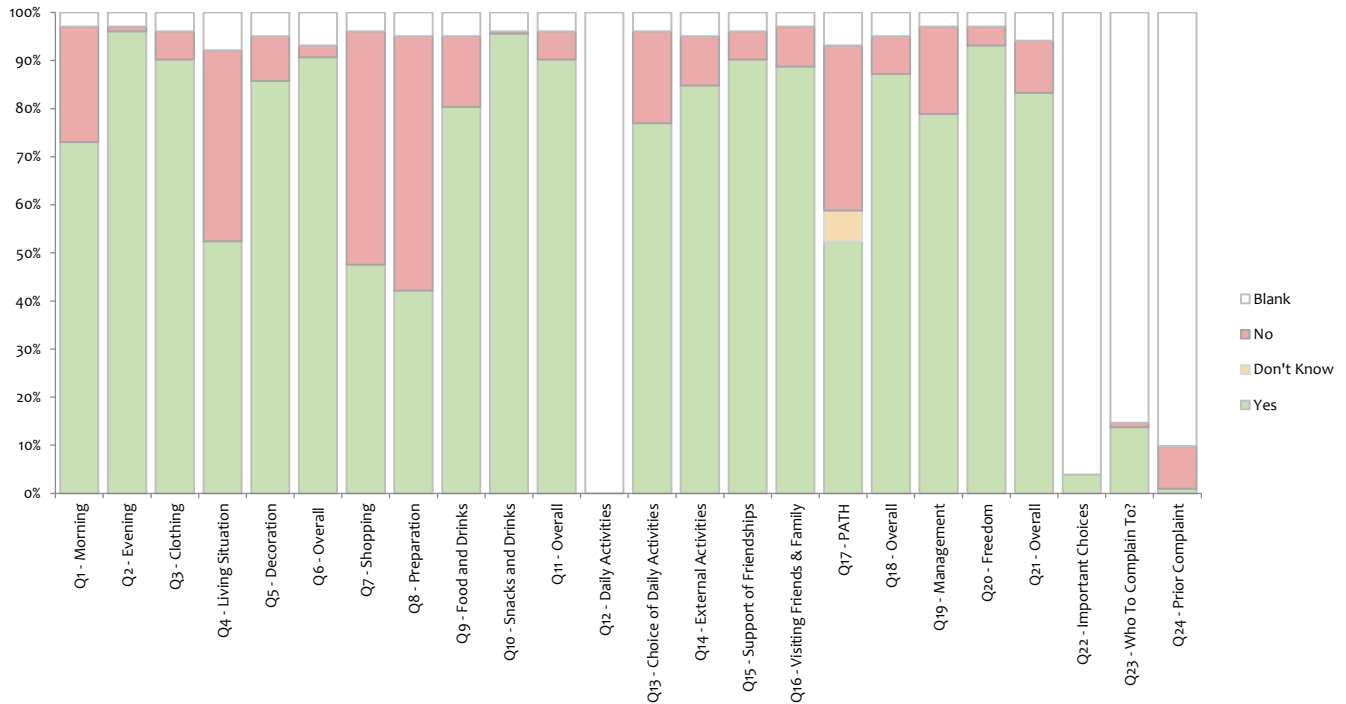
\_\_\_\_\_

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## Service User Easy Read Surveys

Surveys were prepared in Easy Read version by members of the survey project team and were completed by Service Users from across designated Centres 1-12. In total, 99 Service Users completed Easy Read Surveys. A copy of the Survey Document is available through the Quality Steering Committee.

**Service User Easy Read Survey - DC 1-12 (Total=99)**

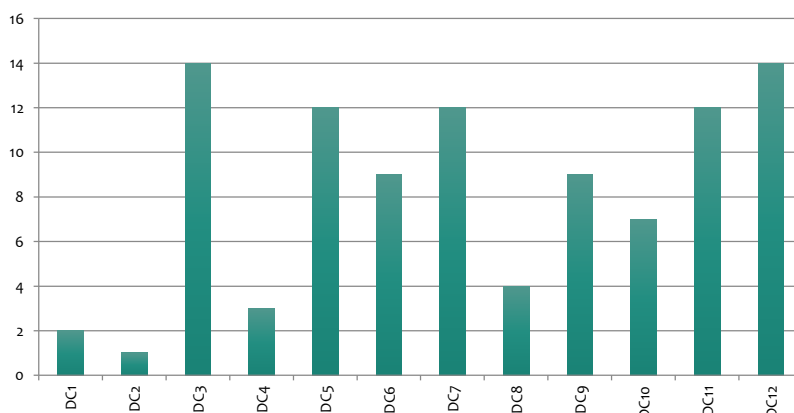


Feedback was good in relation to choice at mealtimes, activities and money. Opportunities exist in terms of morning routines, decorating own bedrooms, shopping and preparing food. The PATH team is working to a schedule and has not got to all homes yet.

There are nine respondents who were unhappy with the outcome of complaints and these are being followed up individually.

**Overall Scoring:** 67% Positive, 14% Negative, 19% Blank

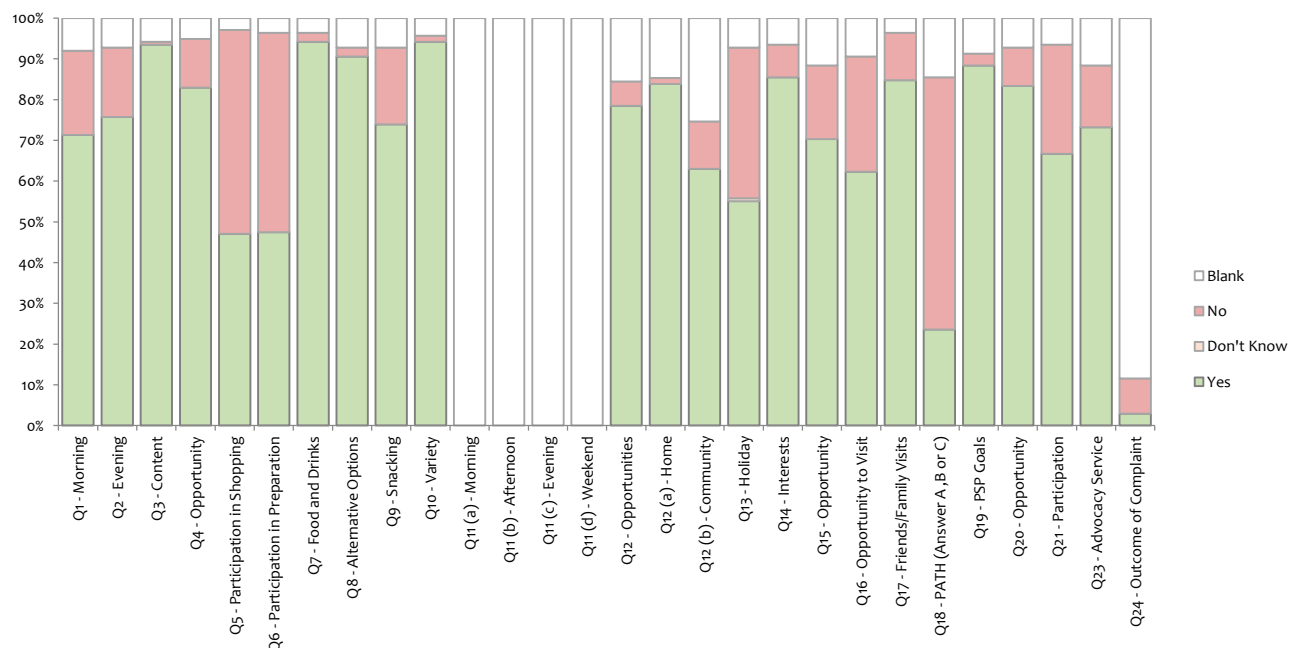
**No. Easy Read Surveys Completed**



## Service User Assisted Surveys

These surveys were designed for members of staff to assist Service Users in completing them. 134 Service Users completed Assisted Surveys across Designated Centres 1-13. A copy of the Survey Document is available through the Quality Steering Committee.

### Service User Assisted Survey - DC 1-13 (Total=134)

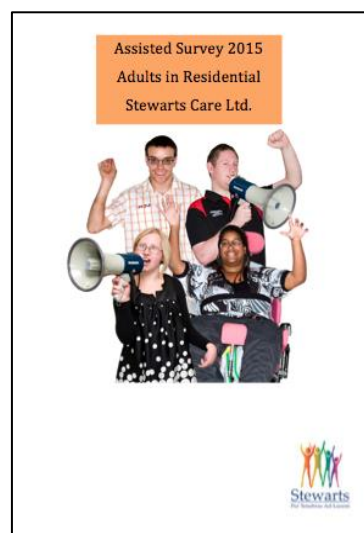
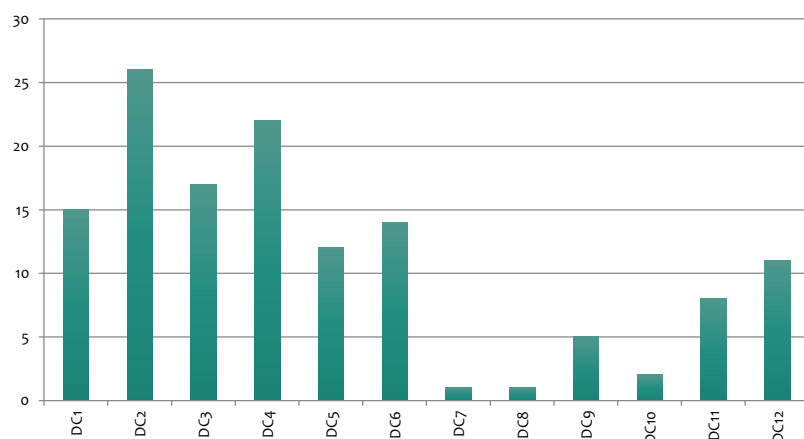


Feedback was good in relation to choice of meals, activities and goals. Opportunities exist in relation to bed times, shopping and preparing meals, holidays, visits, and participation in spending money. The PATH team is working to a schedule through 2016.

There are twelve respondents who were unhappy with the outcome of complaints and these are being followed up individually.

**Overall Scoring:**      **61% Positive,**      **15% Negative,**      **~23% Blank**

### No. Assisted Surveys Completed



## Quality of Life (QoL) Key Performance Indicators (KPI's)

In the previous (2014) Annual Review of Quality and Safety, each of the fourteen Designated Centres was requested to complete a status form in relation to the performance of that Centre under various pertinent headings, including 'Care Tools' (6 questions) and 'Choice' (3 questions). The Quality Steering Committee was aware that this was simply 'scratching the surface' in relation to establishing the quality of life of Service Users through these questions. *"Further developing KPI metrics to drive improvement in the service"* was identified as a 'Planned Enhancement 2015' in the 2014 report.

HIQA describes *"Key Performance Indicators [as] specific and measurable elements of practice that can be used to assess quality of care. Indicators are quantitative measures of structures, processes or outcomes that may be correlated with the quality of care delivered by the healthcare system."*

Additionally, the Stewarts Care Strategy 2013-16, under the heading of 'Evidence-Based Decision Making', describes the requirement for an information framework whereby *"the strategic information requirements needed for the effective management of the service should be established, with systems and infrastructures used to deliver accurate and relevant information in a timely manner."*

In order to advance this process, the Quality Steering Committee (QSC) commissioned a 'QoL KPI' project team. The team was sponsored by Mr. Brendan O'Connor, Chairperson of the QSC, and its core members were Mr. Aidan Farrell, Ms. Miranda Tully and Ms. Marie Byrne. The project team was facilitated by Mr. Gerry Shaw, quality consultant. Ms. Aileen O'Doherty and Ms. Maura Grogan performed an advisory role with the team, helping to develop questions and agreeing standards of excellence.

Early work in developing QoL 'lines of enquiry' commenced with a structured brainstorm, using the form of a mind-map, which sought the expectations for excellence in a service 'if my child were attending ....'

Using these techniques and referencing Shalock (2006)<sup>7</sup>, led to the following domains to be considered:

- Emotional Wellbeing
- Interpersonal Relations/Social Inclusion
- Material Wellbeing
- Physical Wellbeing
- Personal Development
- Self Determination
- Safety
- Rights.

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<sup>7</sup> 'Measuring Progress: Indicators for Care Homes, 'Quality Management by Result-oriented Indicators – Towards Benchmarking in Residential Care for Older People' (2010)

The QoL KPI 'pilot' template was issued to selected homes both on-campus and in the community. The objectives of the pilot were as follows:

1. Critique the questions for clarity.
2. Critique the options for clarity and completeness; and to ensure that the 'levels' of the outcomes properly represent the range from Beginning - Developing - Leading.
3. Seek out and eliminate duplication.
4. Identify and eliminate gaps in the questions.
5. Determine the time required to complete the KPIs.

The format of the QoL KPI system is illustrated below. Each of the 96 questions was tested against three likely outcomes to determine if compliance could be adjudged **Beginning** (we are failing to comply with Stewarts Care Policies and Procedures, HIQA and legislative requirements), **Developing** (there is evidence of good practice, however there is room for improvement) or **Leading** (there is evidence of compliance with best practice, Stewarts Care Policies and Procedures, HIQA and legislative requirements). Provision was also made for **Don't Know** (need to do some further research to determine an evidence based response to this question), and **Not Applicable** (this question does not apply to the Service User or home being reviewed. e.g. No special dietary requirements).

Quality of Life KPI DRAFT 5.1 24/9/2015				Designated Centre 1									
				Bungalow 3					Bungalow 23				
				Name	Name	Name	Name	Name	Name	Name	Name	Name	Name
Emotional Wellbeing													
		BEGINNING	DEVELOPING	LEADING									
1	Staff know the service user's story	There is no evidence of the service user having been assisted to prepare their 'life story book', including family, home etc...	There are efforts ongoing to assist the service user to prepare a person centred 'life story book', to include input from the family, photos.	The service user has their own 'life story book' that describes his/her favourite activity / relationship(s) / what is important to/for them.	3	3	3	3	3	3	3	2	2
2	Is the service users' environment homely?	There is no evidence of service user input into the decoration / layout of the home environment.	The service user's home is laid out and decorated in a manner that reflects the documented inputs / wishes of the particular service user... and smells good	...also, there is evidence of person-centred decoration / pictures / crafts / items in the home and personal space of the service user.	3	3	3	3	3	3	3	3	3
3	Where 'Service User' / 'Family and Friend' survey completed as part of the last Annual Review	There is no evidence of follow up with Service User / Family and Friend to discuss results and / or affect improvement.	There is evidence of follow up with Service User / Family and Friend to discuss results and / or affect improvement but issues remain open.	There is evidence of follow up with Service User / Family and Friend to discuss results and / or affect improvement. ALL issues resolved.									
4	SELF WORTH AND SELF ESTEEM - Independence and Control and Autonomy	There is scope for development of personal connection / social networking / praise and positive reinforcement with the service user	Efforts are made to develop the person's self worth and self esteem	Employment and training or work-like activity or other role of their preference	2	2	2	2	2	2	2	2	2
5	Access to relevant (specify) members of the a Multi Disciplinary Team?	Evidence that ALL referral has been made to the relevant member(s) of the MDT	Evidence that service user has been seen by ALL the relevant members... interventions have been identified	ALL identified interventions has been implemented. Evaluation has taken place.	3	3	3	3	3	3	3	3	3
6	Where there been a bereavement / loss in the service user's house / family in the past 12 months...	There is no evidence of a formal intervention to assist the service user in his/her loss?	There is evidence of delivery of a formal intervention to assist the service user in his/her loss?	There is evidence of delivery of a formal intervention and individual person centred support to assist the service user in his/her loss?				3	2	2	2	2	3
7	Where service user display behaviours that challenge ...	Positive Behaviour Support Plan is required but has not yet been prepared.	Positive Behaviour Support Plan is in place, but is overdue review.	Positive Behaviour Support Plan is in place, is up to date.	3	3	3	3	3	3	3	3	3
8	Where a Behaviour Support Plan is required...	There is no documentary evidence in the PSP that Behaviour Support Plan has been implemented	Behaviour Support Plan has been implemented and there is documentary evidence of its implementation in the PSP	Behaviour Support Plan has been implemented and there is documentary evidence of improved outcomes in the PSP	2	2	2	2	2	2	2	2	2
9	Where a DISDAT (or equivalent) Tool is required...	DISDAT (or equivalent) tool is required but has not yet been prepared	DISDAT (or equivalent) tool is in the process of being prepared and there is a firm completion plan.	There is documentary evidence that the DISDAT (or equivalent) Tool has been completed, reviewed and is up to date?	3	3	3	3	2	3	2	3	2
10	Referred to such a tool on a regular basis to assess the service user's emotions?	DISDAT (or equivalent) tool where required is not evidenced as being used to assess the service user's emotions.	DISDAT (or equivalent) tool is referred to sporadically to assess the service user's emotions and this is evidenced in records.	DISDAT (or equivalent) tool is referred to on a regular basis to assess the service user's emotions and this is evidenced in records.	1	1	1	1	1	1	1	1	1
Interpersonal Relations/Social Inclusion													

Results from the pilot programme were reviewed and analysed in the format of a summary report and the main findings were as follows:

- It takes approximately one hour to complete for each Service User; evidence based requirement to reference back to Personal Support Plan / SURA.

- There are a number of questions that proved to be ambiguous or unclear; to be revised before being issued to the Designated Centres.
- Having completed the QoL KPIs for Bungalow 3, a pilot surveyor went on to complete for all of Designated Centre 1.
- Community based QoL KPIs found similar themes to those found on-campus.
- Having reviewed the process and procedures in use, the system was endorsed by the QSC for use in 2015 Annual Review of Quality and Safety of Care in the Stewarts Care.
- Use of an identifier instead of person's name preserves anonymity.

Results of the pilot were presented to the a meeting attended by most Persons In Charge and comments were summarised as *'Great tool to help us benchmark and identify gaps.... Already facilitating Service User Surveys..... Need some additional time..... Could we please stagger these initiatives in 2016, quarter by quarter?'*

The Director of Care stipulated *'...that the staff participating in the survey need to ensure that the answer to each question can be referenced back to evidence on the Service Users PSP or SURA'*

The Chief Executive commented: *'Excellent tool to compare performance across the service and identify priority areas for attention'*

The Quality Steering Committee is acutely aware that measurement drives activity. Management Guru, Peter Drucker is quoted as saying "what gets measured gets managed" and according to reports from the PATH team, the demand for pre-PATH and PATH sessions has greatly increased since the pilot programme was commenced. In this instance, the correlation between a single question (that will end up being publicly reported on) and the increase in positive care support activity is undeniable.

The staff of all 49 homes, across 14 Designated Centres completed QoL KPIs for all Service Users who are residents in Stewarts Care. Some forms were completed in softcopy while others were completed in hardcopy and translated into softcopy with the assistance of ICT Department staff.

A standard reporting format was agreed at the QSC and this was applied to all completed QoL KPI returns. Findings and conclusions vary by Designated Centre, however the initial ratings provide for a baseline QoL performance for 2015, with the ability to show improvement over future years.

Please see individual Designated Centre section for Quality of Life KPI results.

*'Performance monitoring is a continuous process that involves collecting data to determine if a service is meeting desired standards or targets. It is dependent on good quality information on health and social care which can only be achieved by having a systematic process to ensure that data is collected consistently, both within, and across organisations. One tool that is frequently used to assist in performance monitoring and which can subsequently contribute to performance improvement in quality and safety, is the development and monitoring of key performance indicators (KPIs).'* HIQA (2013)<sup>8</sup>

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<sup>8</sup> Guidance on developing Key Performance Indicators and Minimum Data Sets to Monitor Healthcare Quality (Version 1.1), HIQA, February 2013



## Reference Materials

The following documentation list was referenced by the QoL KPI project team to underpin the development of the QoL KPI questions used in the 2015 Annual Review:

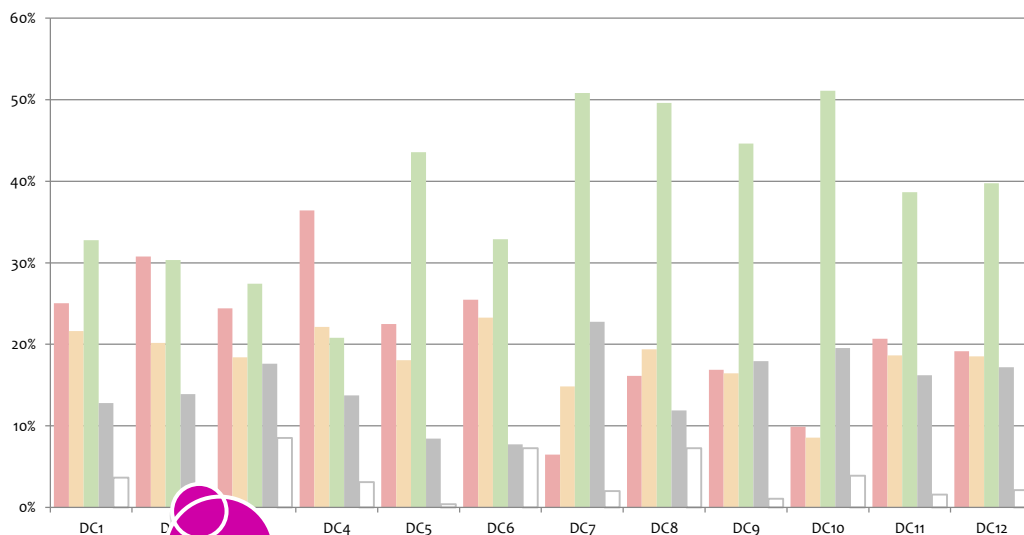
- Proactive behavior support: Structuring and assessing environments. Unpublished manuscript available from the Specialized Training Project, University of Oregon. Albin, R., & O'Neil, R. (1994).
- Speaking Notes - National Disability Summit, , Phelim Quinn, CEO, HIQA (9th April 2015)
- Comparing residential programmes for adults with autism spectrum disorders and intellectual disability: outcomes of challenging behaviour and quality of life.
- F. Gerber, S. Bessero, B. Robbani,1 D. S. Courvoisier, M.A. Baud,3 M.-C. Traoré, P. Blanco, M. Giroud & G. Galli Carminati
- Journal of Intellectual Disability Research, volume 55 part 9 pp 918–932 September 2011
- Social inclusion and people with intellectual disability and challenging behaviour: A systematic review. Christine Bigby, La Trobe University, Victoria, Australia. Journal of Intellectual & Developmental Disability, December 2012; 37(4): 360–374, 2012 Australasian Society for Intellectual Disability, Inc.
- Essence of Care 2010, Benchmarks for the fundamental aspects of care, NHS, Department of Health, Crown Copyright, 2010
- Measuring Outcomes for People with Disability, National Disability Service (NDS), New South Wales,(2012)
- Comprehensive Quality of Life Scale, Intellectual / Cognitive Disability Manual. 5<sup>th</sup> Edition, (ComQol-15) Robert A. Cummins, School of Psychology, Deakin University (1997)
- Data and quality improvement in complex health systems, National Quality Programme, HSE / RCSI. Lloyd P. Provost, Associates in Process Improvement, (2014)
- Models of Disability, Quality of Life, and Individualized Supports: Implications for Professional Practice in Intellectual Disability, Wil H. E. Buntinx and Robert L. Schalock. Journal of Policy and Practice in Intellectual Disabilities, Volume 7 Number 4 pp 283–294 December 2010
- Measuring Progress: Indicators for care homes, European Centre for Social Welfare Policy and Research, Berggasse 17, A-1090 Vienna, Austria (2010)
- Challenging behaviour in people with learning disabilities: prevention and management, NICE quality standard. Draft for consultation. (May 2015)
- WHOQOL – Measuring Quality of Life, Division of Mental Health and Prevention Of Substance Abuse World Health Organization (1997)
- The World Health Organization's WHOQOL-BREF quality of life assessment: Psychometric properties and results of the international field trial. A Report from the WHOQOL Group: S.M. Skevington, M. Lotfy & K.A. O'Connell, WHO Centre for the Study of Mental Health and Substance Dependence, World Health Organisation, Geneva, Switzerland. (5 March 2003)
- Monitoring and Improving Quality through Clinical Audit (Presentation), Health Quality Improvement Partnership, Mandy Smith, 2nd July, 2013





## HELP PAGE: How To Read Quality of Life KPIs

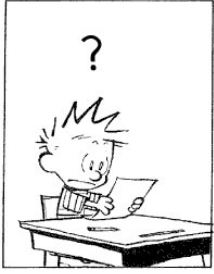
DC1-12 KPIs (%)



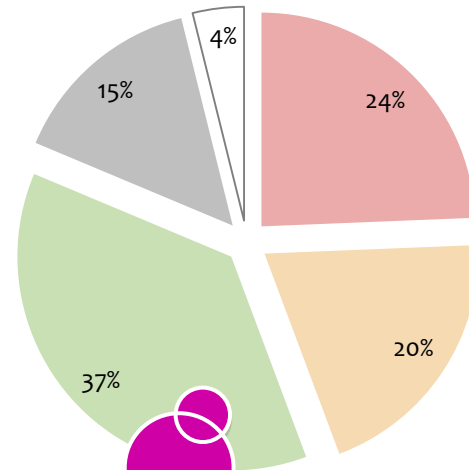
*So, how do I read this bar chart? Remember, 100 questions were asked of every resident Service User.*

Each bar reflects the total count of responses from the KPI's (the '96 Questions'), and they are then grouped by each home or Designated Centre,

- RED = BEGINNING our journey to EXCELLENCE
- ORANGE = DEVELOPING skills and procedures on our journey to EXCELLENCE
- GREEN = LEADING others in the journey to EXCELLENCE by our skills and procedures and good practices
- GREY = NOT APPLICABLE to this Service User / home at this time
- WHITE = I DON'T KNOW



DC1-12 KPI Overall (%)  
- 265 Service Users



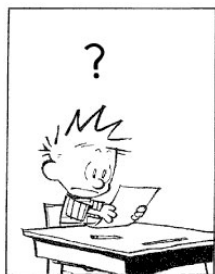
### ... and how do I read this pie chart??

This chart represents the overall data for the Designated Centre (or all Designated Centres combined)

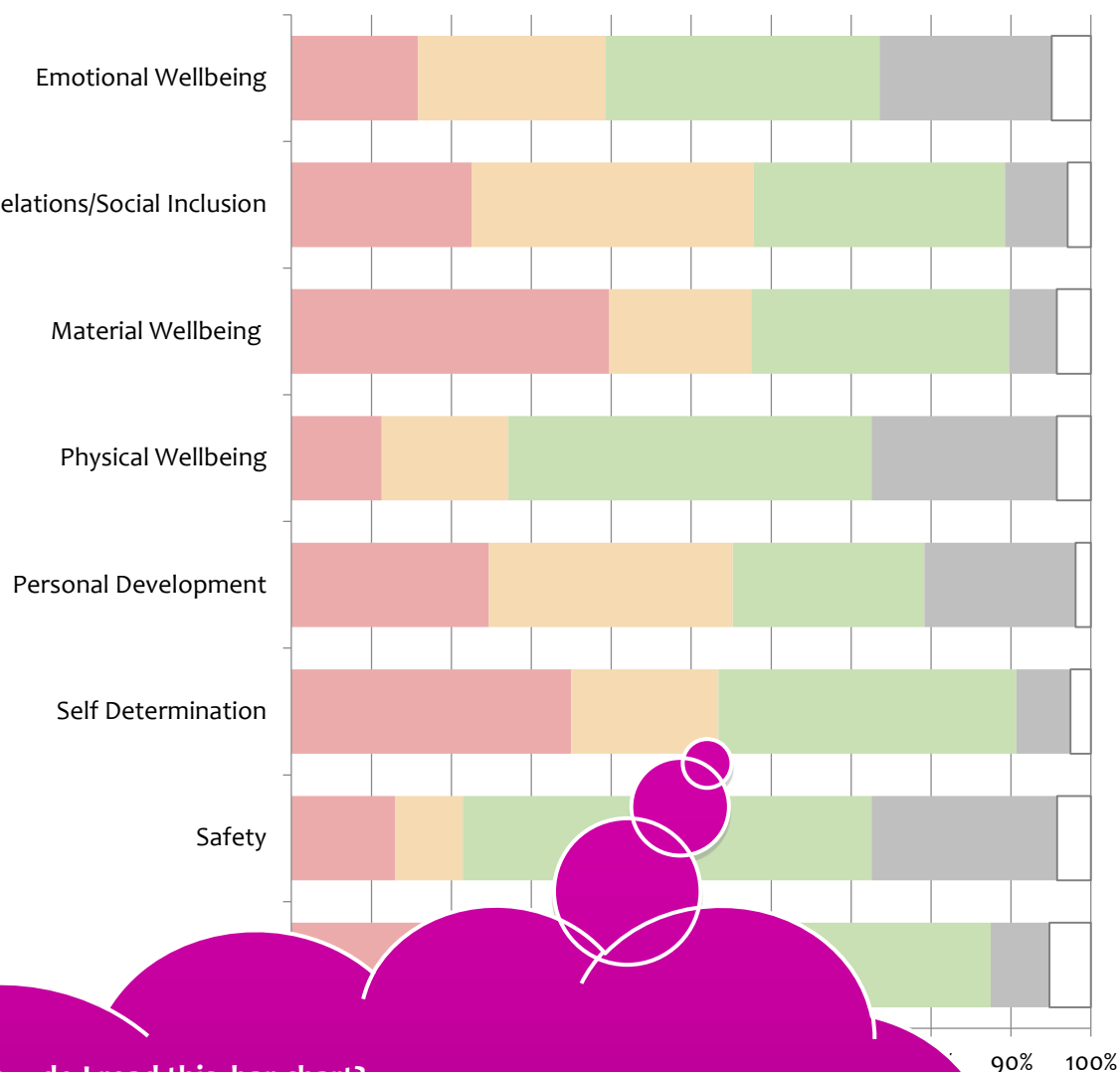
The same colour coding applies and it demonstrates how many times each type of response was scored.

- RED = BEGINNING our journey
- ORANGE = DEVELOPING our processes / skills
- GREEN = LEADING best practice
- GREY = DON'TKNOW
- WHITE = NOT APPLICABLE to this Service User / home

This represents the profile of the scoring overall. It indicates the percentage of the Service Users who scored each category.



## DC11-12 - KPI Performance - 265 Service Users



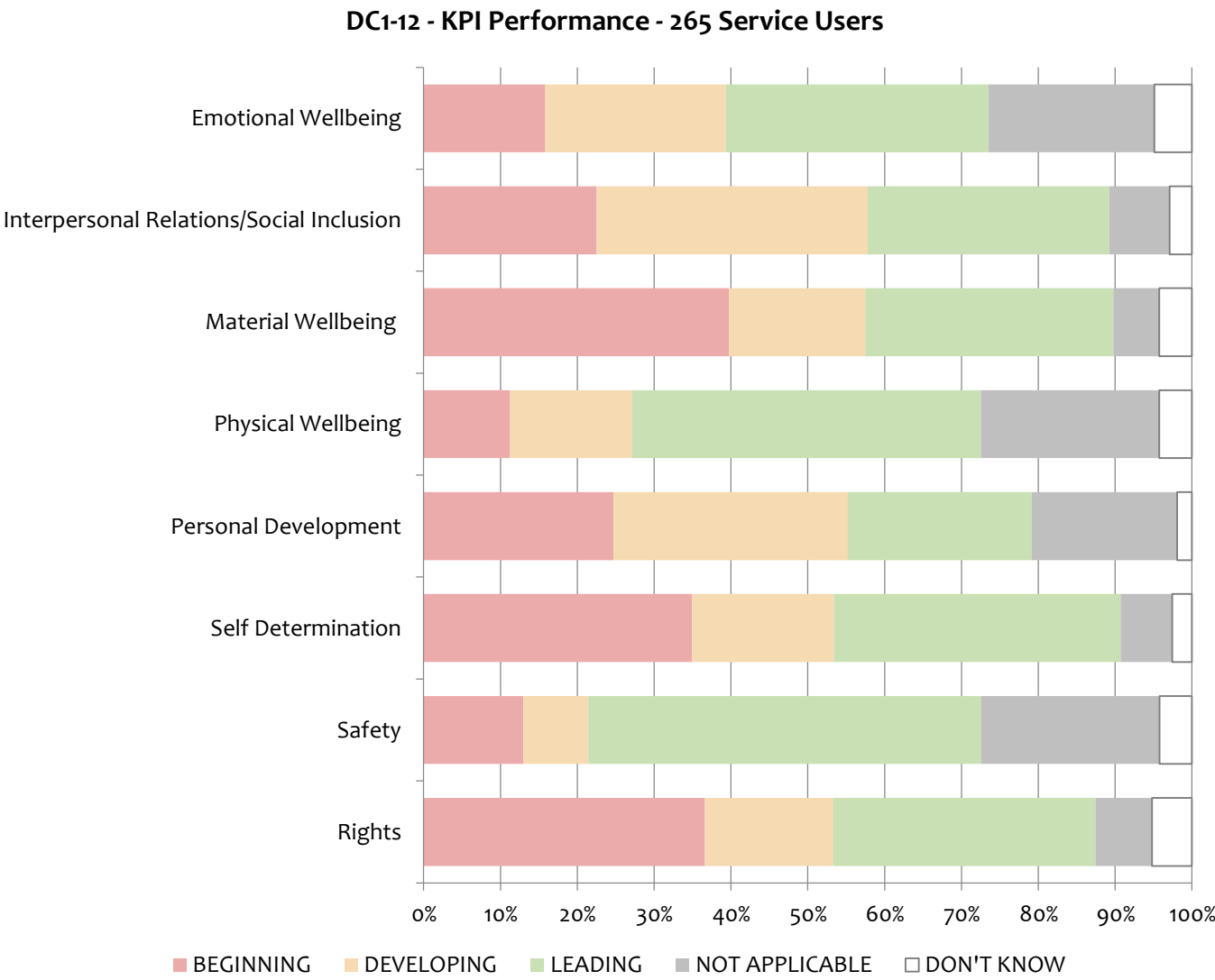
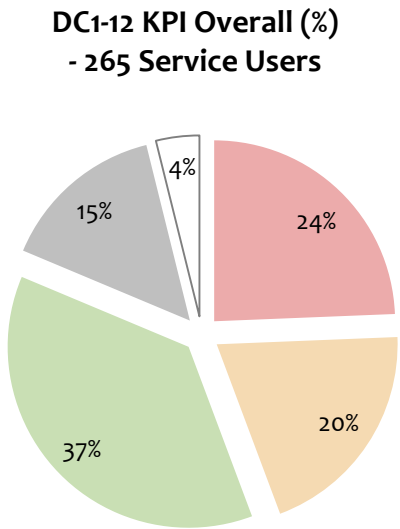
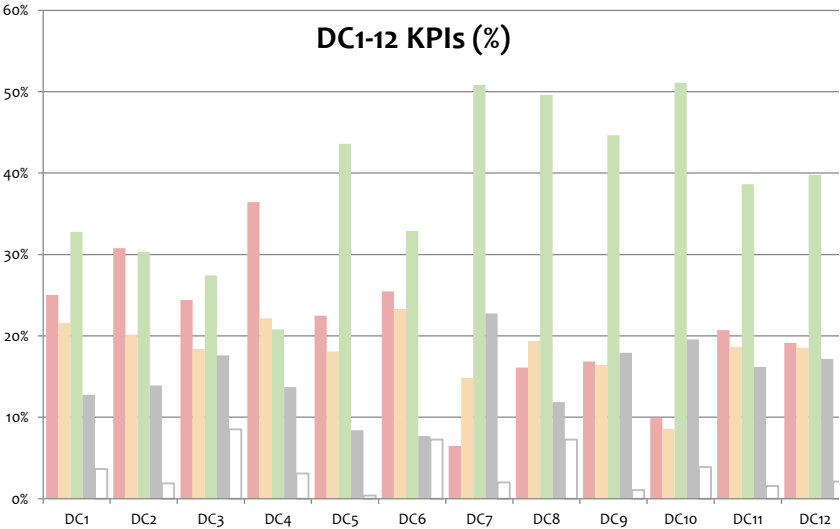
### ...and, how do I read this bar chart?

Again, the same colour coding applies. For each of the Quality of Life domains (there are 8), the scoring for BEGINNING, DEVELOPING, LEADING, etc., are stacked up to make 100%

The size of each coloured category within a domain illustrates how all polled Service Users' Quality of Life was scored.

More red means that the home / Designated Centre / entire service is just BEGINNING the journey to Excellence. More green means that the home / Designated Centre / entire service is LEADING the way.

# QoL KPI Performance for Designated Centres 1-12



# Designated Centres



# Designated Centre 1

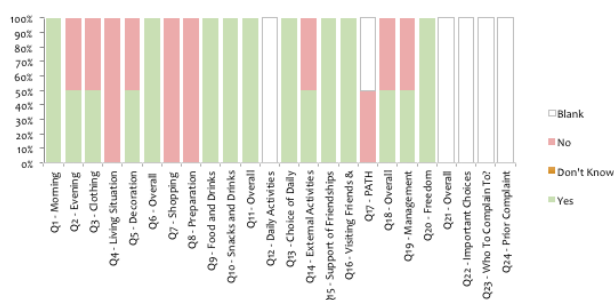
Number of Service Users: 19  
 Person In Charge: Pdraig O'Rourke  
 Number of Staff (WTE, incl. relief): 11.4 RN, 34.2 CS  
 Registration Certificate Date: 8th Jan 2015-7th Jan 2018,  
 Registration Number: 0030292

Carraig Apartment  
 Bungalow 3  
 Bungalow 23  
 House 25  
 Aisling

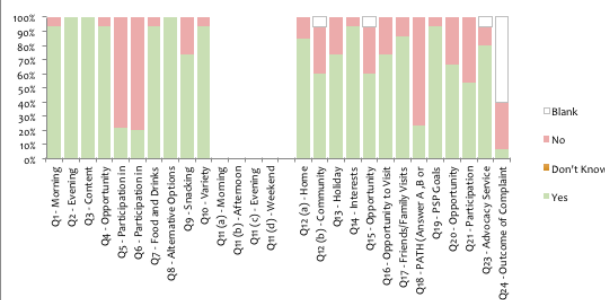
Person In Charge:  
 Pdraig O'Rourke  
 Deputy PIC:  
 Marie Byrne

Designated  
 Centre  
 1

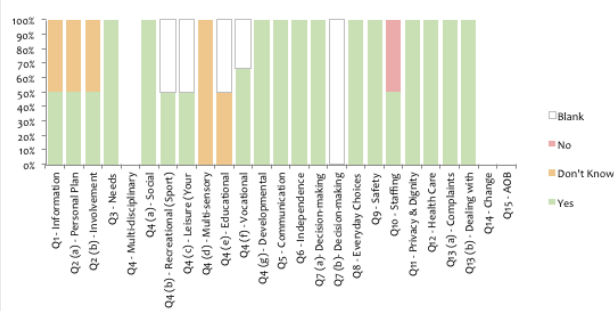
Service User Easy Read Survey - DC1 (Sample=2)



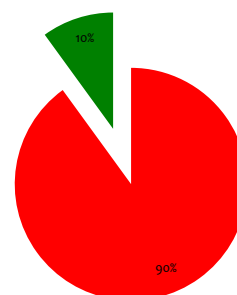
Service User Assisted Survey - DC1 (Sample=15)



Family and Friends Survey Results - DC1 (Sample=2)



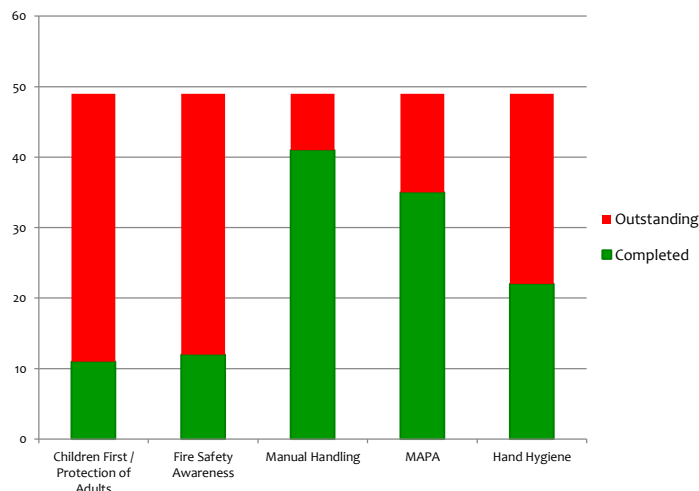
DC1 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

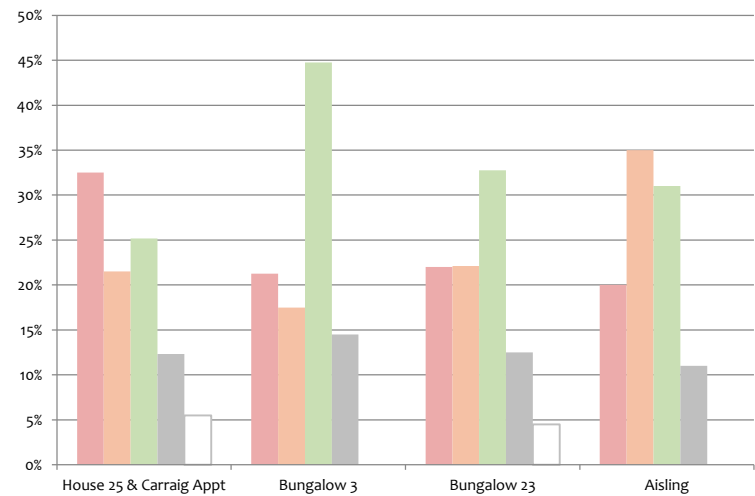
- Overall 34% of our metrics demonstrate that we are leading.
- Recognises performance in Emotional Wellbeing, Physical Wellbeing and Safety.
- Opportunities for progress in Self Determination and Rights.
- Must continue to drive progress in Interpersonal Relations / Social Inclusion, Personal Development.
- Concerned that 13% of metrics were deemed not applicable.

DC1 Mandatory Training 2015

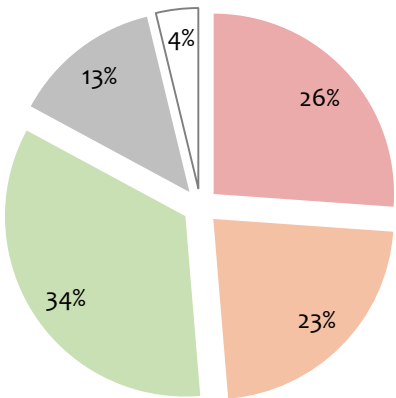


# QoL KPI Results

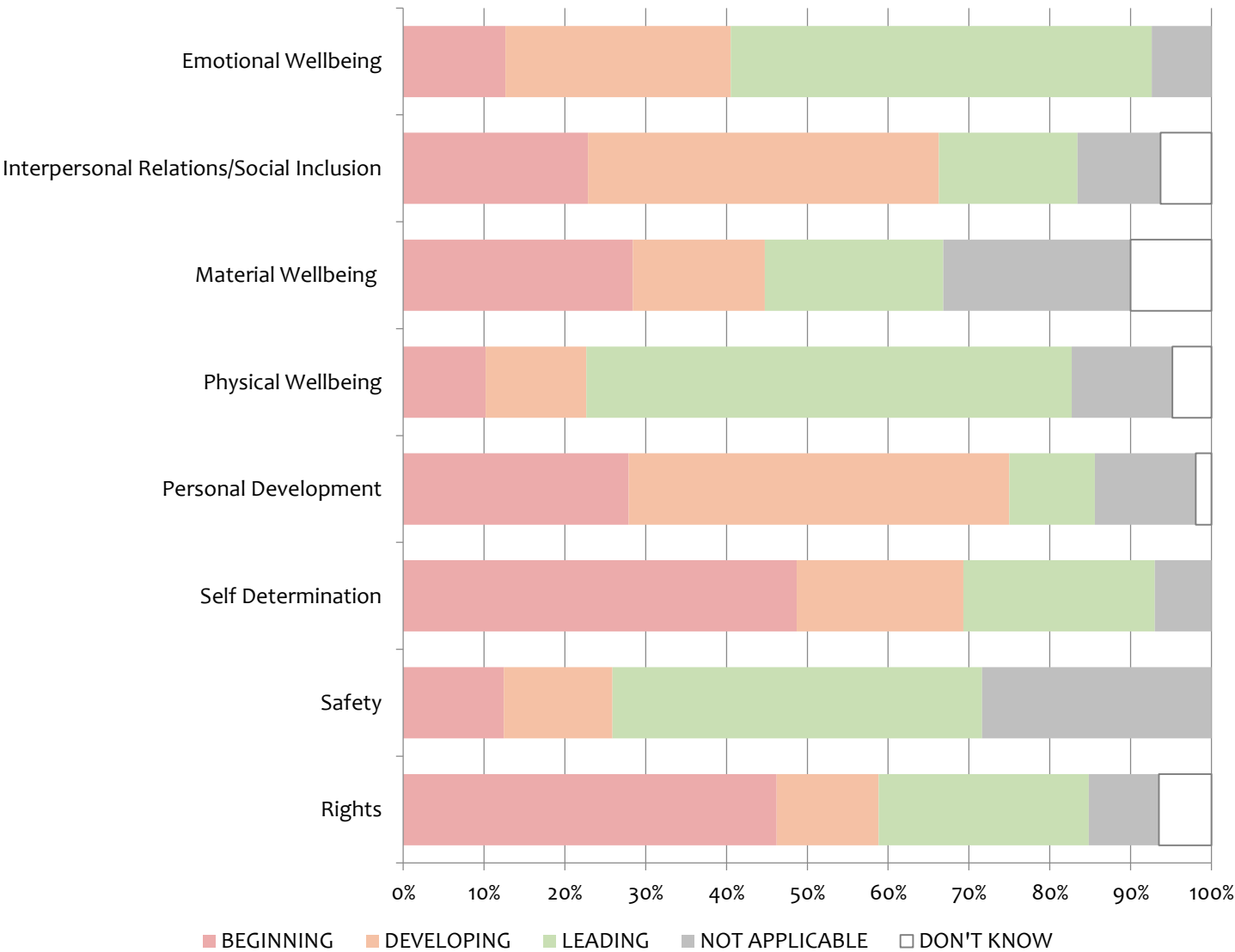
DC1 KPIs by Home (%)



DC1 KPI Overall (%) - 19 Service Users

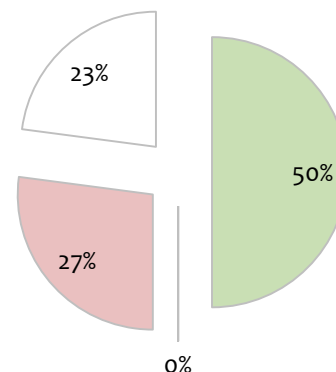
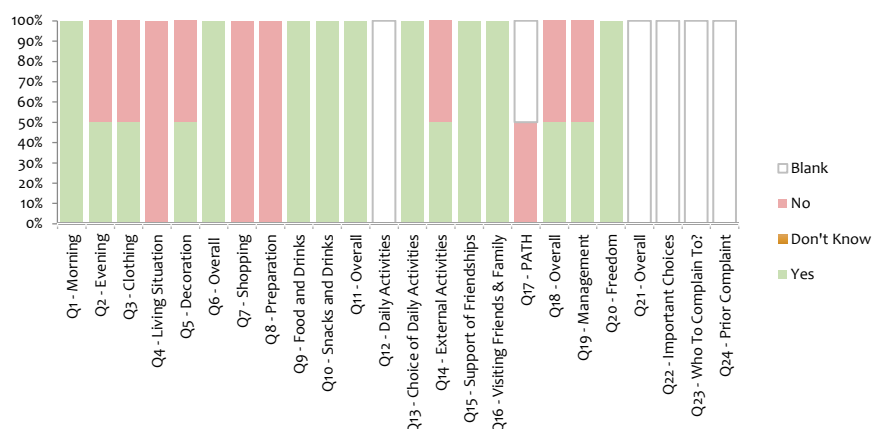


DC1 - KPI Performance - 19 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC1 (Sample=2)



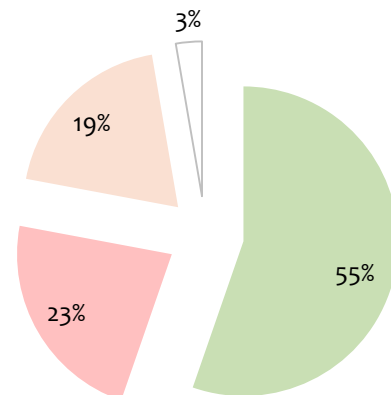
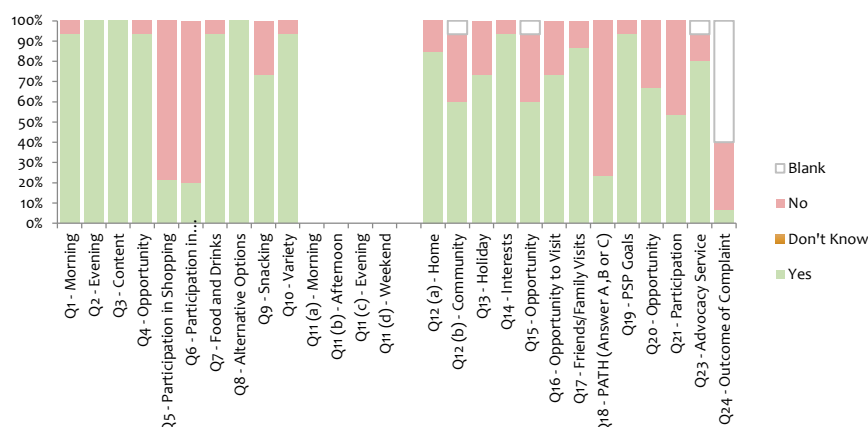
### 2x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Yes but sometimes staff will say when to go to bed	
<b>Mealtimes</b>	Limited mobility so assistance required	
<b>Activities and Leisure</b>	He will tell staff what activities he wants to participate in during the day, watch TV, sit outside, go to Coachhouse or a walk  Watch DVD in his bedroom	No day service or activation staff.  Day service was withdrawn.  Activity depends on staff levels within the home.  Does not understand PATH.  PATH not rolled out for these Service Users yet (?)
<b>Money</b>	Staff assist with purchasing items	
<b>Everyday Choices</b>	Has the ability to speak up for himself and staff will try to accommodate his wishes to the best of their ability.  Makes basic choices during the day when moving around the unit.	
<b>Complaints</b>	Service Users understands that they can make complaints to keyworker or of any of the staff	I complained my Day Service was stopped. No resumption of same.
<b>Any Other Comments</b>	No Response	No Response



## Service User Survey Response Findings (Assisted)

Service User Assisted Survey - DC1 (Sample=15)

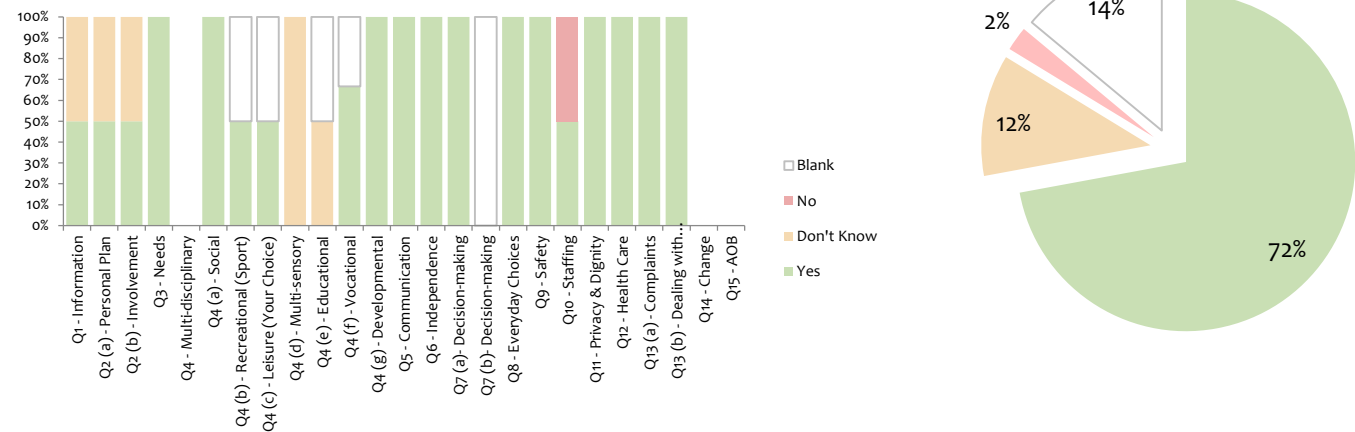


### 12x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to get to bed.	
<b>Mealtimes</b>	Provided by central kitchen Enjoys food provided. Plenty of choice on offer. Food/Drink offered regularly	Opportunities exists for improved participation in shopping and food preparation.
<b>Activities and Leisure</b>	Generally Service Users enjoy Coach House for coffee. Listen to music Walks on campus Day Services Walking in the park Bus drive Holidays in Kinvara Listening to music and TV Most Service Users get taken out regularly Many Service Users have PATH completed and progressing goals	Day trip or outing on bus if we have money and staff. Refuses a lot of activities offers. Family only visit 2 times a year, Christmas and home visit
<b>Money</b>	Most shows no interest in money and therefore decisions are made by key worker Money is generally spent on clothing, accommodation, lunch out, day out and treats	
<b>Complaints</b>	Minor complaints which have been addressed Never a need to submit a complaint Service User Council of Stewarts Care provides advocacy if necessary. Also Family and National Advocacy Service	
<b>Monthly feedback</b>	No Response	No Response

# Family and Friends Survey Response Findings

Family and Friends Survey Results - DC1 (Sample=2)



## 2x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
DC 1- two of the respondents commented on the service provision	Over all care very good Supportive and knowledgeable staff	Limited access to Day Services. Activities/ outings curtailed due to staff shortages

# Designated Centre 2

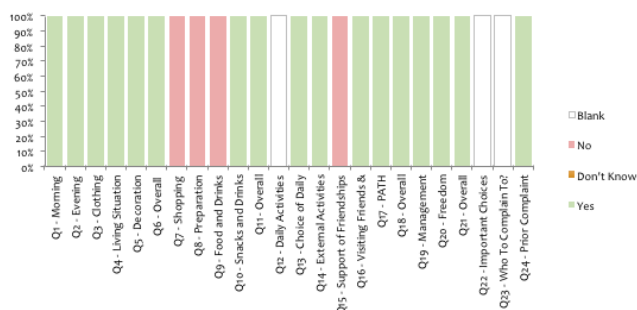
Number of Service Users: 30  
 Person In Charge: Pdraig O'Rourke  
 Number of Staff (WTE, incl. relief): 9.12 RN, 33.63 CS  
 Registration Certificate Date: 8th Jan 2015-7th January 2018  
 Registration Number: 0030293

Buck House  
 Red Cow Cottage  
 Bungalow 12  
 Bungalow 13  
 Bungalow 22

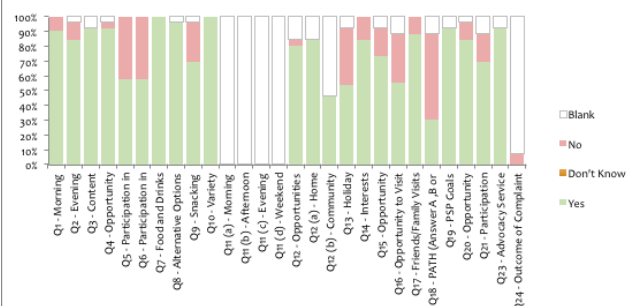
Person In Charge:  
 Pdraig O'Rourke  
 Deputy PIC:  
 Marie Byrne

Designated  
 Centre  
 2

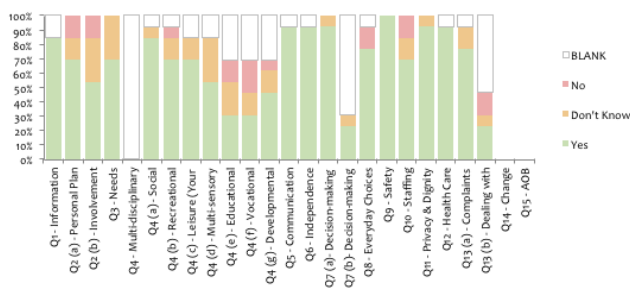
Service User Easy Read Survey - DC2 (Sample=1)



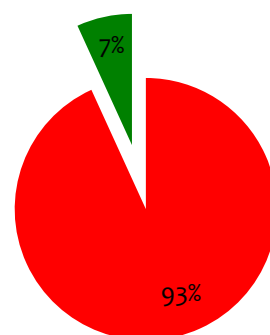
Service User Assisted Survey - DC2 (Sample=26)



Family and Friends Survey Results - DC2 (Sample=13)



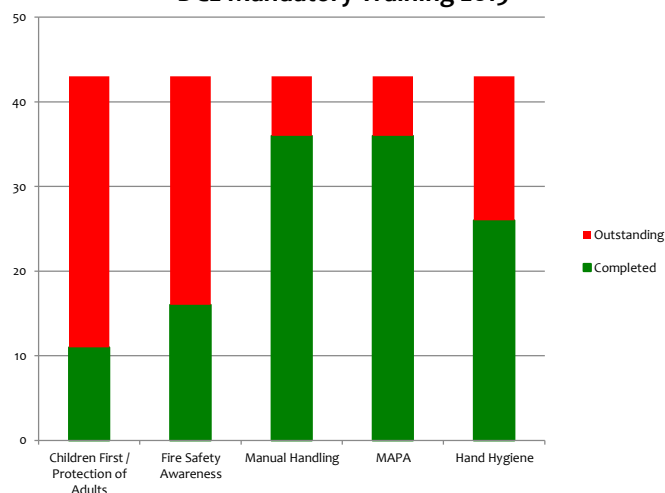
DC2 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

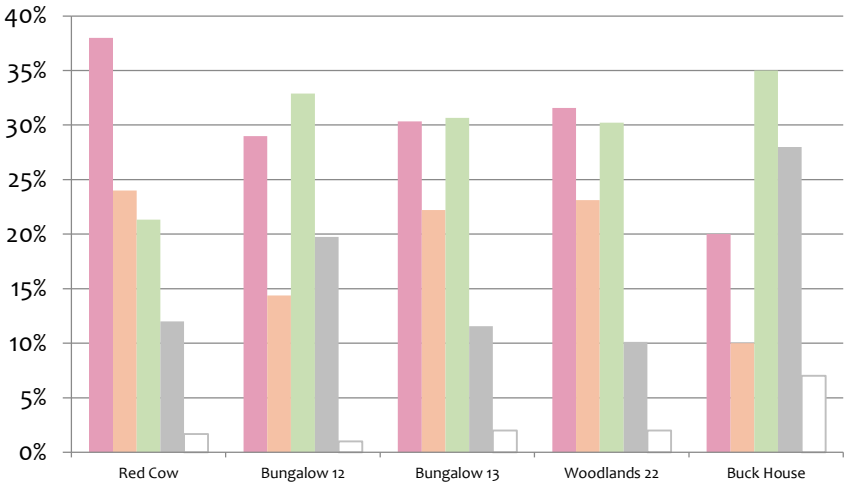
- Overall 32% of our metrics demonstrate that we are leading.
- Recognises performance in Physical Wellbeing and Safety, and to some extent in Emotional Wellbeing.
- Opportunities for progress in Material Wellbeing, Self Determination and Rights
- Must continue to drive progress in Interpersonal Relations / Social Inclusion.
- Concerned that 14% of metrics were deemed not applicable.

DC2 Mandatory Training 2015

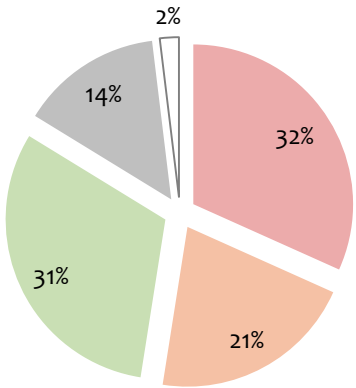


# QoL KPI Results

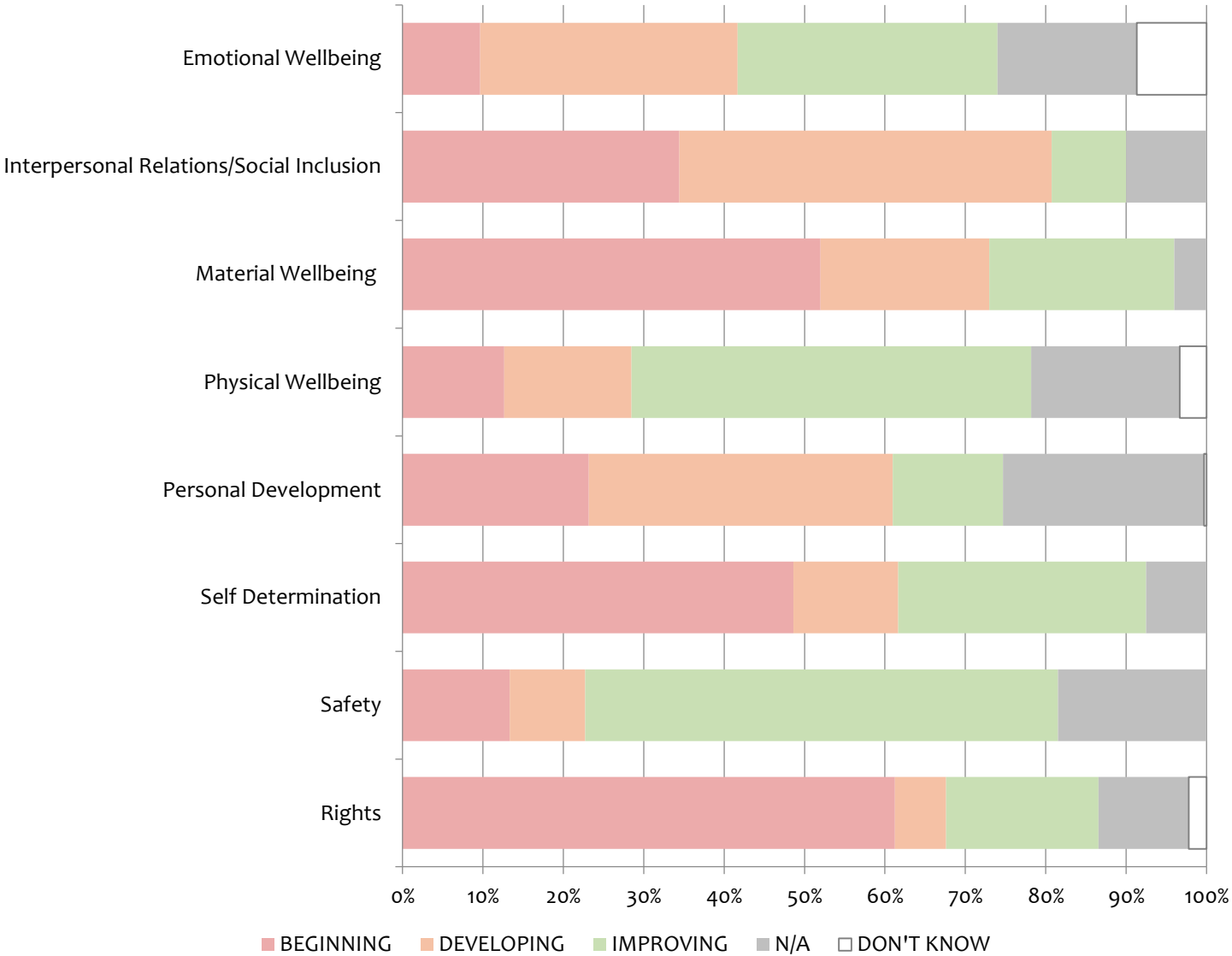
DC2 KPIs by Home (%)



DC2 KPI Overall (%) - 30 Service Users

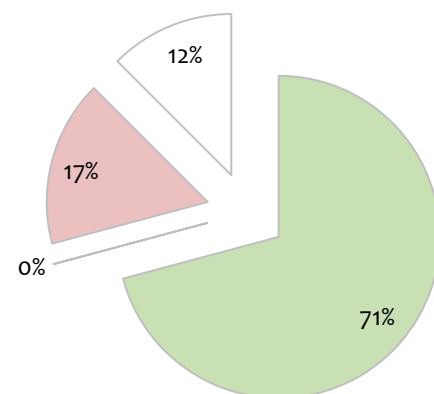
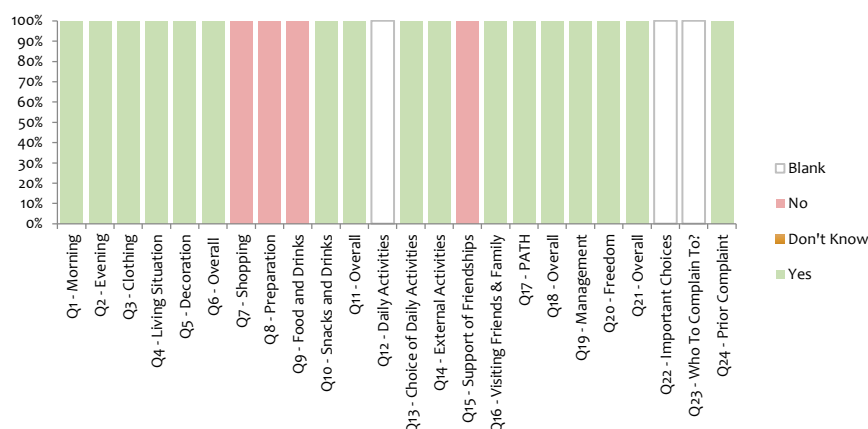


DC2 - KPI Performance - 30 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC2 (Sample=1)

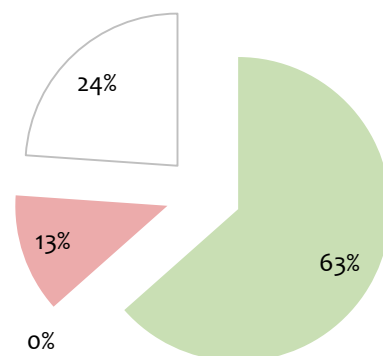
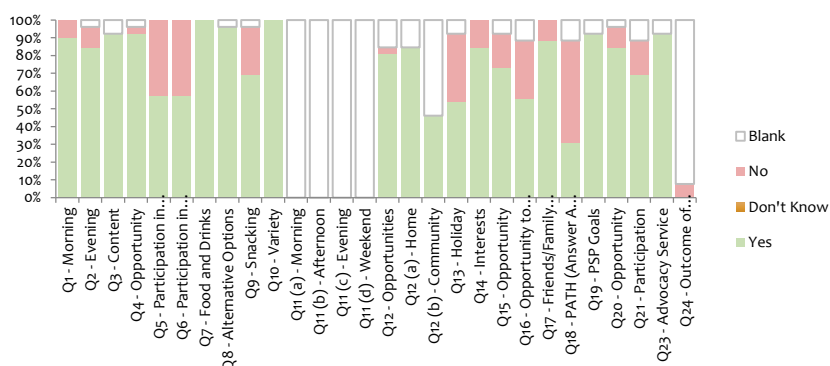


### 1x Service User Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Yes given choice in daily routines	Marked N/A for Clothing – may be worth investigating why?
<b>Mealtimes</b>	There is a planned menu but the Service User is consulted on likes and dislikes	Opportunities exists for improved participation in shopping and food preparation.
<b>Activities and Leisure</b>	Yes has choices but has to ask for Snacks and Drinks.	“I have no day service because I don’t like going there. It brings me back to the past”
<b>Money</b>	I take care of my money and have my own bank account I have help to take care of my money I choose and buy my things with help	
<b>Everyday Choices</b>	I can make choices about things that are important to me. Sometimes I am happy about the choices and sometimes I am not happy about the choices in my everyday life. “Yes, I can visit but I ask someone first.”	“I do not get help to make new friends or stay in touch with old friends.”
<b>Complaints</b>	No complaints. I can make complaints to [Named Complaints Officer]	I have not made a complaint. In the past I found it hard to make a complaint.
<b>Any Other Comments</b>	No Response	No Response

## Service User Survey Response Findings (Assisted)

Service User Assisted Survey - DC2 (Sample=26)

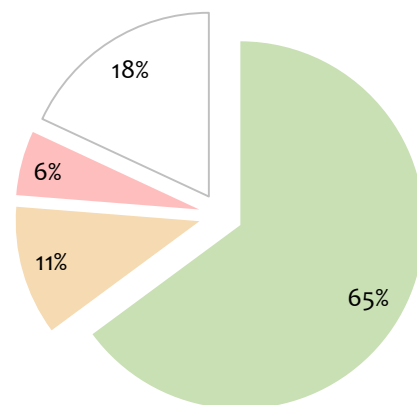
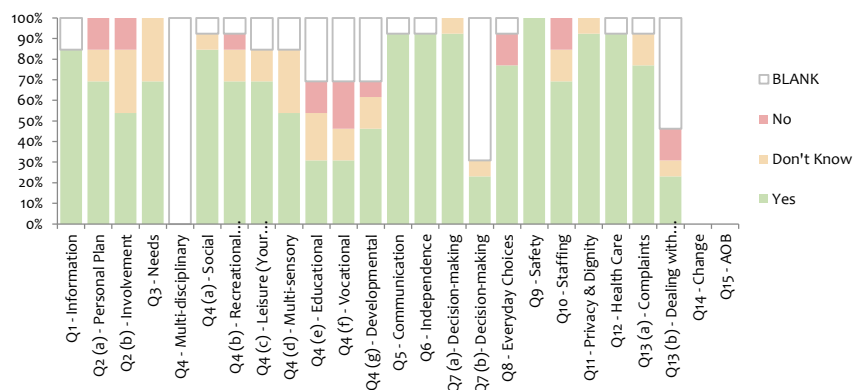


### 26x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to go to bed.	
<b>Mealtimes</b>	Generally enjoys being in kitchen helping preparation of meals. Provided by central kitchen. Enjoys food provided. Plenty of choice on offer Food/Drink offered regularly Specific diets catered for.	Opportunities exists for improved participation in shopping and food preparation.
<b>Activities and Leisure</b>	Some Day Service activities. Service Users enjoy Coach House for Coffee Listen to music / Music Therapy Walks on campus Day Services Walking in the park / Bus drive Holidays in Kinvara Listening to music and TV. Shows/Concerts/Sports events PSP goals: PATHs vary by Service User and goals being progressed.	Day trip or outing on bus if we have money and staff (2:1 in some cases) Family visits and home visits vary by person.
<b>Money</b>	Generally most spend their own money. Some Service Users require Key worker to assist with spending money. Money is generally spent on clothing, accommodation, lunch out, day out and treats	
<b>Complaints</b>	Complaints addressed to satisfaction National Advocacy Board if necessary – information in house.	Staff suggest that extra assistance is required for Service User. Comment on lack of Day Services / meaningful activity. Need wheelchair accessible bus
<b>Monthly feedback</b>	No Response	No Response

## Family and Friends Survey Response Findings

**Family and Friends Survey Results - DC2  
(Sample=13)**



### 11 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>DC2 – eleven of the respondents commented on the service provision</b>	Over all care very good Supportive and knowledgeable staff	Regular and sufficient staff that are familiar with needs of Service User.  Aware that care plan exists but have not seen it.  Lack of Day Services

# Designated Centre 3

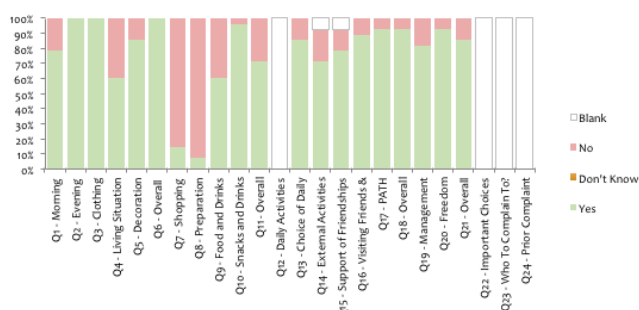
Number of Service Users: 38  
 Person In Charge: Pam Daly  
 Number of Staff (WTE, incl. relief): 13.68 RN, 40.47 CS  
 Registration Certificate Date: 8th Jan 2015-7th January 2018  
 Registration Number: 0030294

Bungalow 4  
 Bungalow 6  
 Bungalow 7  
 Bungalow 8  
 House 24

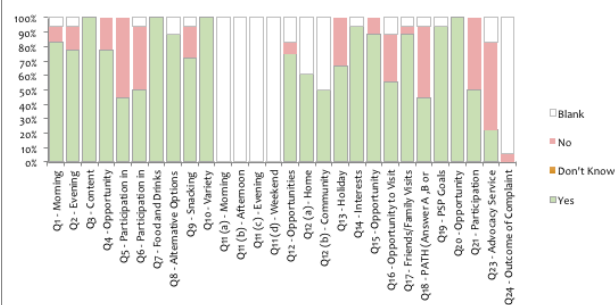
Person In Charge:  
 Pam Daly  
 Deputy PIC:  
 Fidelma Flannery

Designated  
 Centre  
 3

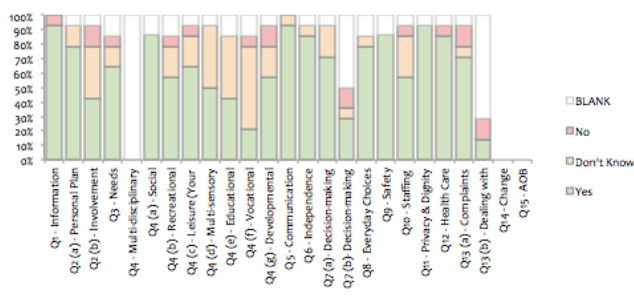
Service User Easy Read Survey - DC3 (Sample=14)



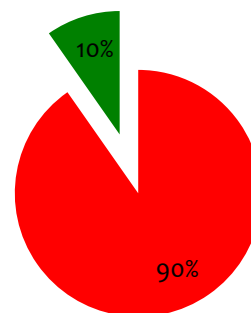
Service User Assisted Survey - DC3 (Sample=17)



Family and Friends Survey Results - DC3 (Sample=14)



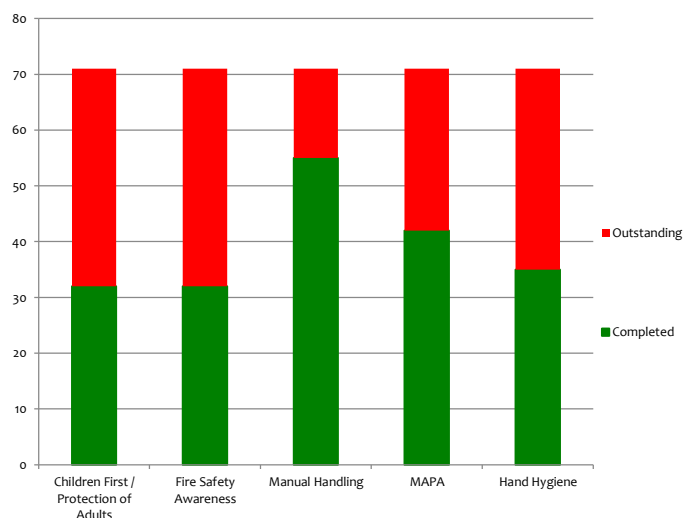
DC3 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

- Overall 29% of our metrics demonstrate that we are leading.
- Recognises performance in Physical Wellbeing, Self Determination and Safety.
- Opportunities for progress in Material Wellbeing and Rights
- Must continue to drive progress in Interpersonal Relations / Social Inclusion, Personal Development and Rights.
- Some questions did not apply to Children in Bungalow 7.
- Concerned that 18% of metrics were deemed not applicable.

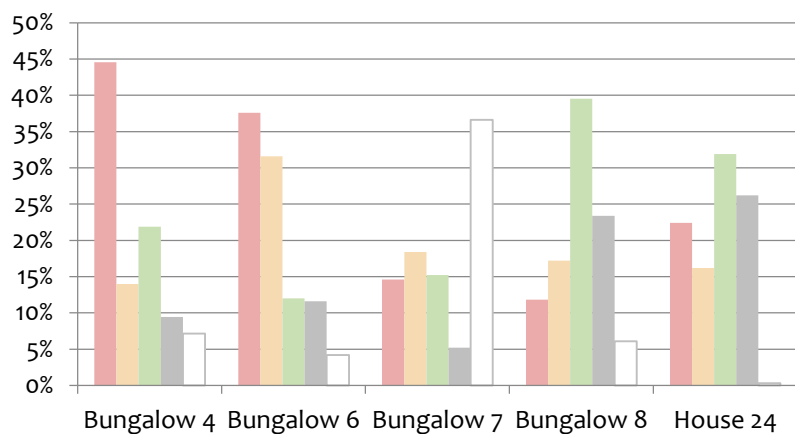
DC3 Mandatory Training 2015



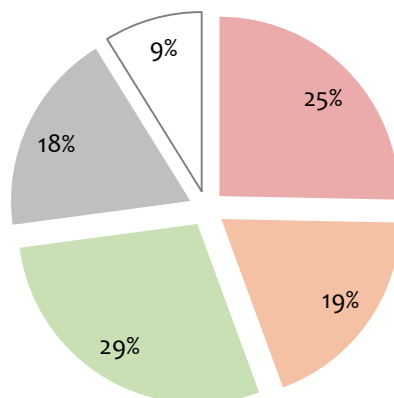


## QoL KPI Results

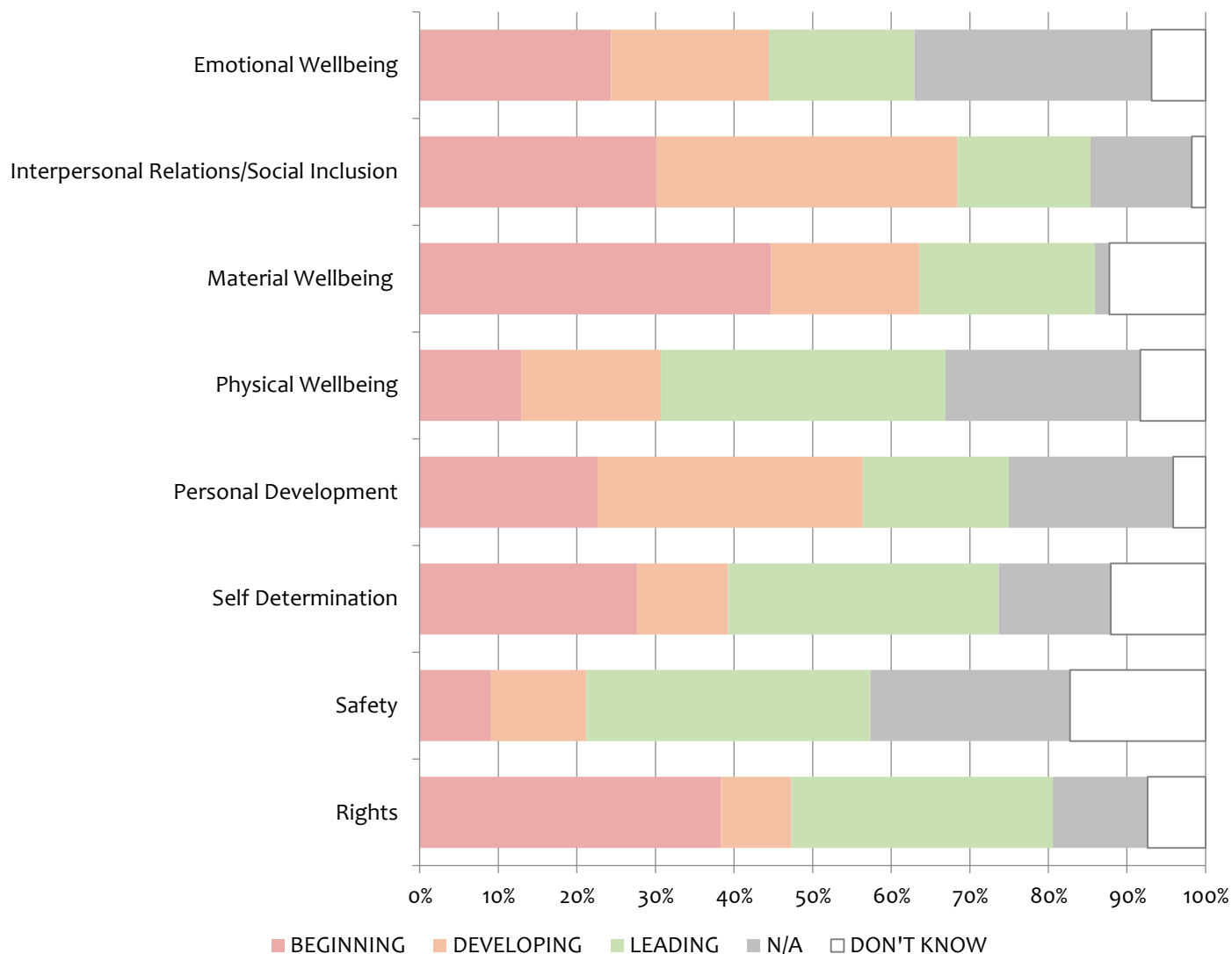
DC3 KPIs by Home (%)



DC3 KPI Overall (%) - 38 Service Users

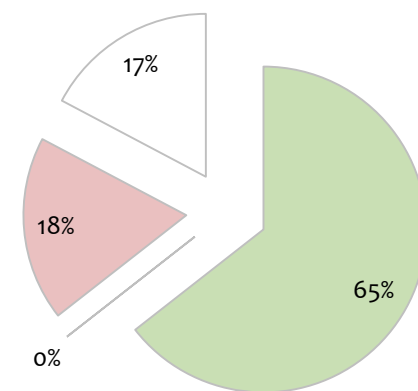
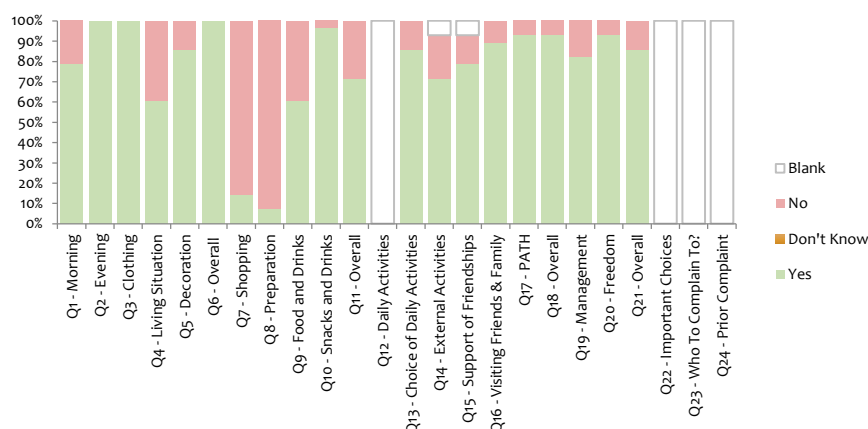


DC3 - KPI Performance - 38 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC3 (Sample=14)

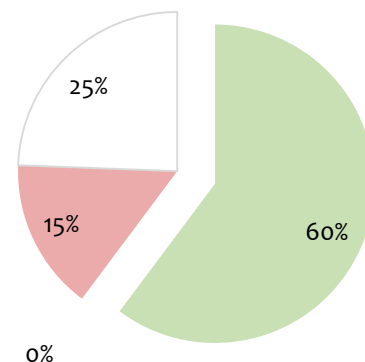
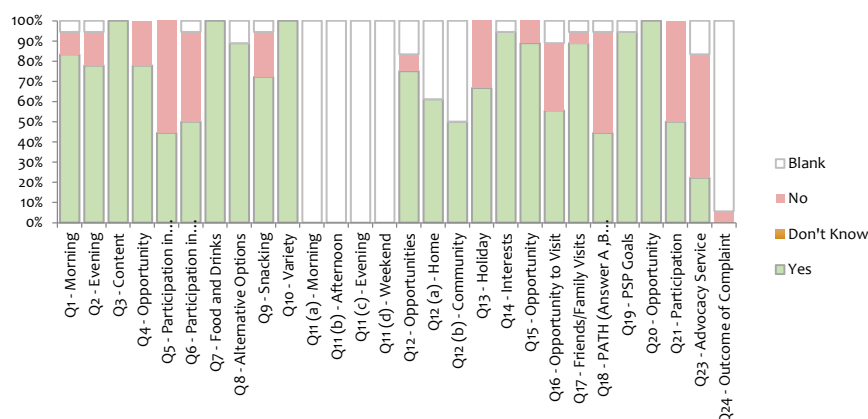


### 14x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Service Users are given choice with support from family/staff “I ask staff to take me to bed when I feel tired” “My sister decorated my room with my family pictures”	
<b>Mealtimes</b>	Special evening meal prepared in the central kitchen daily for various dietary needs in the home. “Food comes from Central kitchen, but I can choose what I want to drink”	Opportunities exists for improved participation in shopping and food preparation.
<b>Activities and Leisure</b>	Attend Kilcloon to work. Sunroom listening to music. Activation staff to show / lunch. Go out for a walk with staff. Massage once a week. Chat with staff have lots of one to one time.	Staff decides routine
<b>Money</b>	“My keyworker buys my clothes and anything else I need.” I have help to take care of my money I choose and buy my things with help	
<b>Everyday Choices</b>	I get a choice whether I attend my day service and the activities / day trips I go on. I also choose what I want to buy with my money I can't manage my money without help.	
<b>Complaints</b>	I can complain to my key worker and the nurse.  I can complain to my family member.	Complained about poor choice of food, but nothing done about it. She gets annoyed over same. I have made a complaint before and feel nothing was done about it. i.e. staff moves.
<b>Any Other Comments</b>	No Response	No Response

## Service User Survey Response Findings (Assisted)

### Service User Assisted Survey - DC3 (Sample=17)

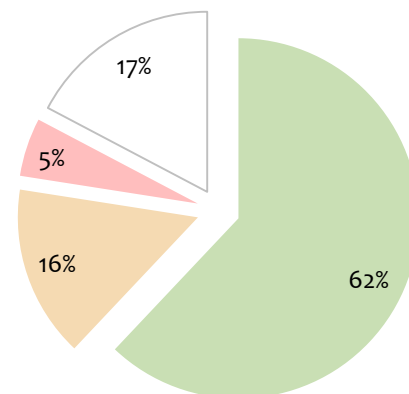
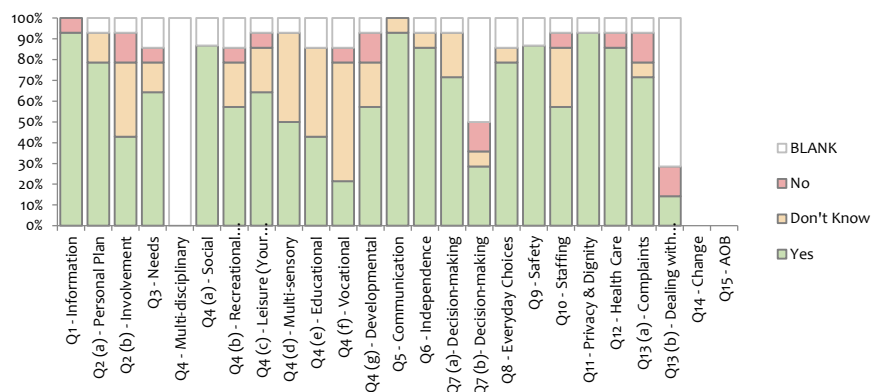


### 19x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Freedom to choose when to get up and when to go to bed. Exceptions for appointments. Some times specified.	
<b>Mealtimes</b>	Generally unable to participate but enjoys observing and tasting. Provided by central kitchen. Enjoys food provided. Plenty of choice on offer. Food/Drink offered regularly. Generally likes chocolate, cakes, biscuits, sandwiches, tea, coffee and soft drinks Good variety in the house & in restaurants / Occasional take-outs	Opportunities exists for improved participation in shopping and food preparation. Some Service Users participate and some watch
<b>Activities and Leisure</b>	Generally Service Users enjoys: Coach House Mass on Sunday / Listen to music Walks on campus / Day Services . Massage / Multi-sensory. Walking in the park / Bus drive Holidays in Kinvara / other Listening to music and TV One Service User bowls in community PSP goals: PATH developed with key worker, staff / family. Visit to friends in Stewarts Care.	In one case travel sickness prevents travel – Opportunity to seek alternative holiday opportunity?  Family / Friends vary. some only visit 2 times a year, others more frequent.
<b>Money</b>	Generally most spend their own money Some Service Users have advocate / Key Worker assist with spending money. Money is generally spent on clothing, accommodation, lunch out, day out and treats	
<b>Complaints</b>	Internal / External advocacy service available.	By staff on behalf of Service User – Wheelchair issue curtails activities.
<b>Monthly feedback</b>	No Response	No Response

## Family and Friends Survey Response Findings

**Family and Friends Survey Results - DC3  
(Sample=14)**



### 13 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
DC 3 thirteen of the respondents commented on the service provision	Over all care very good Supportive and knowledgeable staff	Lack of Occupational Therapy service  Reduced staffing levels , loss of familiar staff due to staff changes

## Designated Centre 4

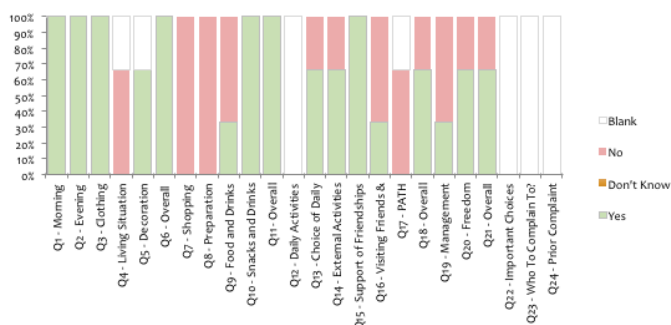
Number of Service Users: 26  
 Person In Charge: Pam Daly  
 Number of Staff (WTE, incl. relief): 6.84 RN, 22.8 CS  
 Registration Certificate Date: 3rd Feb 2015-2nd Feb 2018  
 Registration Number: 0030295

House 26  
 House 28  
 Bungalow 9

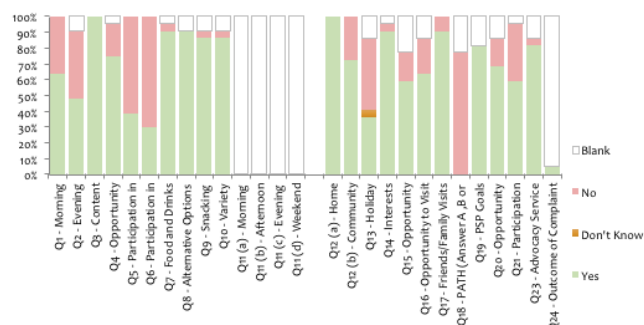
Person In Charge:  
 Pam Daly  
 Deputy PIC:  
 Fidelma Flannery

Designated  
 Centre  
 4

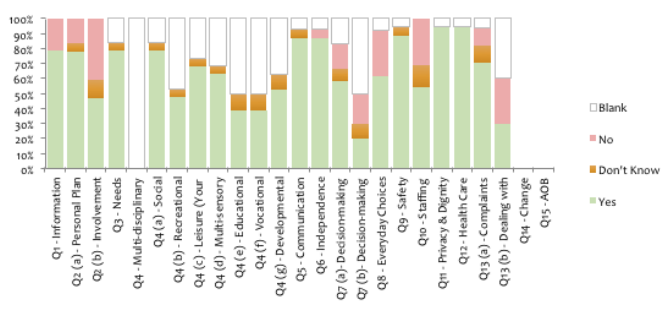
Service User Easy Read Survey -DC4 (Sample=3)



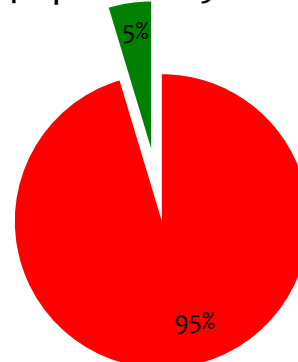
Service User Assisted Survey - DC4 (Sample=22)



Family and Friends Survey Results - DC4 (Sample=19)



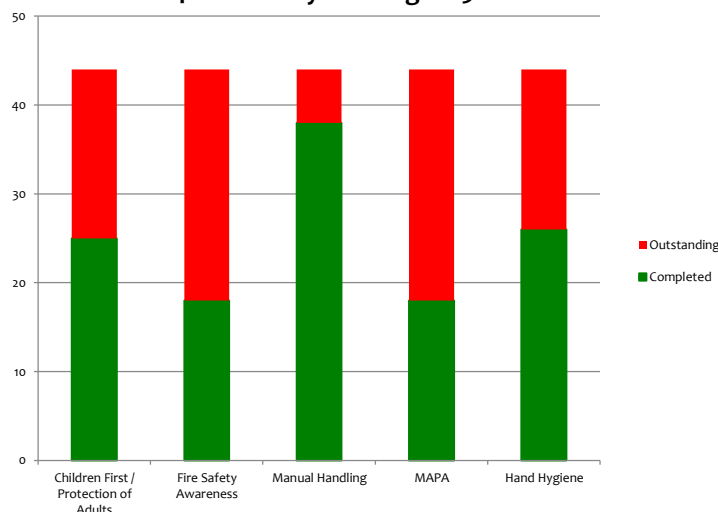
DC4 Supervision 2015



### Quality of Life Metric Analysis (KPI's)

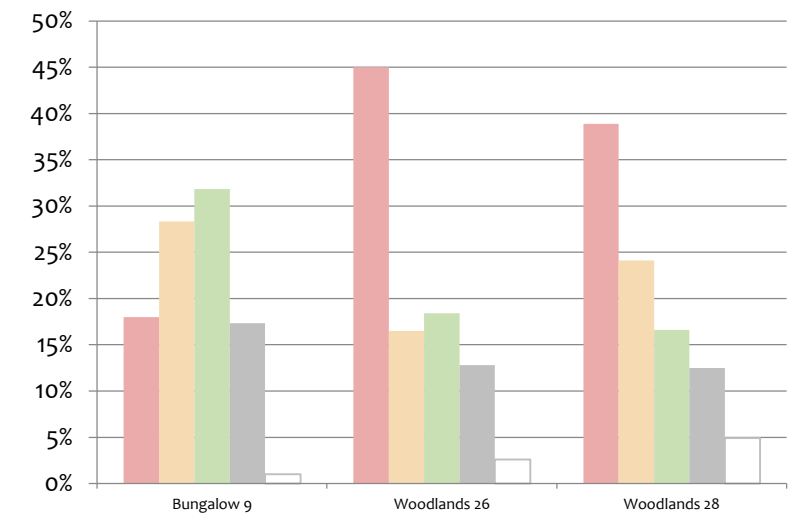
- Overall 22% of our metrics demonstrate that we are leading, while 38% are reported as beginning.
- Recognises performance in Physical Wellbeing and Safety.
- Opportunities for progress in Material Wellbeing, Self Determination and Rights.
- Must continue to drive progress in Interpersonal Relations / Social Inclusion, Emotional Wellbeing and Personal Development.
- Concerned that 18% of metrics were deemed not applicable.

DC4 Mandatory Training 2015

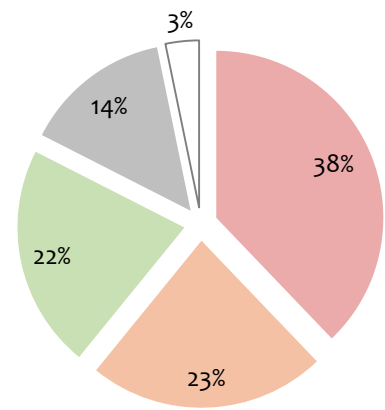


# QoL KPI Results

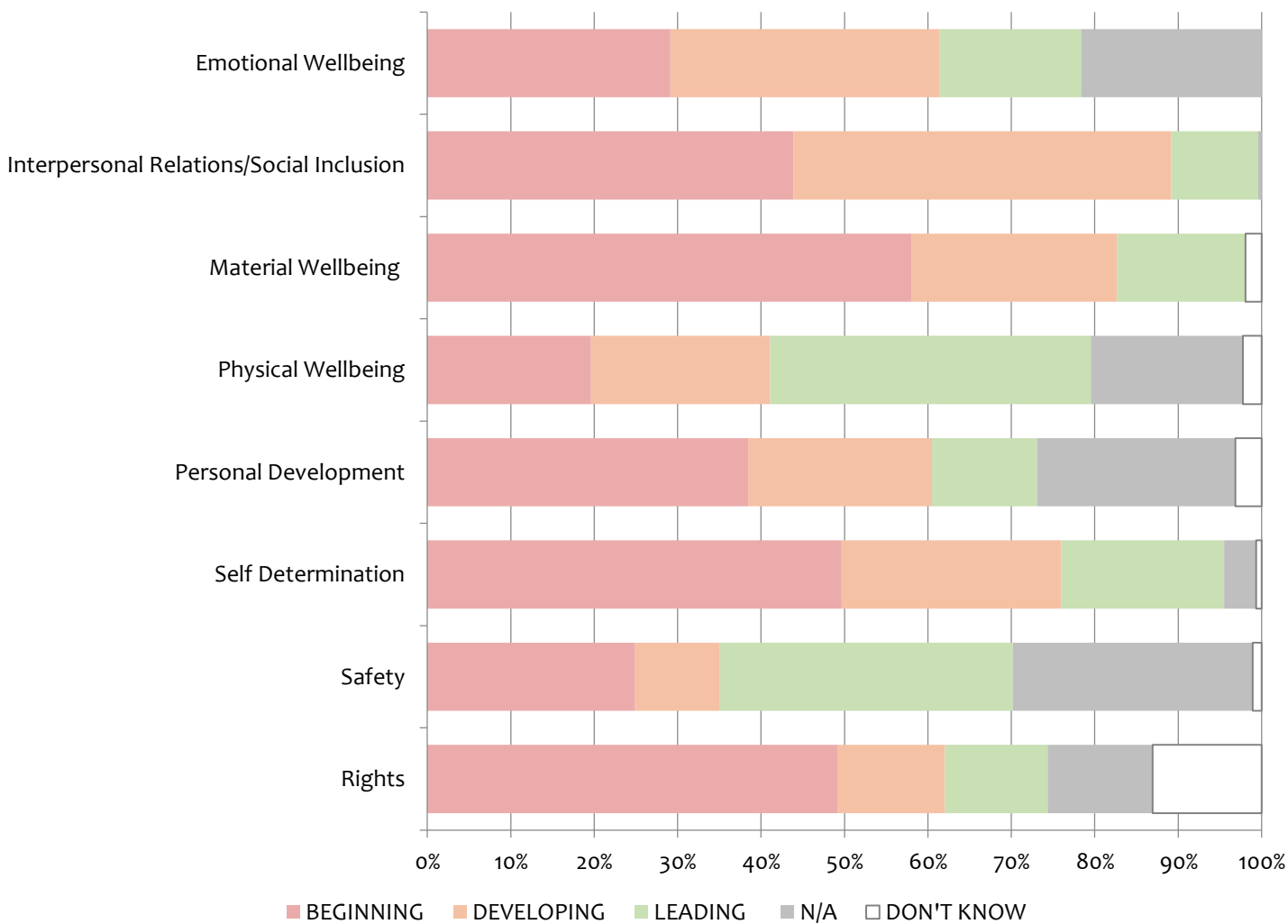
DC4 KPIs by Home (%)



DC4 KPI Overall (%) - 26 Service Users

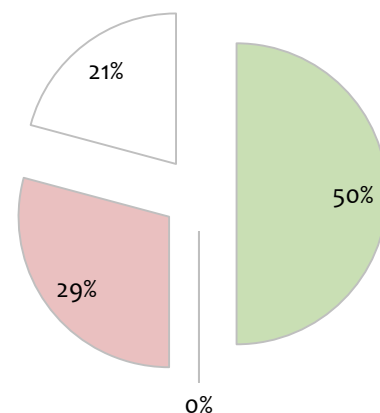
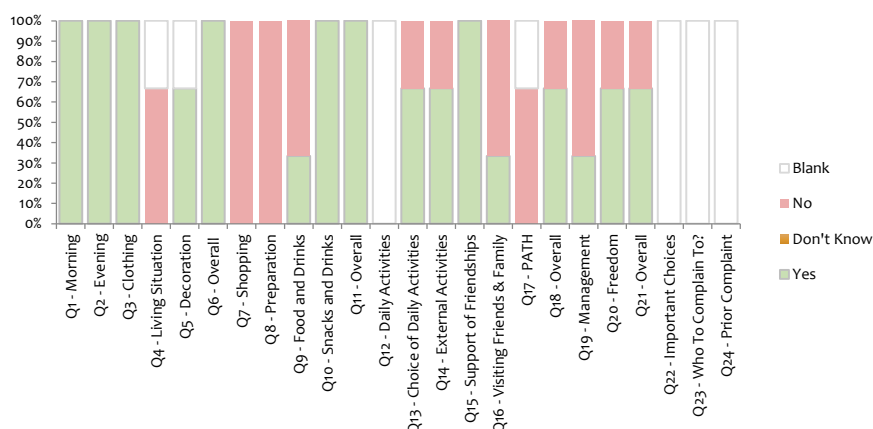


DC4 - KPI Performance - 26 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey -DC4 (Sample=3)

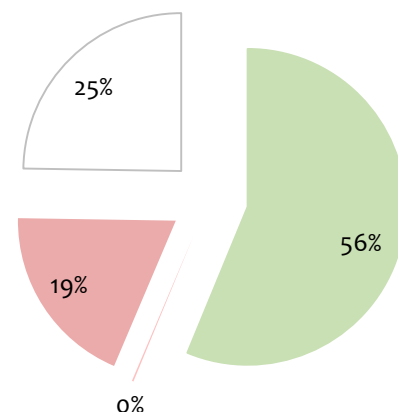
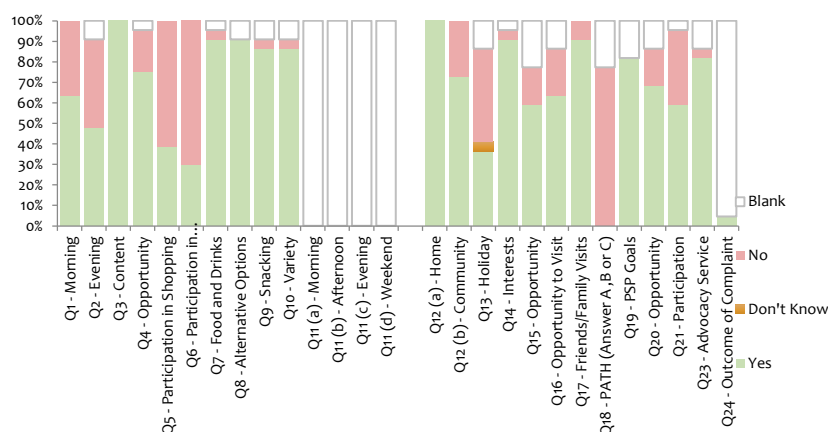


### 3x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Yes given choice with support I ask if I want to get up sometimes	
<b>Mealtimes</b>	Whilst a planned menu in the Central Kitchen there is a choice within that menu.	Opportunities exists for improved participation in shopping and food preparation.
<b>Activities and Leisure</b>	Various activities with Day Activation staff i.e. swimming Bus drives Coffee Shopping Woodlands project is very important to me. Cinema trips. Coffee out. Liffey Valley I go for walks myself, I go on bus drives coffee shop. Visits to friends and family, but need to get help.	PATH does not appear to be rolled out among the participants yet.
<b>Money</b>	I have help to take care of my money I choose and buy my things with help	
<b>Everyday Choices</b>	Everyday choices are made by my keyworker	
<b>Complaints</b>		“Not relevant to [Service User name] abilities.”
<b>Any Other Comments</b>	No Response	No Response

## Service User Survey Response Findings (Assisted)

Service User Assisted Survey - DC4 (Sample=22)



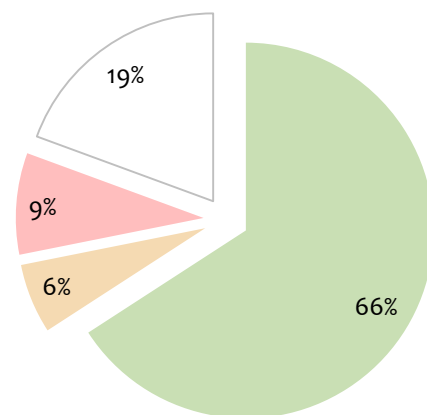
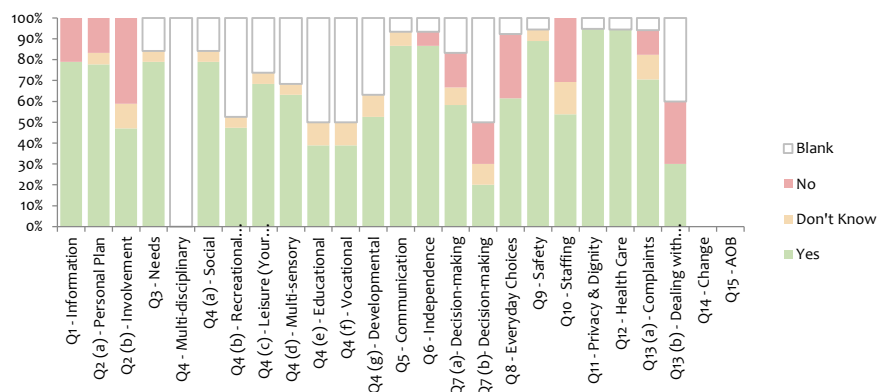
### 23x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to go to bed, however medication / schedule sometimes determines	
<b>Mealtimes</b>	Generally unable to participate in food preparation. Provided by central kitchen. Enjoys food provided. Variety of drinks offered, also offered drinks while on outings. Some restrictions on medical grounds. Occasional take-out (various)	Opportunity exists for improvement in visits to shops and participation in food preparation, but sometimes observes.
<b>Activities and Leisure</b>	Generally Service Users enjoy Liffey Valley, walk, bus drive, cinema, park, zoo Listen to music Massage therapist in house Bus drive. Some have holidays in Kinvara Listening to music and TV Family / friends visits varied but many visit regularly. PSP Goals with the support of key worker/staff.	No slots available Kinvara – Will continue to try. 'Not enough staff to try new things' Day trip or Outing only if 5 staff are available. Many on waiting list for PATH.
<b>Money</b>	Most Service Users require Key Worker to assist with spending money – good thought has gone into their preferences. Money is generally spent on clothing, accommodation, lunch out, day out and treats.	
<b>Complaints</b>	'Line Manager' contacted re. advocacy and provides direction. Information available in house	Complaint ref. agency staff on hospital visit - resolved
<b>Monthly feedback</b>	No Response	No Response



## Family and Friends Survey Response Findings

**Family and Friends Survey Results - DC4  
(Sample=19)**



### 5 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>DC4 Five of the respondents commented on service provision</b>	Over all care very good Supportive and knowledgeable staff	Staff shortage  Lack of access to day service  House improvement – sunroom and work on garden

# Designated Centre 5

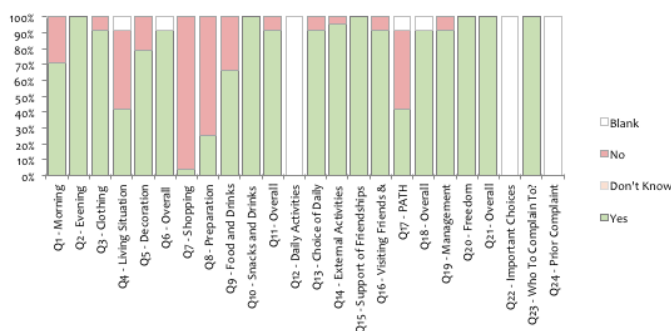
Number of Service Users: 31  
 Person In Charge: Maura Grogan  
 Number of Staff (WTE, incl. relief): 9.12 RN, 29.64 CS  
 Registration Certificate Date: 8th Jan 2015-7th Jan 2018  
 Registration Number: 0030296

The Farmhouse  
 Bungalow 2  
 Bungalow 10  
 House 17

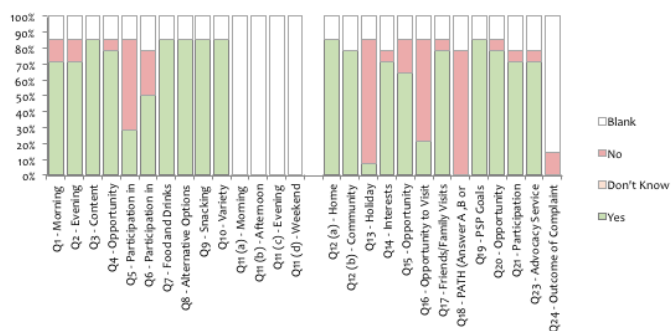
Person In Charge:  
 Maura Grogan  
 Deputy PIC:  
 Brian Bohan

Designated  
 Centre  
 5

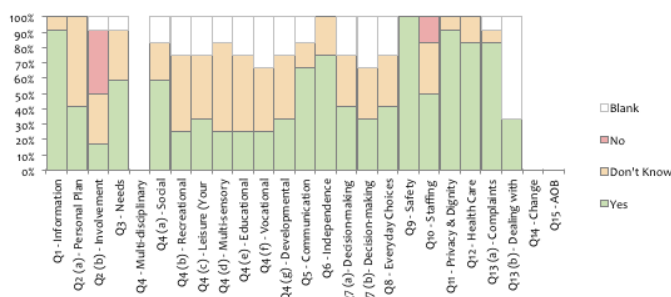
Service User Easy Read Survey - DC5 (Sample=12)



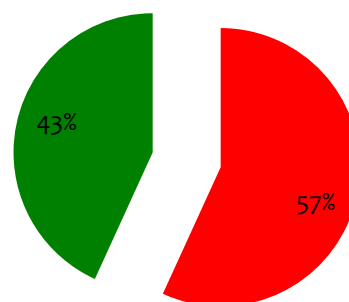
Service User Assisted Survey - DC5 (Sample=12)



Family and Friends Survey Results - DC5 (Sample=12)



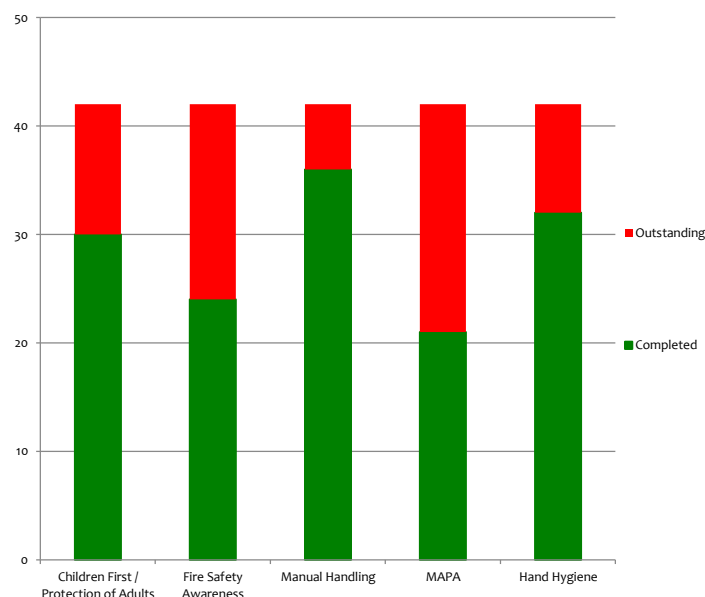
DC5 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

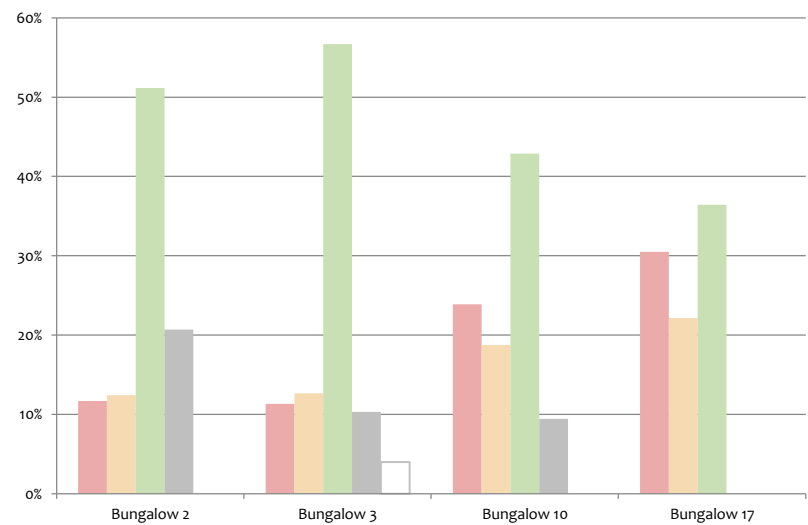
- Overall 47% of our metrics demonstrate that we are leading.
- Recognises performance in Emotional Wellbeing, Physical Wellbeing, Safety and to some degree in Rights.
- Opportunities for progress in Material Wellbeing, Self Determination.
- Must continue to progress in Personal Development and continue focus on Rights.
- 9% of metrics deemed not applicable in this case.

DC5 Mandatory Training 2015

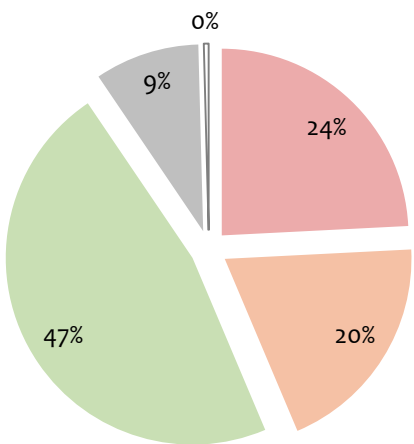


# QoL KPI Results

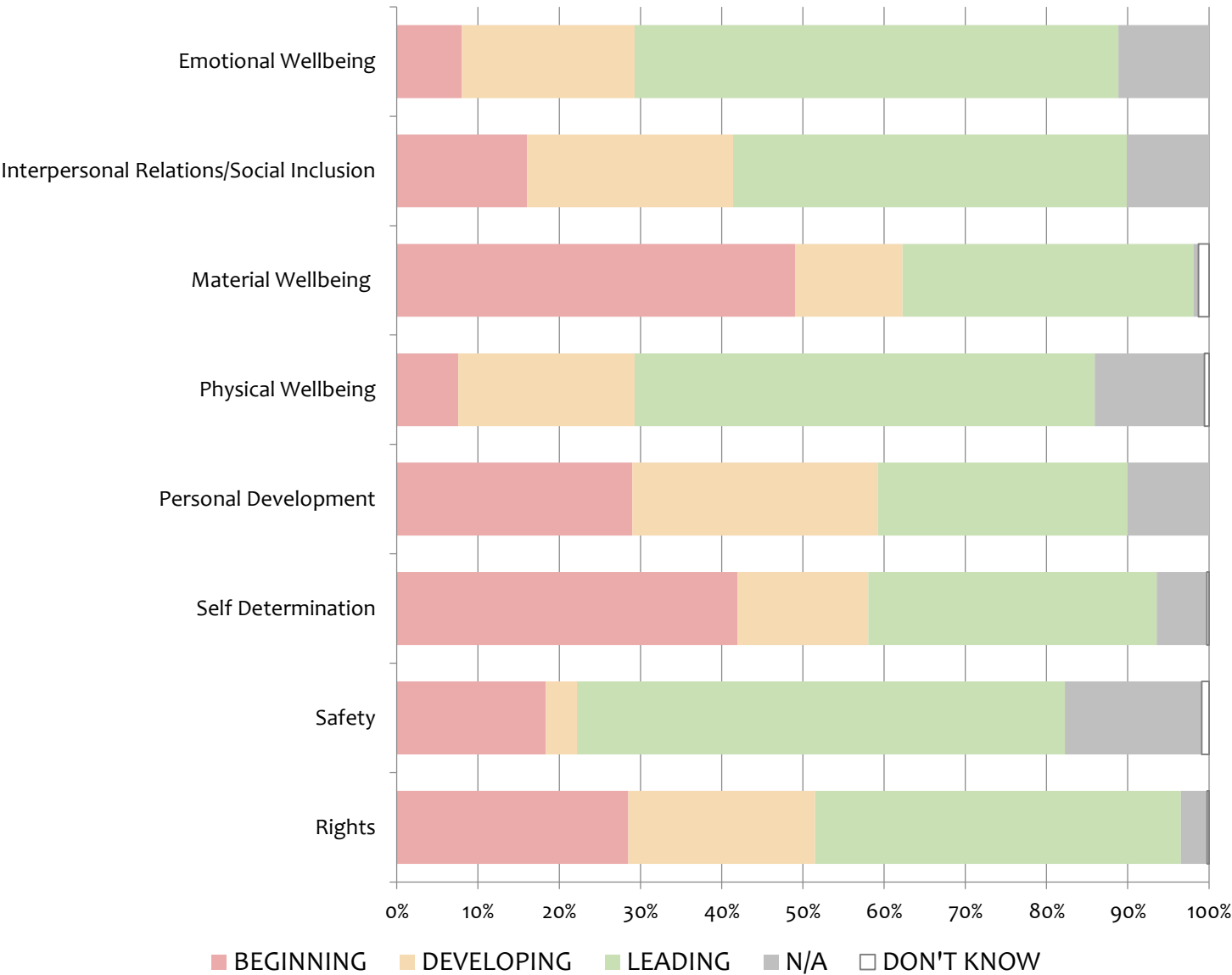
DC5 KPIs by Home (%)



DC5 KPI Overall (%) - 31 Service Users

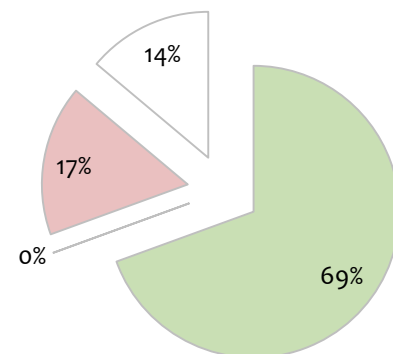
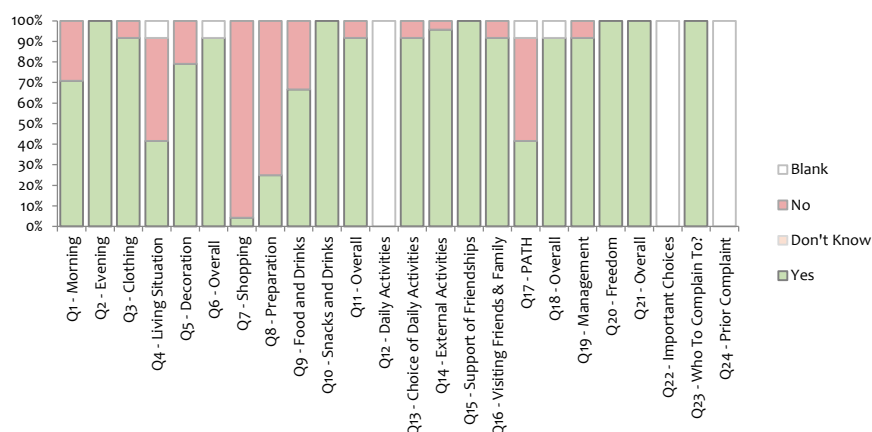


DC5 - KPI Performance - 31 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC5 (Sample=12)

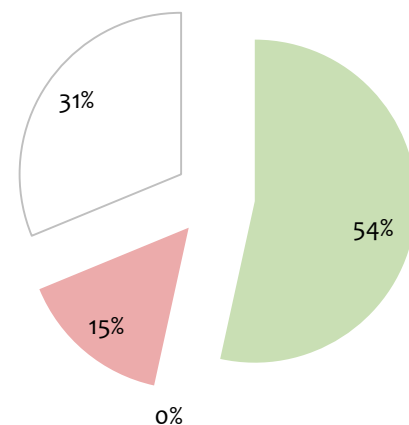
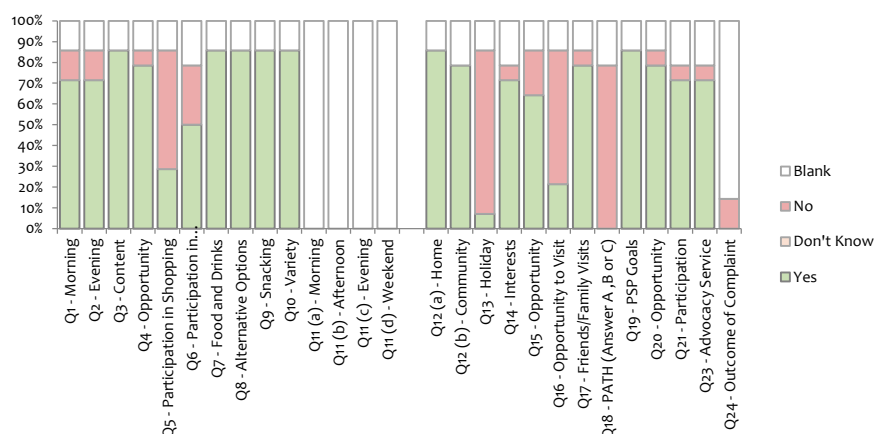


### 12x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Yes given choice on bed times. Staff support me by waking me up in the morning to attend my day service @ 9 to get the bus I choose my own personal photos etc	
<b>Mealtimes</b>	Food comes from Central Kitchen there is a choice within that menu & ability to choose drinks and other treats etc. One Service User goes shopping for food he enjoys at least twice a month. Can have snacks / drinks but need to ask.	Little evidence of participation in shopping or preparing food
<b>Activities and Leisure</b>	Various activities with Day Activation staff i.e. swimming Work in Mill Lane & Café Kaizen Day Services Kilcloon, Day activation from the Bungalow, Restaurants, Pubs, Cinema, Bus trips. Drives, swimming, & Gym. PATH rollout appears to be underway.	
<b>Money</b>	Yes, I take care of my money & have my own bank account. I choose and buy my things with help	
<b>Everyday Choices</b>	Yes I do get to make choices about things that are important to me. I am happy with the choices I have - Gym - swimming - Day Services - Library - Mass - Shopping - Cinema - Coachhouse - seeing family – massage	
<b>Complaints</b>	Can make complaint to staff, keyworker, CNM2, family Previous complaint was resolved and my family was happy with the outcome.	
<b>Comments</b>	No Response	No Response

## Service User Survey Response Findings (Assisted)

### Service User Assisted Survey - DC5 (Sample=12)

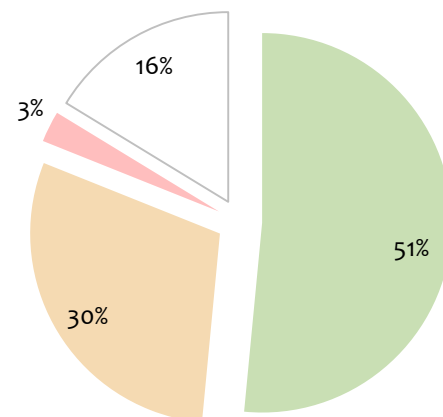
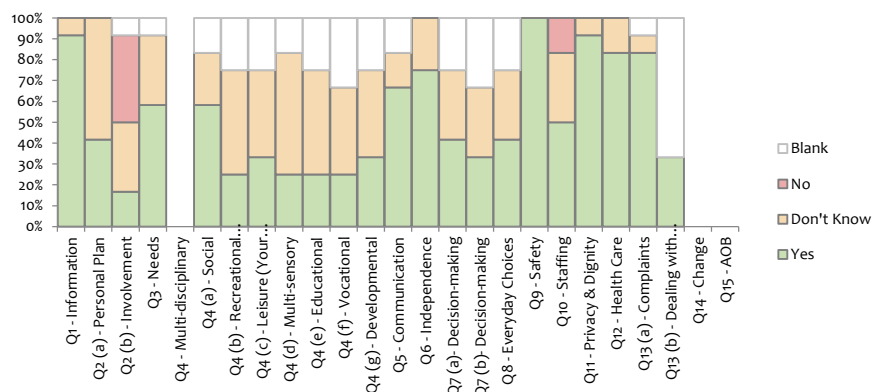


### 14x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Generally there is freedom to choose when to get up and when to go to bed.	Some Service Users go to bed 'after supper 7-730'
<b>Mealtimes</b>	Provided by central kitchen. Enjoys food provided. Likes to sit on corridor outside kitchen and watch staff preparing food. Given choice and there is variety per specific preferences.	Opportunities exists for improved participation in shopping and food preparation.
<b>Activities and Leisure</b>	One Service User enjoys horse riding Tuesday, swimming, walking, shopping, multisensory. Generally Service Users enjoy Coach House for coffee Listen to music Walks on campus Day Services Walking in the park Bus drive Listening to music and TV PSP goals: PATH Training done – process just beginning	No holidays apart from one Service User who holidays in Kinvara.  PSP goals - Limited mention of family involvement.  Wheelchair limits opportunity to visit home.
<b>Money</b>	Most have staff assist with finances. Money is generally spent based on staff understanding of the person's preferences	It would be nice to be able to access funds so that shopping trips on special occasions would be possible.
<b>Complaints</b>	No complaints Rights Committee and Independent Service to advocate	
<b>Monthly feedback</b>	No Response	No Response
<b>Other comments</b>	Very happy with present living arrangements. Good quality of life. Access to the wider community and very active programme of activities.	'Strange staff' causes upset.

## Family and Friends Survey Response Findings

**Family and Friends Survey Results - DC5  
(Sample=12)**



### 11 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>DC5 Eleven of the respondents commented on service provision</b>	Over all care very good Supportive and knowledgeable staff	Staff levels More outdoor activities Later time for going to bed Larger bedroom Maintenance issues /refurbishment of house.

# Designated Centre 6

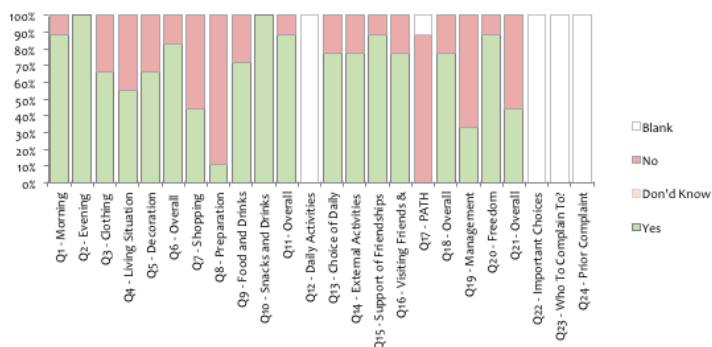
Number of Service Users: 31  
 Person In Charge: Maura Grogan  
 Number of Staff (WTE, incl. relief): 9.12 RN, 4.20 CS  
 Registration Certificate Date: 27th Feb 2015-26th Feb 2018  
 Registration Number: 0030297

Bungalow 5  
 Bungalow 11  
 Woodlands 18  
 Bungalow 20

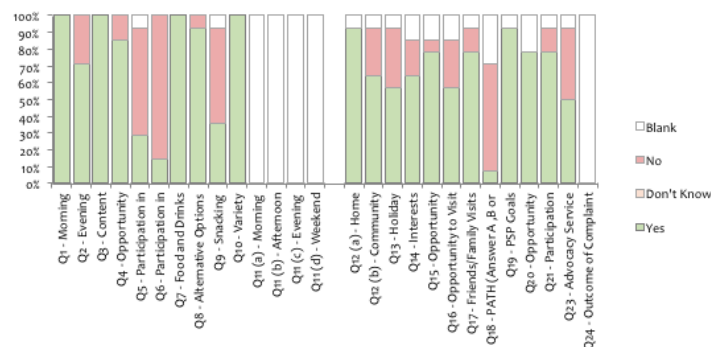
Person In Charge:  
 Maura Grogan  
 Deputy PIC:  
 Brian Bohan

Designated  
 Centre  
 6

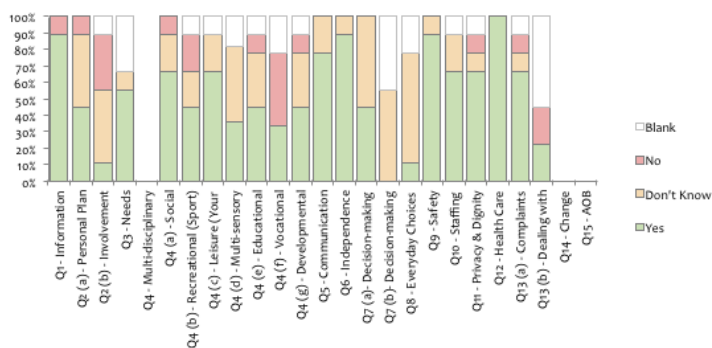
Service User Easy Read Survey - DC6 (Sample=9)



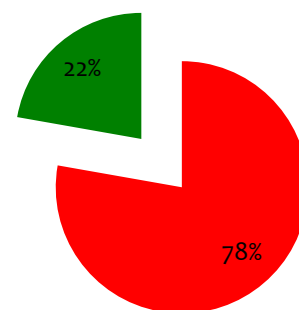
Service User Assisted Survey - DC6 (Sample=14)



Family and Friends Survey Results - DC6 (Sample=9)



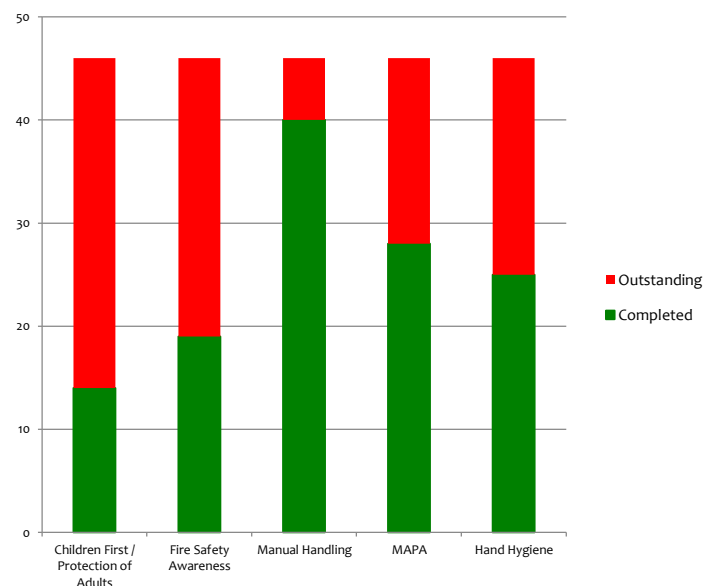
DC6 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

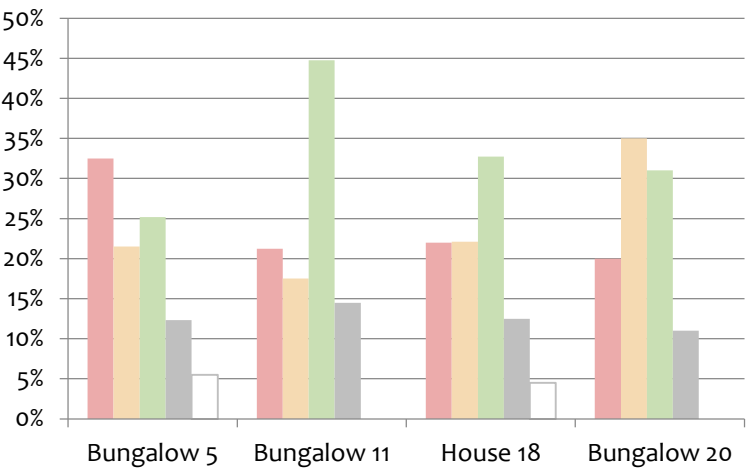
- Overall 34% of our metrics demonstrate that we are leading.
- Recognises performance in Emotional Wellbeing, Physical Wellbeing, Safety and to some degree in Rights.
- Opportunity for progress in Material Wellbeing.
- Must continue to progress in Interpersonal Relations / Social Inclusion, Personal Development and Self Determination and continue focus on Rights.
- 8% of metrics deemed not applicable in this case.
- 8% 'Don't Know' requires review.

DC6 Mandatory Training 2015

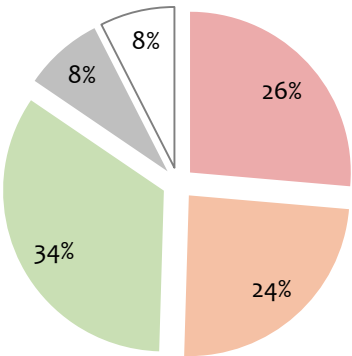


QoL KPI Results

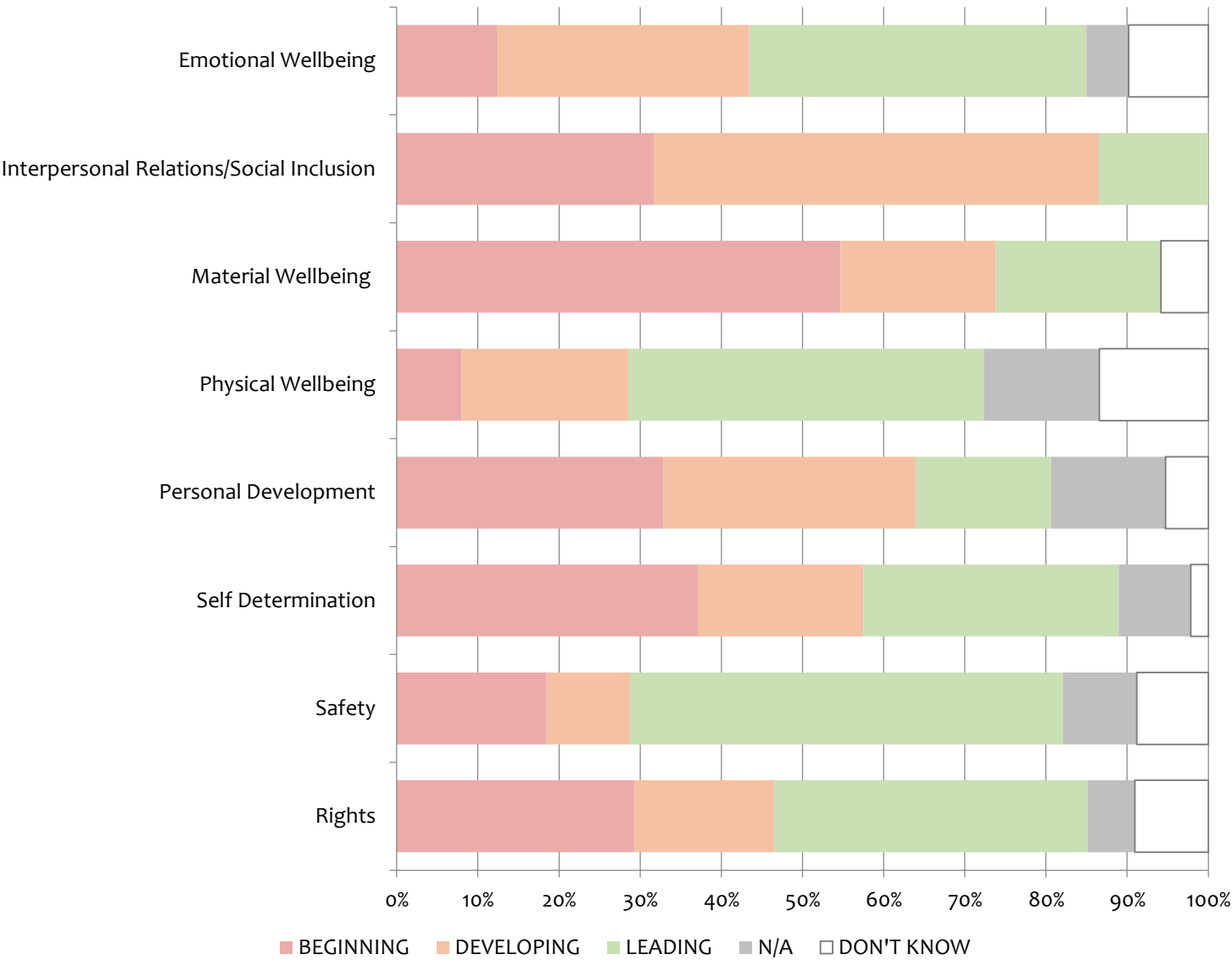
DC6 KPIs by Home (%)



DC6 KPI Overall (%) - 31 Service Users



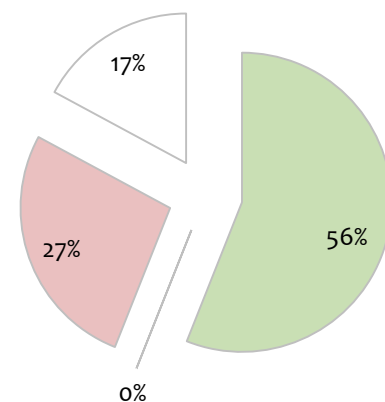
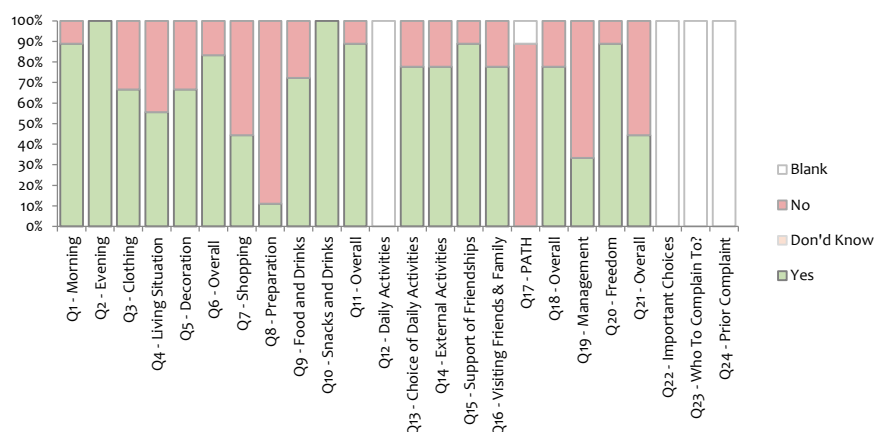
DC6 - KPI Performance - 31 Service Users





## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC6 (Sample=9)

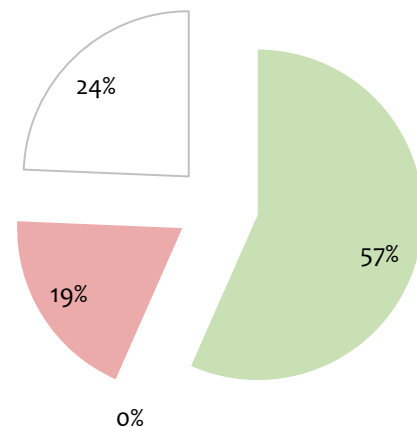
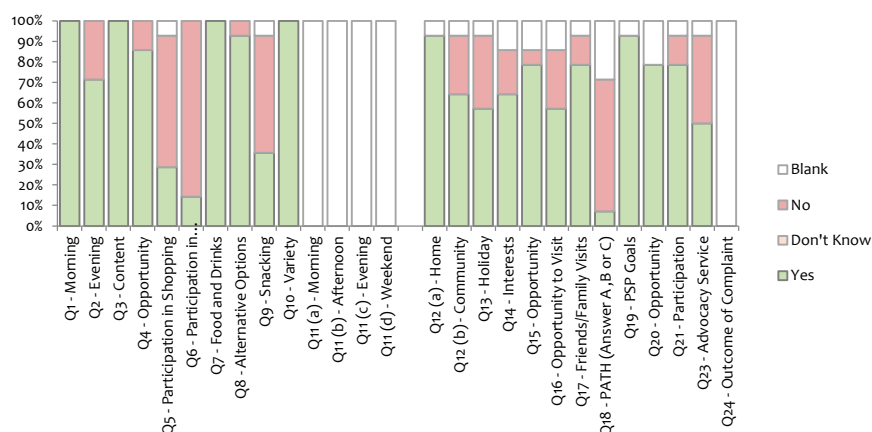


### 9x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Choice given in daily routines. Staff supports me on what to wear by showing me my dress, top, pants as I can't decide what to wear. I will smile if I like it. 'Can choose her clothes, knows what she wants but most of the time refuses to choose.'	Most selected 'other people chose what way my bedroom is decorated.'
<b>Mealtimes</b>	Food comes from Central Kitchen there is a choice within that menu staff offer me variety of cereal and drink to choose of by showing a picture. If I don't like the prepared meal staff will give me choice (salad, eggs, toast, bread)	Opportunity exists for improved participation in shopping or preparing food.
<b>Activities and Leisure</b>	No Day Service. Staff will bring one out for a walk, to the Coachhouse, to cinema, treatments, zoo For drive also activation staff bring me out on occasions, walk around the bungalows. Listens to music DVD, go for a walk do some leg exercises, interact with staff and other Service Users. PATHs underway.	
<b>Money</b>	Need support from staff and keyworker to manage finances	
<b>Everyday Choices</b>	Yes I do get to make choices about things that are important to me. I think is great & I am happy as staff give me choices everyday	I would like to have an activation staff to take me out to Zoo Shows restaurants also I would like more holidays
<b>Complaints</b>	My staff in my bungalow, my keyworker, my family	Service User made a complaint ref fellow Service User and believes that 'they are dealing with it'. Entry says 'I'm not verbal' ... needs to be a system in place for this person to make a complaint if warranted.
<b>Any Other Comments</b>	No Response	No Response

## Service User Survey Response Findings (Assisted)

Service User Assisted Survey - DC6 (Sample=14)

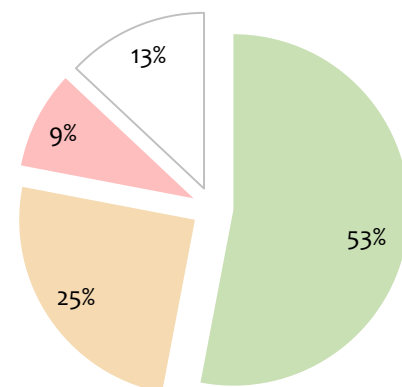
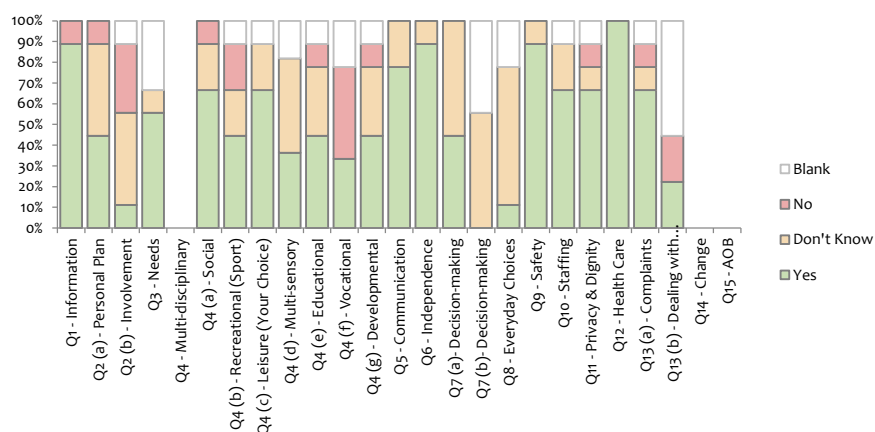


### 3x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Service Users generally choose when to get up and when to go to bed. Some assistance needed	One person needs assistance of two staff to get up and go to bed before night shift.
<b>Mealtimes</b>	Provided by central kitchen. Enjoys food provided Given choice and there is variety. Some dietary restrictions	Opportunity for improved participation in shopping or food preparation. One person is blind – may need to think of creative ways for participation
<b>Activities and Leisure</b>	Enjoys multisensory Generally Service Users enjoy Coach House for coffee. Listen to music and TV Walks on campusMass, CinemaWalking in the park Bus driveSome community engagementMost Service Users get taken out regularly & visit by family. PSP goals completed in cooperation with the Service User who expressed preference. Awaiting PATHs	No holidays apart from one Service User who had holiday Kinvara
<b>Money</b>	Most have staff assist with finances – keeping receipts etc Money is generally spent on clothing, restaurants, make up and treats.	‘It would be nice to be able to ask for funds so that trips on special occasions could be organised spontaneously.’
<b>Complaints</b>	No complaints. Rights Committee & outside advocacy supports	
<b>Monthly feedback</b>	BLANK	BLANK
<b>Other comments</b>	Access to the wider community and very active programme of activities.	One Service User would benefit from having her own transport and from having Day Services.

## Family and Friends Survey Response Findings

**Family and Friends Survey Results - DC6 (Sample=9)**



### 9 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>DC6 Nine of the respondents commented on service provision</b>	Over all care very good Supportive and knowledgeable staff	Lack of Day Services Appropriateness of peer group Regular familiar staff Feedback on issues raised in previous surveys

# Designated Centre 7

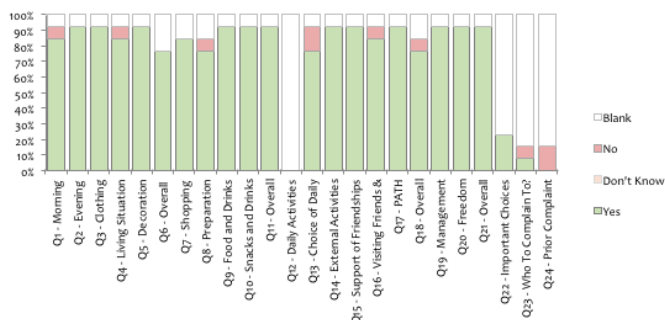
Number of Service Users: 14  
 Person In Charge: Kathleen Barry Murphy  
 Number of Staff (WTE, incl. relief): 2.28 RN, 5.18 CS  
 Registration Certificate Date: 8th Jan 2015-7th Jan 2018  
 Registration Number: 0030298

3 Hollyville Terrace  
 Roseville

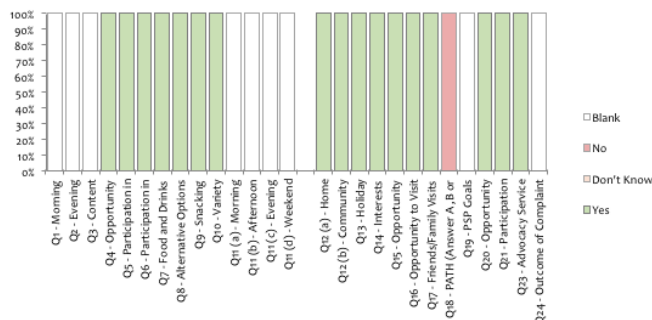
Person In Charge:  
 Kathleen Barry Murphy  
 Deputy PIC:  
 Dolores O'Gorman

Designated  
 Centre  
 7

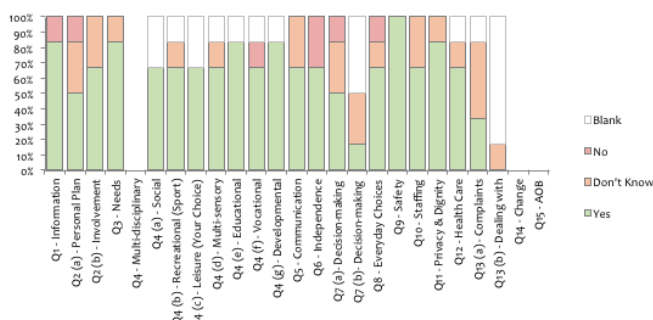
Service User Easy Read Survey - DC7 (Sample=12)



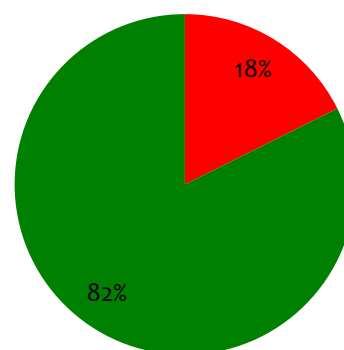
Service User Assisted Survey - DC7 (Sample=1)



Family and Friends Survey Results - DC7 (Sample=6)



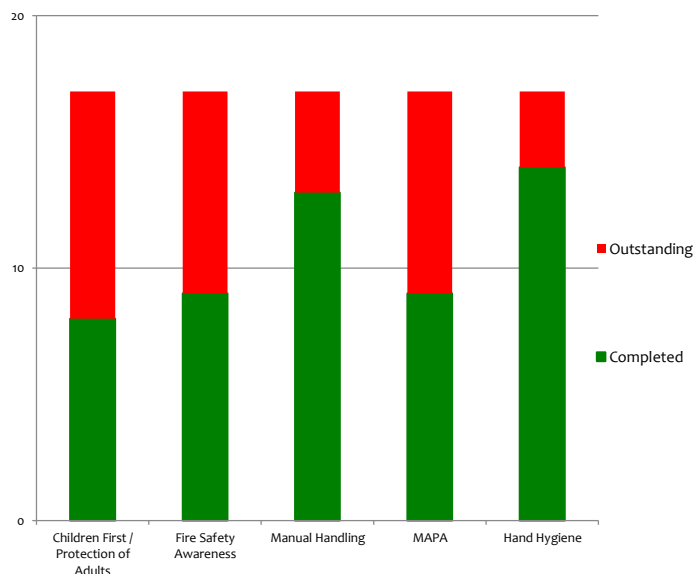
DC7 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

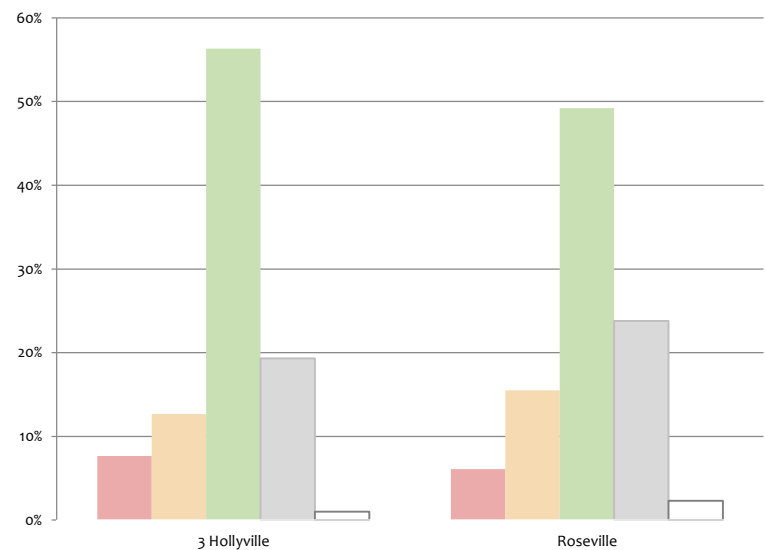
- Overall 52% of our metrics demonstrate that we are leading.
- Strong performance across all domains. Many sections not applicable due to the profile of the people involved.
- Some opportunities exist for improvements in terms of Interpersonal Relations / Social Inclusion, Personal Development and continue focus on Rights.
- 24% of metrics deemed not applicable in this Designated Centre as explained above.

DC7 Mandatory Training 2015

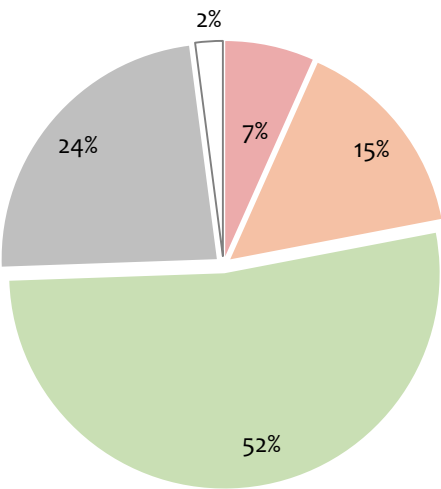


# QoL KPI Results

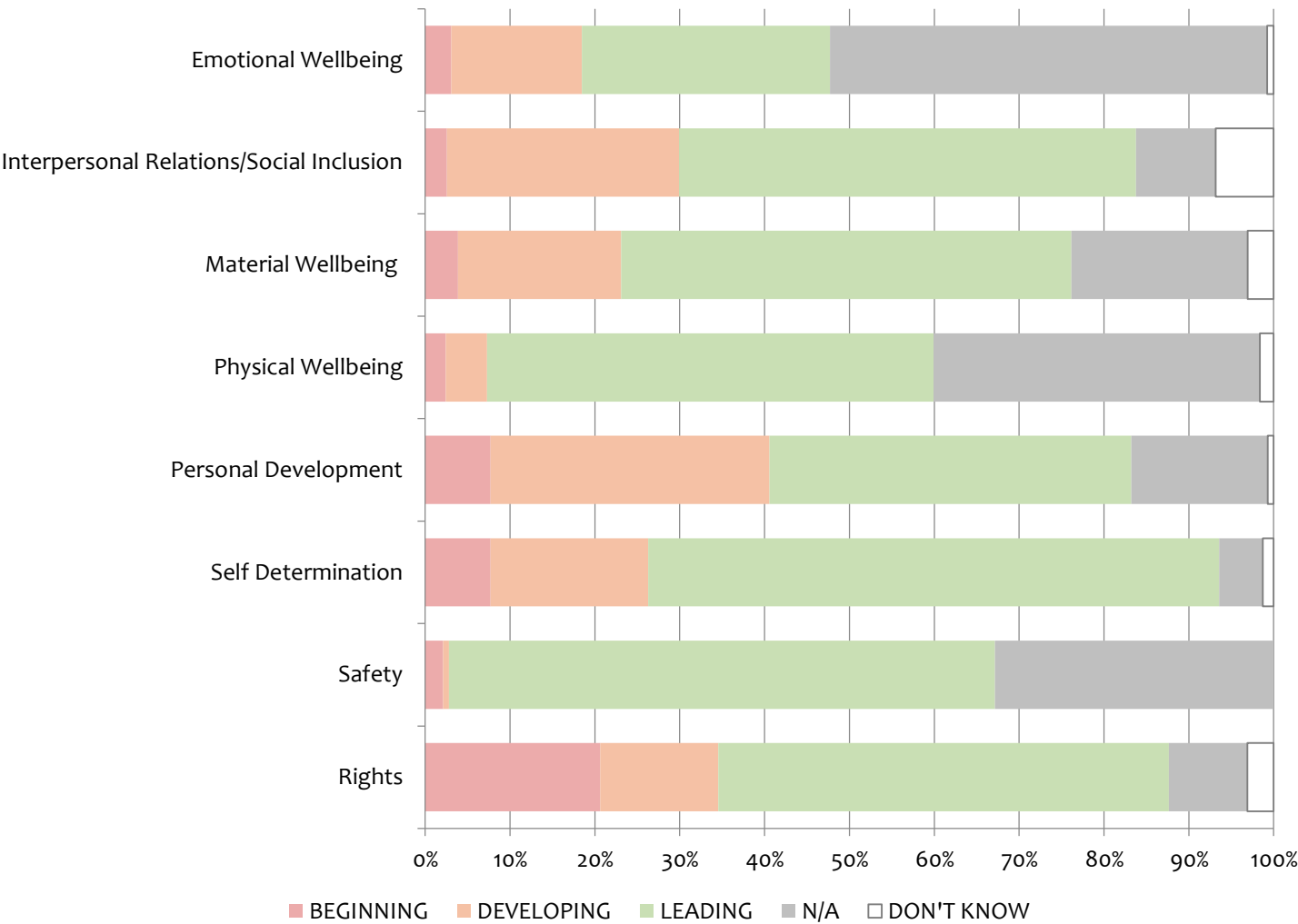
DC7 KPIs by Home (%)



DC7 KPI Overall (%) - 13 Service Users

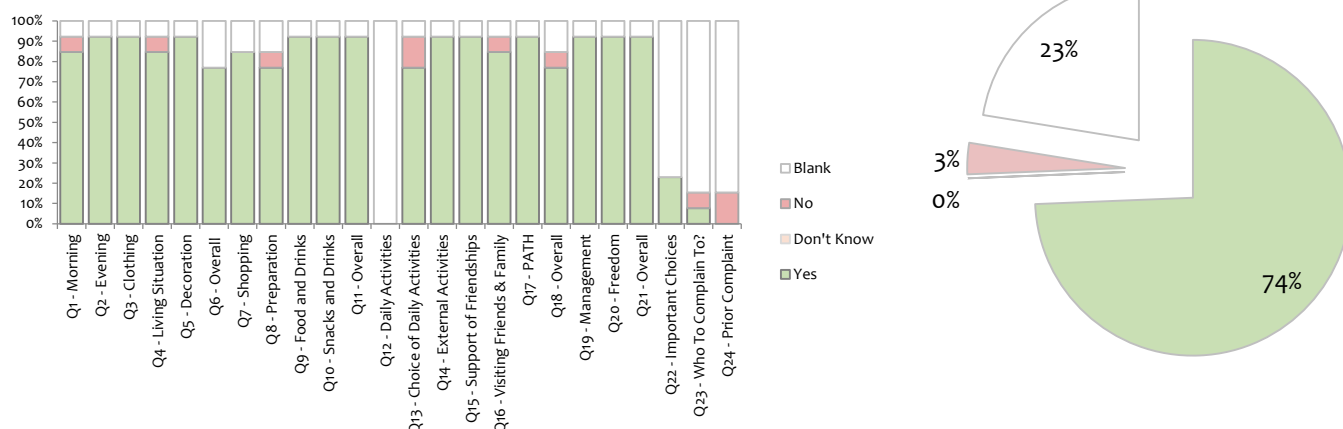


DC7 - KPI Performance - 13 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC7 (Sample=12)

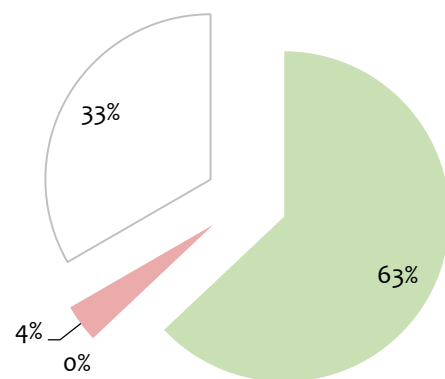
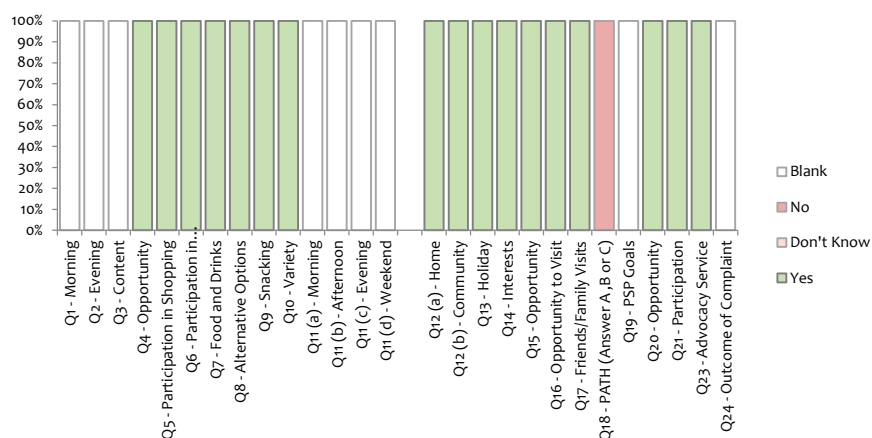


### 13x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Choice given in daily routines. Staff on duty wake me in the morning for work.	
<b>Mealtimes</b>	There is a planned menu which I help to plan with my friends. Staff will support me with menu planning and shopping. One Service User can do basic cooking.	Opportunity exists for more participation in shopping and/or preparing meals.
<b>Activities and Leisure</b>	Wide variety - Work as Stewarts Post Man & Milk Man Work Starbucks in Dublin, Work in Kilcloon. Day Services - Weaving / Tapestry, Travel to work independently. Go to my club in Islandbridge. Attend to Coach House, enjoy going to musicals, Theatre, Shopping, Meals out with my friends. I like to fill the dish washer. I enjoy going out to Sunday lunch. I like to clean my apartment with help. I like to keep in contact with my friends Attend parties? I like shopping in Liffey Valley. PATHs done most participants.	
<b>Money</b>	I get help to buy clothes, shoes, however other things I can buy myself.	
<b>Everyday Choices</b>	Yes - I make choices every day like everyone else. I am happy with the choices I make.	
<b>Complaints</b>	My staff in my home, my keyworker, my family Made complaint to family staff and support manager. Happy with the outcome. I did; and I chatted with [named PIC], we discussed it and talked about everything at our weekly Service Users meeting and it was sorted. I am happy everything was sorted	
<b>Comments</b>	No Response	No Response

## Service User Survey Response Findings (Assisted)

Service User Assisted Survey - DC7 (Sample=1)

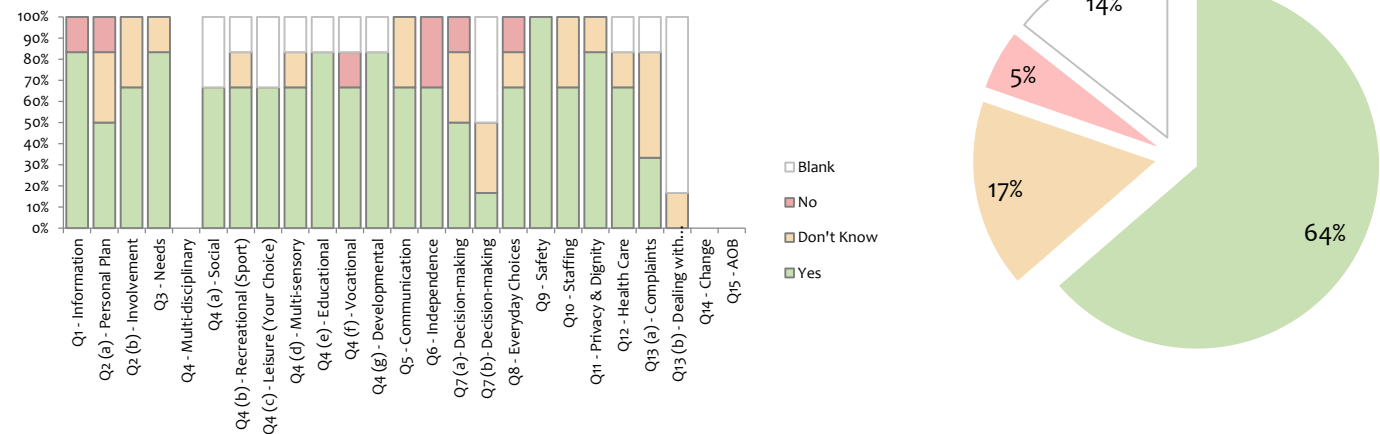


### 1x Service User Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to go to bed but needs guidance.	Staff encourage this person to go to bed at a reasonable time as he needs rest.
<b>Mealtimes</b>	Enjoys food provided. Given choice and there is variety	No participation in food preparation but observes the process.
<b>Activities and Leisure</b>	Enjoys bus drive, listening to music and watching TV. At the moment family are coming to visit PSP goals: recent goal achieved	Cannot participate in PATH at present.  Unable to travel at present but when well travelled home to visit twice a year.
<b>Money</b>	Staff assist with finances. Money is generally spent on a pint, CDs, Gifts for family. Goes shopping or on social activities with staff. Staff will assist	
<b>Complaints</b>	No complaints. Advocacy - Y.	
<b>Monthly feedback</b>	BLANK	BLANK
<b>Other comments</b>	Very happy with present living arrangements.	New surroundings and new housemates his mood can change.

# Family and Friends Survey Response Findings

Family and Friends Survey Results - DC7 (Sample=6)



## 6 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
DC7 six of the respondents commented on service provision	Over all care very good Supportive and knowledgeable staff	None identified



# Designated Centre 8

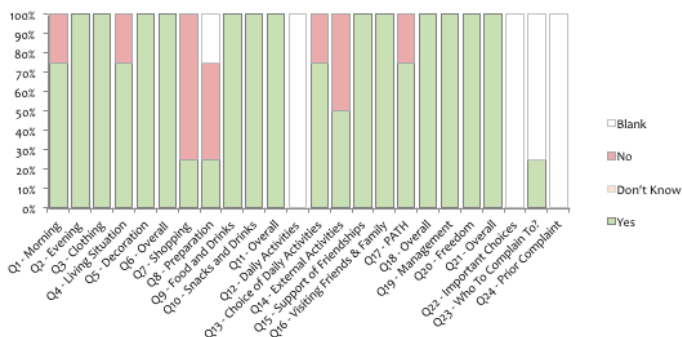
Number of Service Users: 8  
 Person In Charge: Kathleen Barry Murphy  
 Number of Staff (WTE, incl. relief): 0 RN, 9.41 CS  
 Registration Certificate Date: 27th Jan 2015-26th Jan 2016  
 Registration Number: 0030343

Min-a-cree  
 Apt 45, Palmerstown Sq  
 Palmerstown Heights  
 Oakcourt

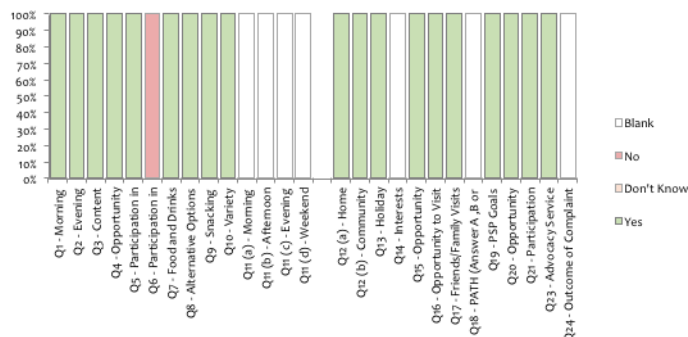
Person In Charge:  
 Kathleen Barry Murphy  
 Deputy PIC:  
 Dolores O'Gorman

Designated  
 Centre  
 8

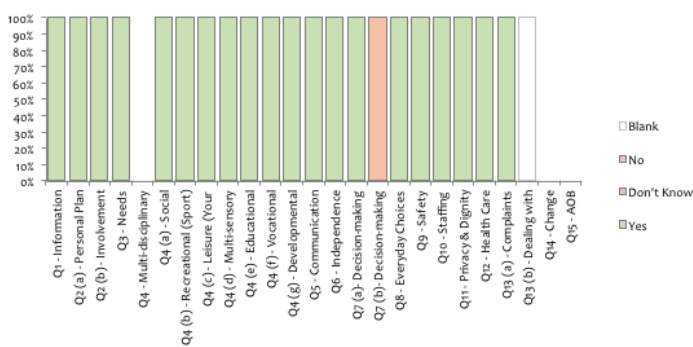
Service User Easy Read Survey - DC8 (Sample=4)



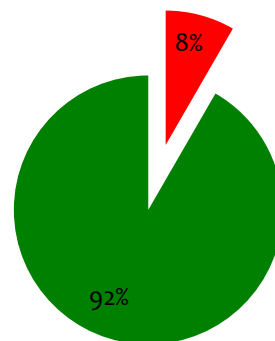
Service User Assisted Survey - DC8 (Sample=1)



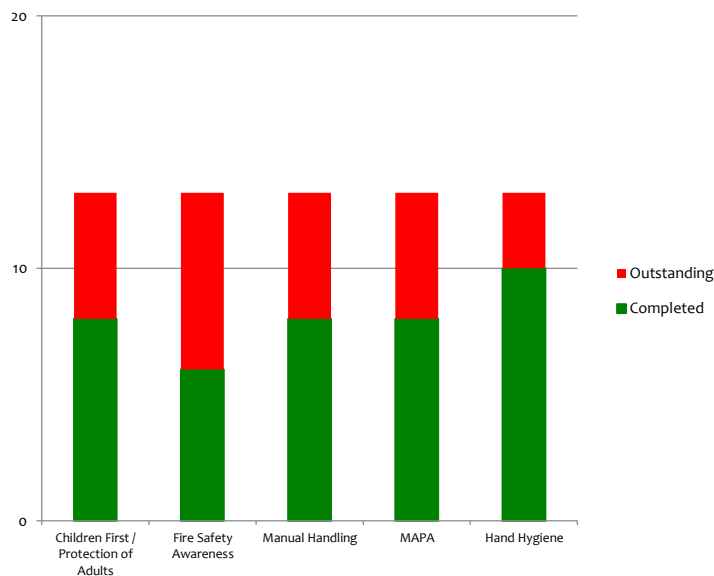
Family and Friends Survey Results - DC8 (Sample=1)



DC8 Supervision 2015



DC8 Mandatory Training 2015

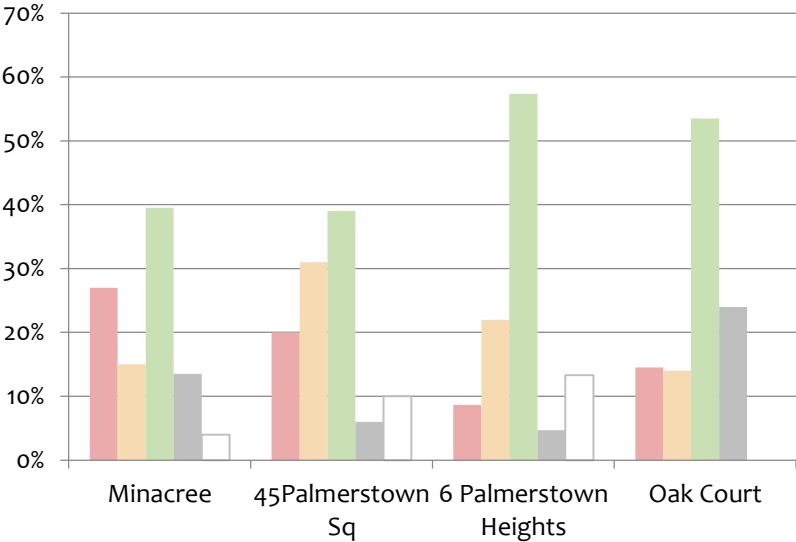


## Quality of Life Metric Analysis (KPI's)

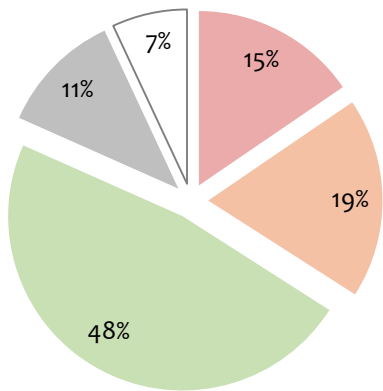
- Overall 48% of our metrics demonstrate that we are leading.
- Strong performance across most domains.
- Some opportunities exist for improvements in terms of Interpersonal Relations / Social Inclusion, Personal Development, Self determination and continue focus on Rights. Varies by home within the Designated Centre
- 24% of metrics deemed not applicable.
- 7% 'Don't Know' requires more detailed review.

# QoL KPI Results

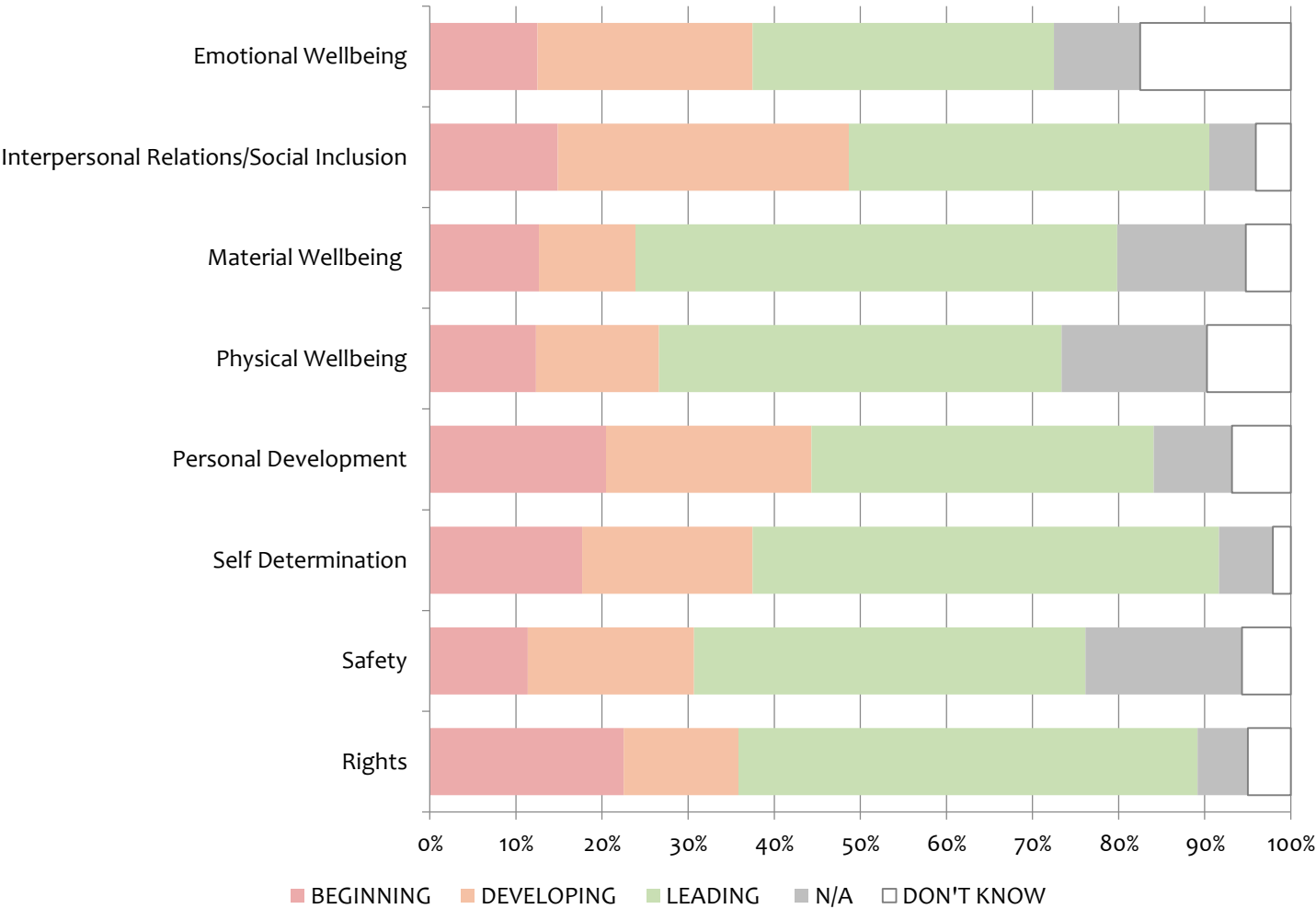
DC8 KPIs by Home (%)



DC8 KPI Overall (%) - 8 Service Users

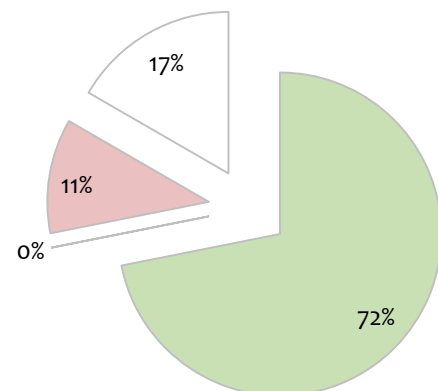
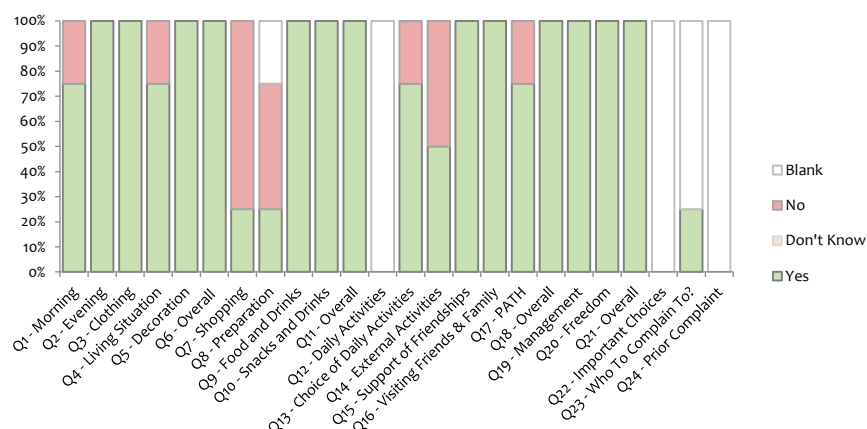


DC8 - KPI Performance - 8 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC8 (Sample=4)

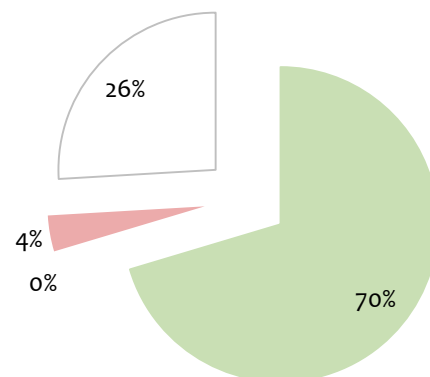
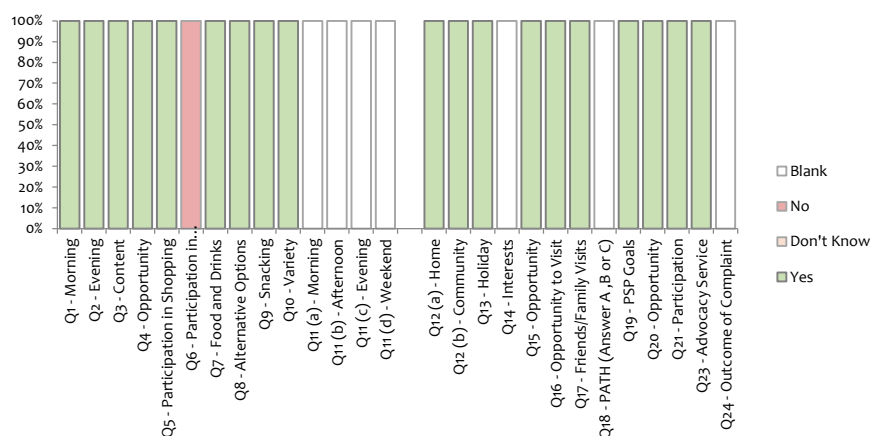


### 4x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	"I am getting help to choose where I want to live - with recent medical problems" Others left blank	
<b>Mealtimes</b>	"I make my own" Others left blank	
<b>Activities and Leisure</b>	Day Services/ weekends see my daily living and social development/ community access Gardening, wood work, plumbing and pottery.	
<b>Money</b>	Blank	
<b>Everyday Choices</b>	1) Going out. 2) Going to work. 3) Seeing my family. I am quite happy with the choices I am able to make in my everyday life although .....	.... I would like to be more independent in the future.
<b>Complaints</b>	[ Named both Complaints Officers] Advocate: my [named relative], key worker, Service User Council in Stewarts Care. Social Worker. I made a complaint before about things that were being said to me and how I was treated and I was very happy with the result.	
<b>Any Other Comments</b>	No Response	No Response

## Service User Survey Response Findings (Assisted)

Service User Assisted Survey - DC8 (Sample=1)

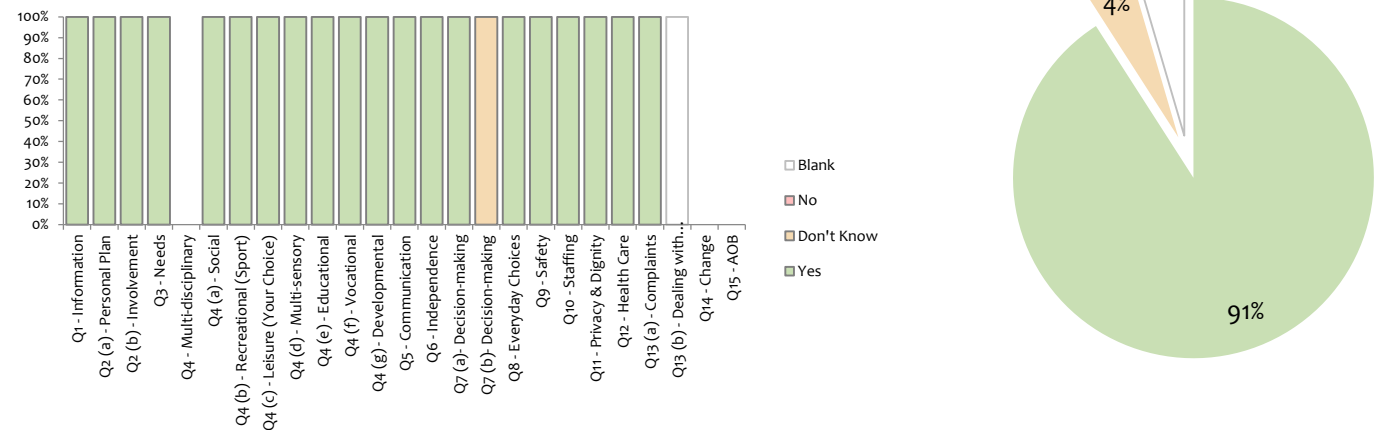


### 1x Service User Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to go to bed	
<b>Mealtimes</b>	Given choice and there is variety. He accompanies staff to do weekly shopping. Has full access to the kitchen.	
<b>Activities and Leisure</b>	Works during the week in Kilcloon Enjoys: Swimming, coach house, dinner out, cinema At the moment sister comes to collect him for day/ weekend visits home	
<b>Money</b>	Staff assistance with finances Money is generally spent when on outings, shopping for clothes, food etc.	
<b>Complaints</b>	No complaints noted	
<b>Monthly feedback</b>	Blank	Blank
<b>Other comments</b>	No Response	No Response

# Family and Friends Survey Response Findings

Family and Friends Survey Results - DC8 (Sample=1)



## 1 x Family / Friend Commented

	Areas where feedback was positive	Opportunities for Improvement
DC8 One respondent commented on service provision	Very happy with the care provided	None identified

# Designated Centre 9

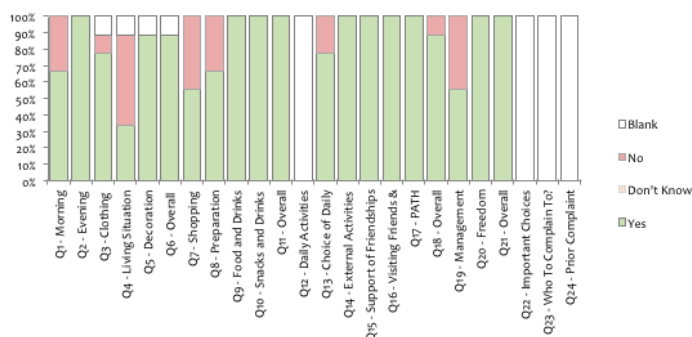
Number of Service Users: 14  
 Person In Charge: Kathleen Barry Murphy  
 Number of Staff (WTE, incl. relief): 3.42 RN, 7.10 CS  
 Registration Certificate Date: 3rd Feb 2015-2nd Feb 2018  
 Registration Number: 0030290

2 Hollyville Terrace  
 Riversdale  
 Wopdfarm Acres, 2/4 The Briers

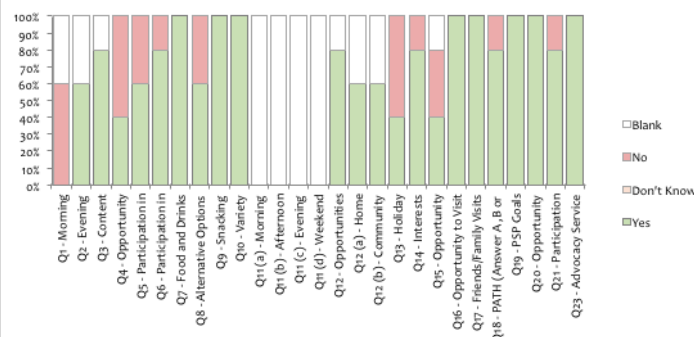
Person In Charge:  
 Kathleen Barry Murphy  
 Deputy PIC:  
 Dolores O'Gorman

Designated  
 Centre  
 9

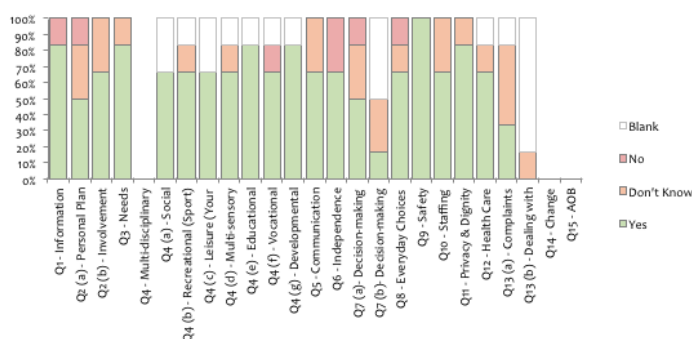
Service User Easy Read Survey - DC9 (Sample=9)



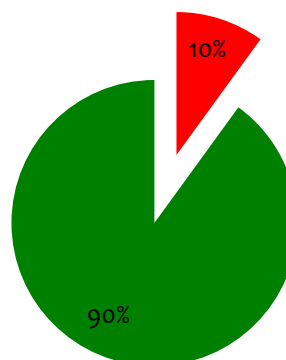
Service User Assisted Survey - DC9 (Sample=5)



Family and Friends Survey Results - DC9 (Sample=6)



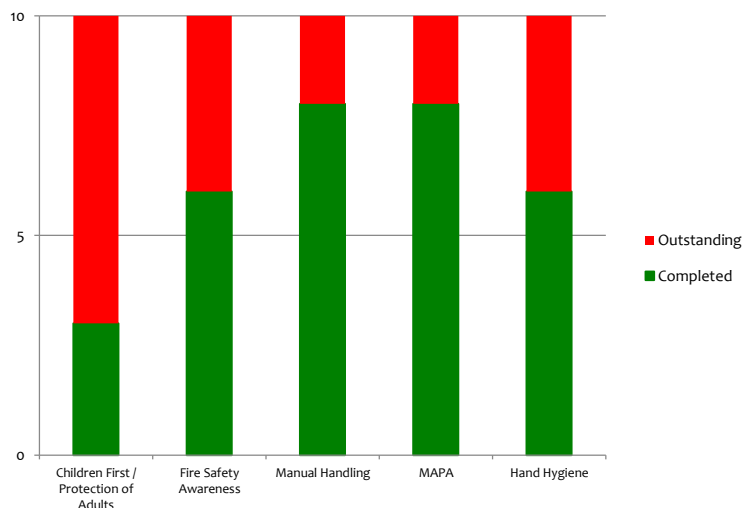
DC9 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

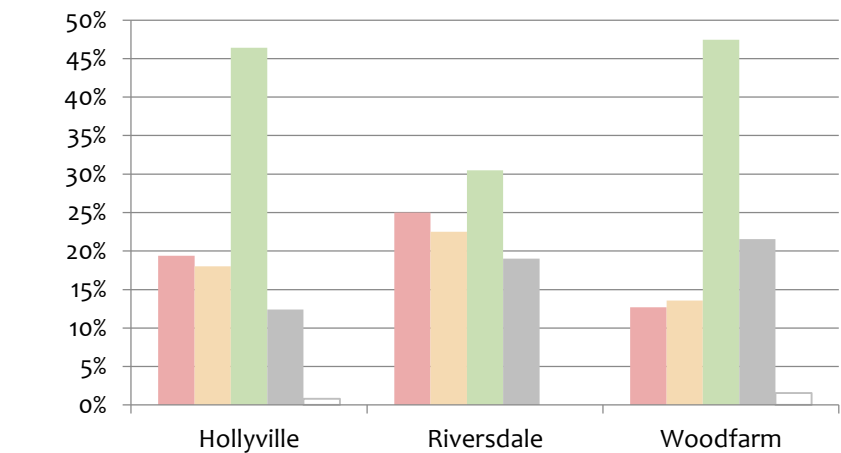
- Overall 46% of our metrics demonstrate that we are leading.
- Strong performance across many domains, with particular emphasis on Interpersonal Relations / Social Inclusion, Physical Wellbeing, Personal Development and Safety.
- Continued focus required on Emotional Wellbeing, Material Wellbeing, Self determination and Rights.
- 19% of metrics deemed not applicable.

DC9 Mandatory Training 2015

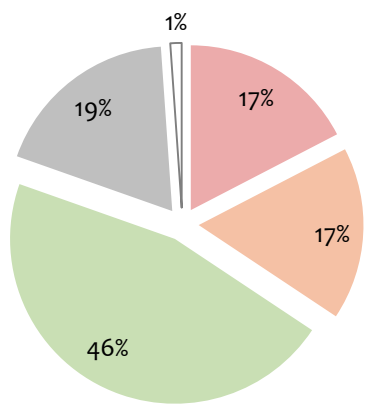


# QoL KPI Results

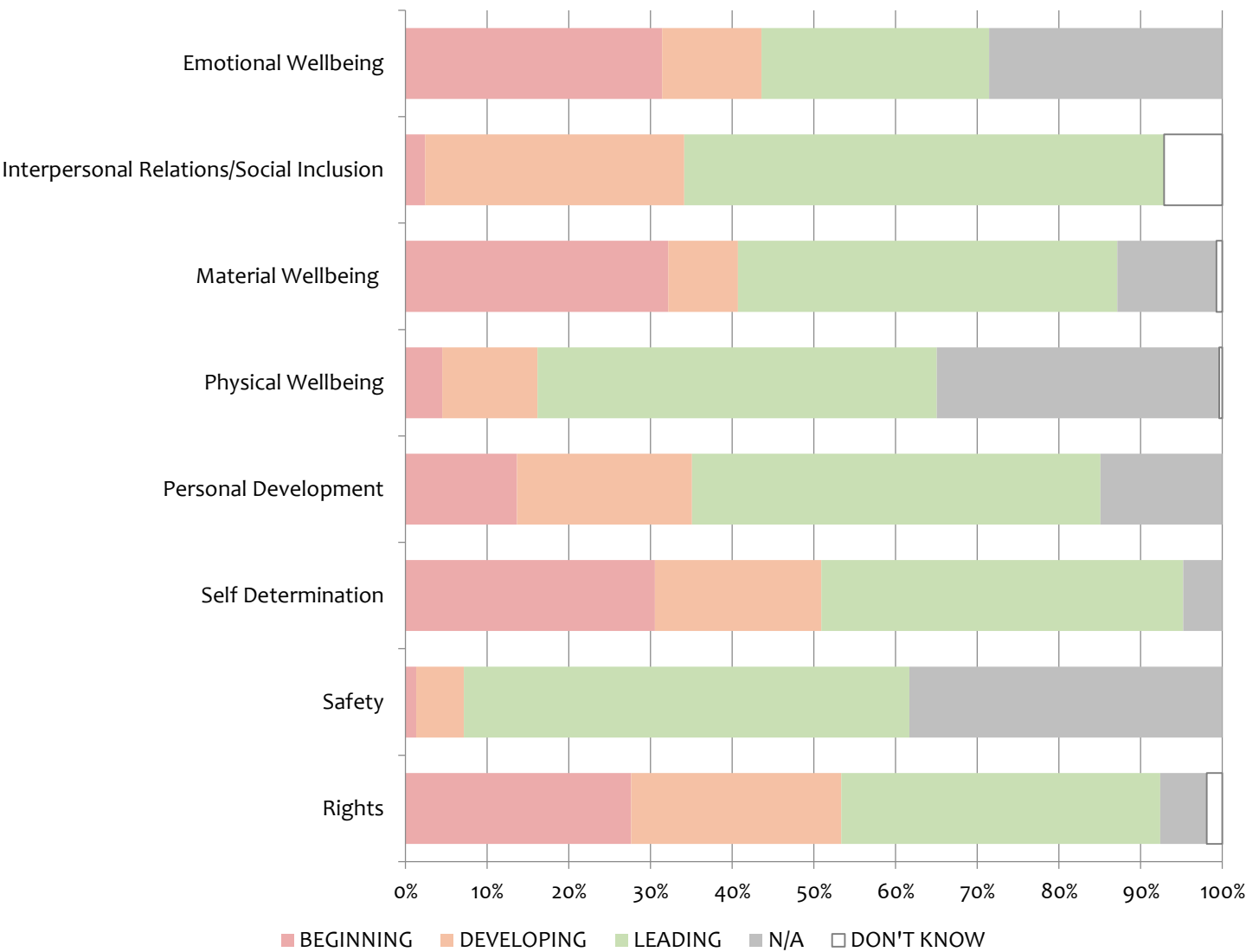
DC9 KPIs by Home (%)



DC9 KPI Overall (%) - 14 Service Users

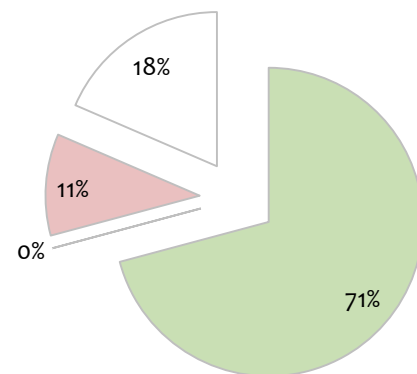
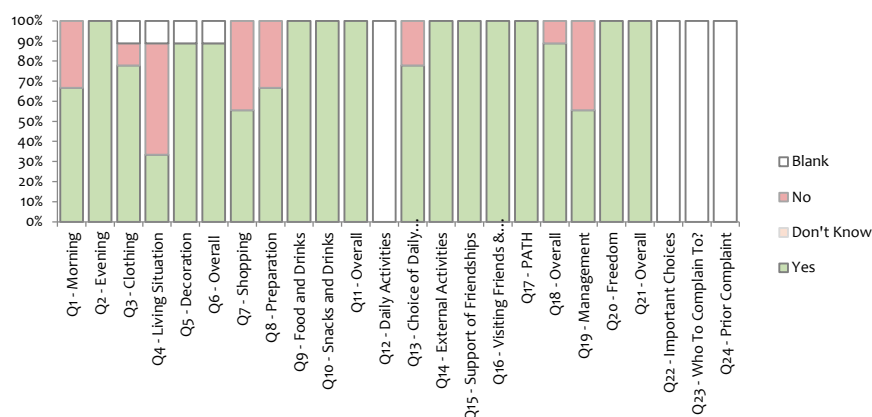


DC9 - KPI Performance - 14 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC9 (Sample=9)



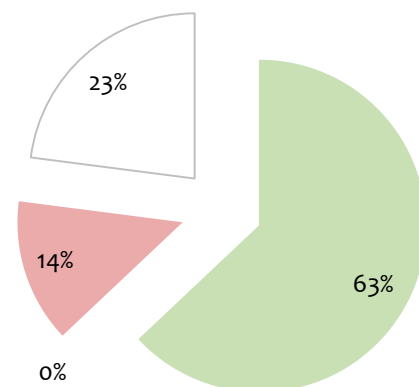
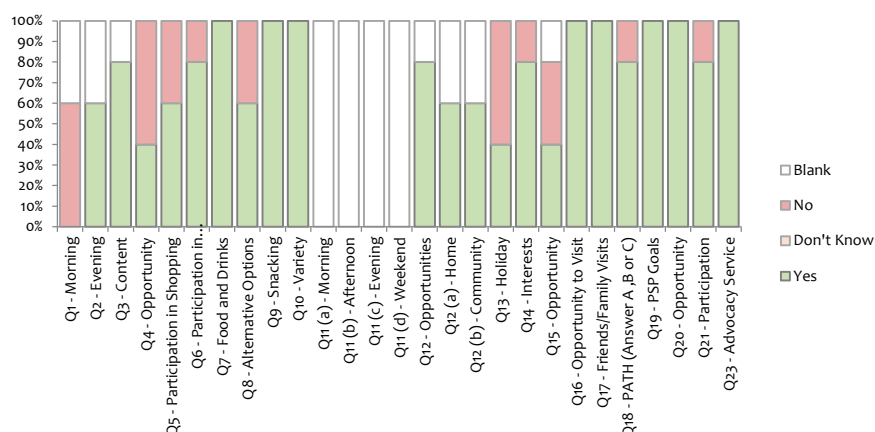
9x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Monday to Friday 7.30 due to work. On weekends I decide when I get up.	
<b>Mealtimes</b>	Staff does food shopping based on our weekly meal planner. I decide what to eat on Tuesday. My house mate decides on other days. However if I do not like a meals I can choose food from the fridge and press	
<b>Activities and Leisure</b>	Variety of activities and work in the Beehive and Kaizan. I do lots of activities -- walks, Art, drama, cooking. Rosscourt - Sewing and lunch Senior Citizen Monday - Friday. Sat - Sun I help with house shopping and cleaning or social outings to the pub or dinner. Go to the Coachhouse. Good engagement in PATH.	
<b>Money</b>	I get €XX FISP every fortnight I have no concept of money. However if I wish to buy an item my staff will assist me to do so but they do talk to me about it.	
<b>Everyday Choices</b>	I have choices to go swimming, ringing my boyfriend, which meals to cook, what clothes to wear. My personal hygiene. Going to club, Coachhouse. Palmerstown. I ring my family. I like to watch my favourite TV programmes. I like to do my writing. ...help from my Social Worker if I need it...	"I don't get to choose about things throughout the day but I do have choices in my free time"
<b>Complaints</b>	I don't know. Answer with assistance. [Named Staff, PIC].Proposal for funds for holiday took a long time for decision but PIC got involved and resolved it fast.	I made a complaint about a staff member recently, and the person in question was talked to about it, but at time of writing this form I still have to see the changes for myself.
<b>Any Other Comments</b>		



## Service User Survey Response Findings (Assisted)

### Service User Assisted Survey - DC9 (Sample=5)

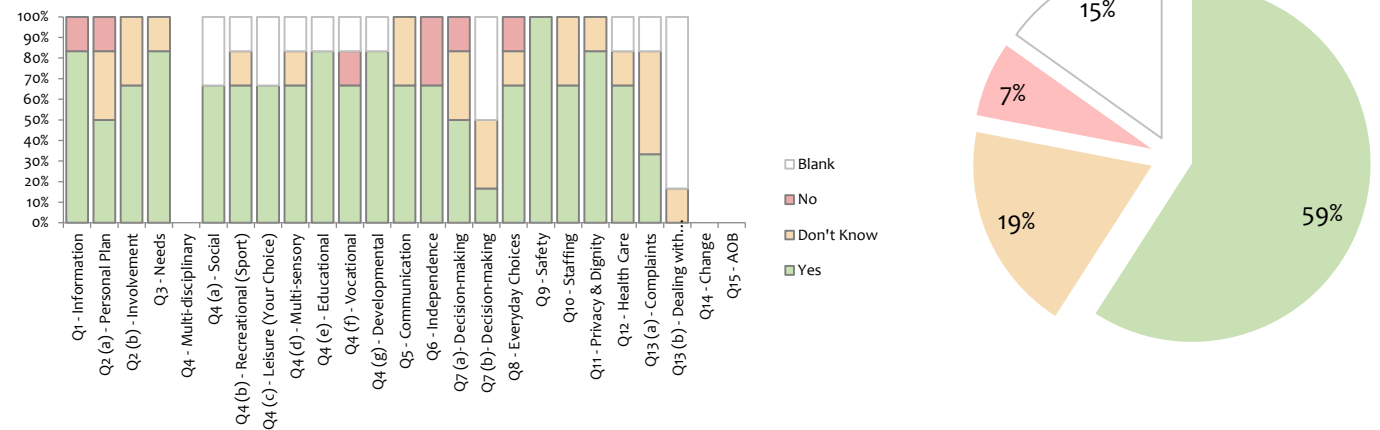


### 4x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to go to bed but is aware that for Day Services has to be up at 7am Monday to Friday and will lie in at weekends	Medication has a drowsy effect. Medication is given at 9pm. (?) Sleep pattern disturbed may cause seizure.
<b>Mealtimes</b>	Helps to pick up food off shelf, pushes the shopping trolley and request food at weekly shopping planning, given choice and there is variety prepares her sandwich, helps to prepare dinner at weekends. Is able to peel carrots & potatoes	One person goes home weekends so misses opportunity to help with shopping. Another person can't due to 'staffing issues'
<b>Activities and Leisure</b>	Works during the week in Kilcloon Enjoys: listening to her CDs and watches her DVDs & TV Day Services activities, - Art, walks, bus trips, day outings. knits and attends Islandbridge club Go to church. Go for lunch for walk or bus drive. Many of the Service Users go home at the weekend and during holidays. PSP – most have PATH completed with the person's inputs taken on board.	
<b>Money</b>	Most have staff assistance with finances but Service Users have money and make choices about how to spend it	
<b>Complaints</b>	No complaints noted Advocacy - Y	
<b>Monthly feedback</b>	Only 2 days filled in - good and happy mood / mixed from happy	
<b>Other comments</b>		

# Family and Friends Survey Response Findings

Family and Friends Survey Results - DC9 (Sample=6)



## 6 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
DC9 Six of the respondents commented on service provision	Over all care very good Supportive and knowledgeable staff	More access to chiropody.  Quicker access to orthotic service Insufficient number of toilets in house.  Review of supports to move towards more independent living.

# Designated Centre 10

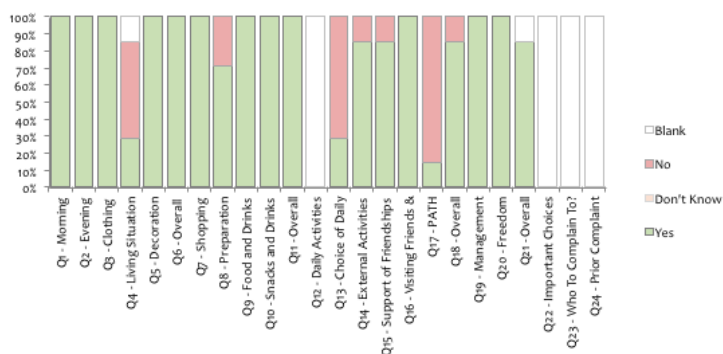
Number of Service Users: 11  
 Person In Charge: Kathleen Barry Murphy  
 Number of Staff (WTE, incl. relief): 2.28 RN, 9.12 CS  
 Registration Certificate Date: 3rd Feb 2015- 2nd Feb 2018  
 Registration Number: 0030289

Balgaddy Cottage  
 St Andrew's  
 Westbury

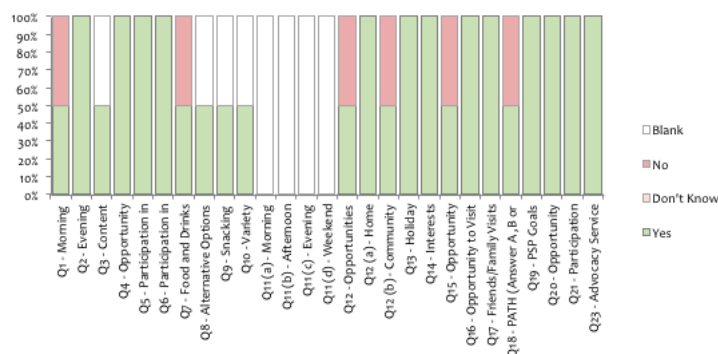
Person in Charge:  
 Kathleen Barry Murphy  
 Deputy PIC:  
 Dolores O'Gorman

Designated  
 Centre  
 10

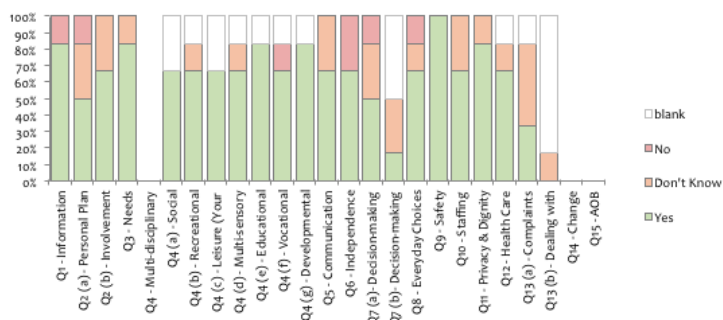
Service User Easy Read Survey - DC10 (Sample=7)



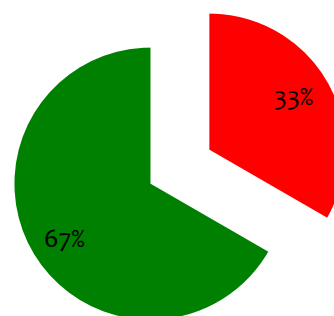
Service User Assisted Survey - DC10 (Sample=2)



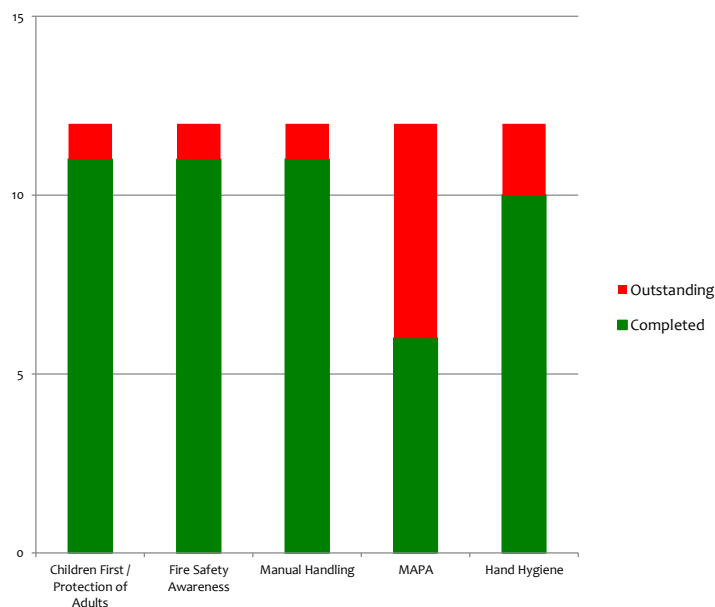
Family and Friends Survey Results - DC10 (Sample=4)



DC10 Supervision 2015



DC10 Mandatory Training 2015

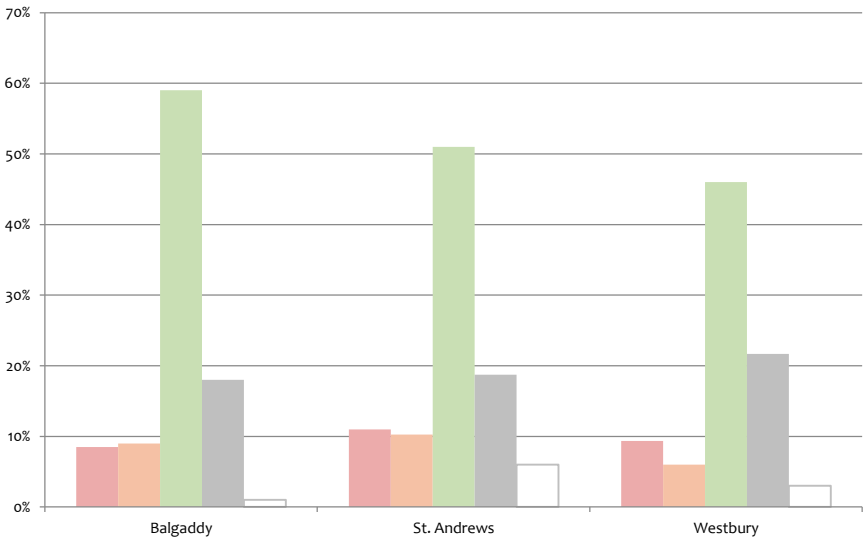


## Quality of Life Metric Analysis (KPI's)

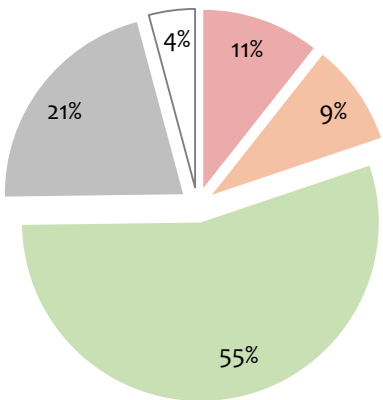
- Overall 55% of our metrics demonstrate that we are leading.
- Strong performance across all domains
- Opportunities have been highlighted in the areas of Material Wellbeing, Personal Development and Self Determination.
- 21% of metrics deemed not applicable will require more detailed review and will inform review of metrics for future assessment.

# QoL KPI Results

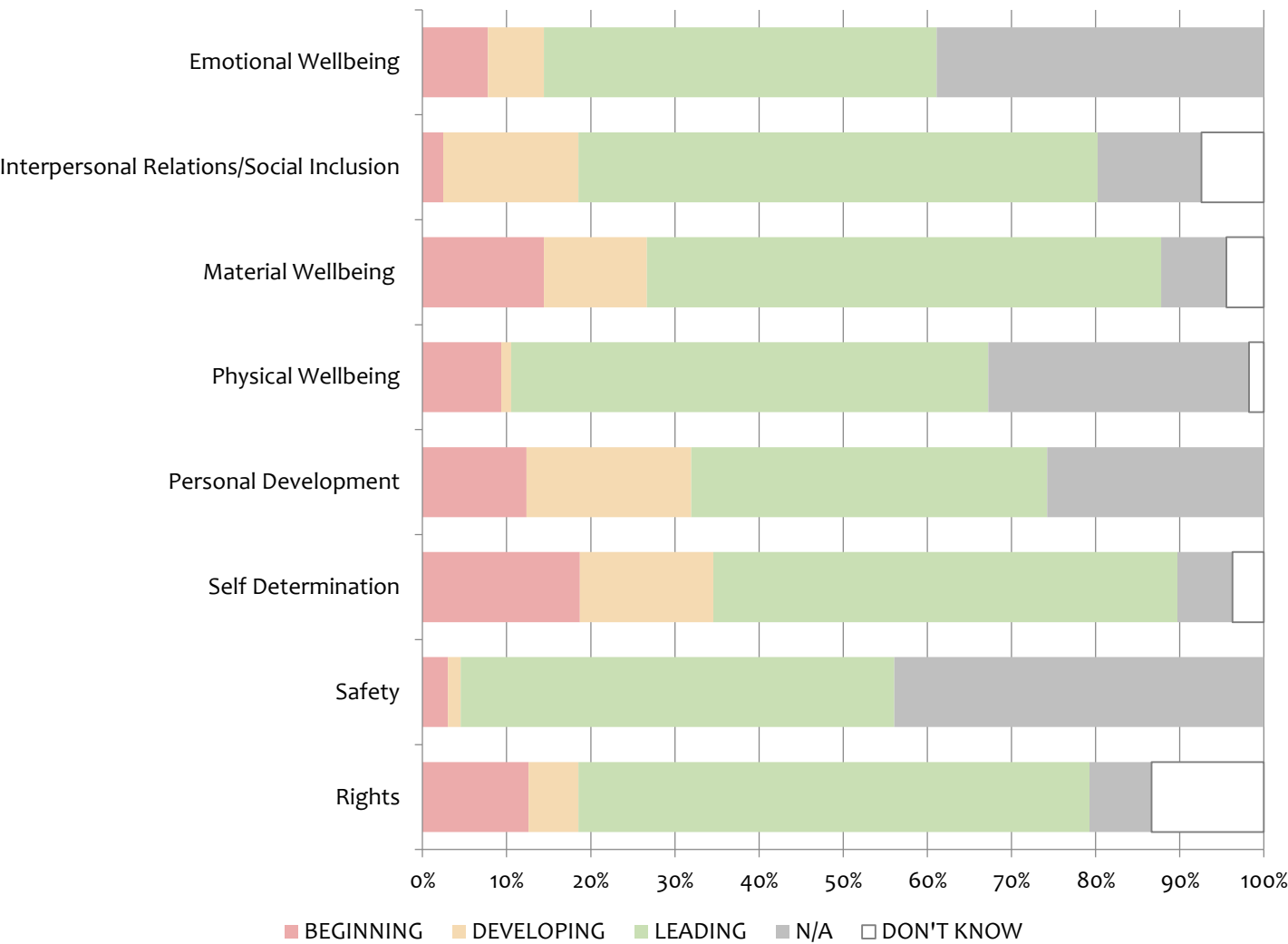
DC10 KPIs by Home (%)



DC10 KPI Overall (%) - 9 Service Users

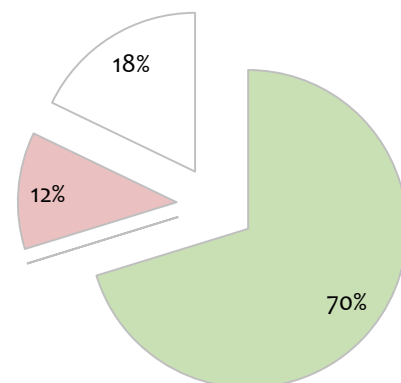
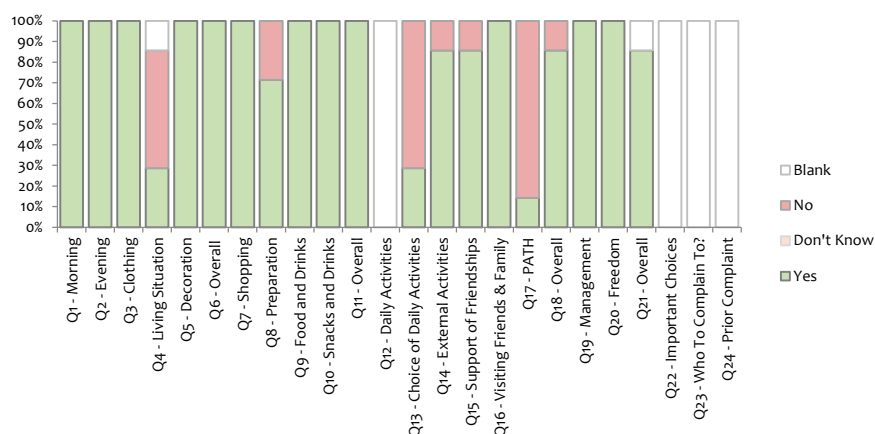


DC10 - KPI Performance - 9 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey - DC10 (Sample=7)

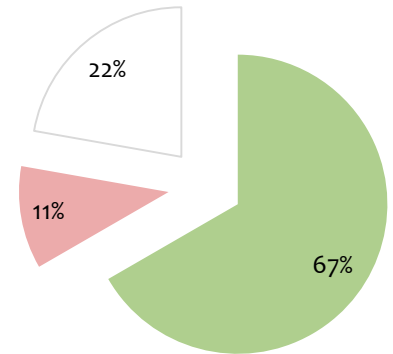
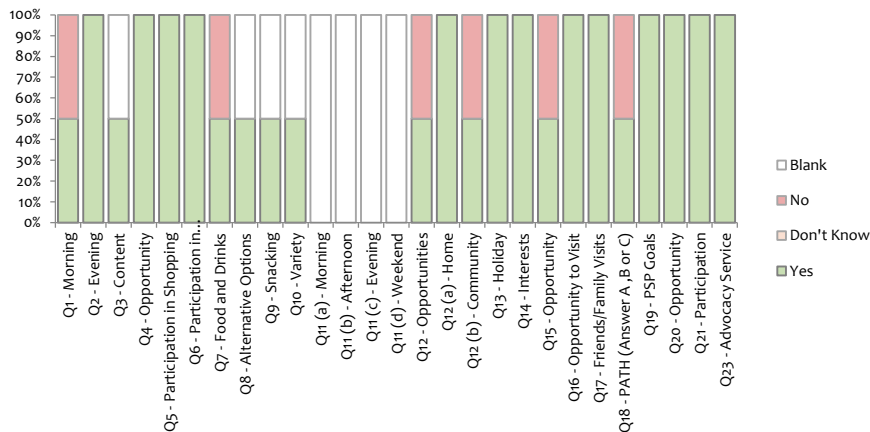


### 7x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	During the week I have to get up early for the bus to work	
<b>Mealtimes</b>	Contribute to shopping list assists with preparing items with staff support.	
<b>Activities and Leisure</b>	Work in the Beehive /RosseCourt / Kilcloon / Campus/ Horticulture / Swim. Go to RosseCourt. Outings with my teacher. Do maths in class: MC PATH in RosseCourt but not yet in Community.	Service User would like to do more activities but unable due to staffing.
<b>Money</b>	One Service User does not like looking after money but chooses how to spends it Most look after their own money in this centre.	
<b>Everyday Choices</b>	I choose my clothes - what I want to wear. I choose my own breakfast. I choose what activities I do at work. I choose my outings at weekends. I choose what time I get up at weekends. Happy with the choices made.	
<b>Complaints</b>	Pointed to [named complaints officers] Staff in Balgaddy I know the complaints procedure. Got sorted.	
<b>Any Other Comments</b>		

## Service User Survey Response Findings (Assisted)

Service User Assisted Survey - DC10 (Sample=2)

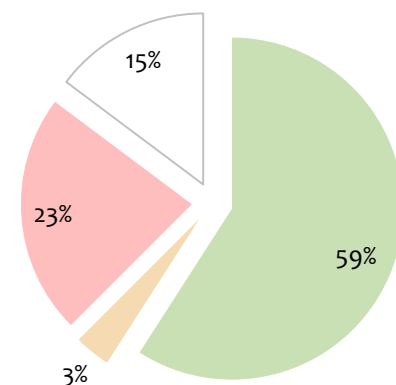
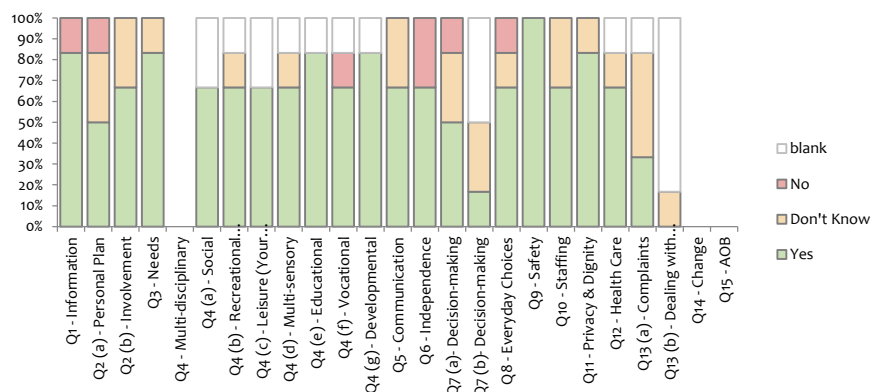


### 2x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to go to bed but is aware that for Day Services has to be up at 7am Monday to Friday and will lie in at weekends.	Unfamiliar staff may not understand her vocal sounds for likes and dislikes – even though it is documented in her PSP
<b>Mealtimes</b>	Participates in menu plan request food at weekly shopping planning. Peg feed	
<b>Activities and Leisure</b>	Brought to many different shows and events, social groups. Music, Multisensory, Baking. Goals to attend musical shows and outings. Regular staff understand expressions and would try out many things and observe for happy facial expressions. Kinvara 2013 - Planning underway for next holiday. Visit to family at Christmas.	
<b>Money</b>	Most have staff assist with finances but Service Users have choices to spend money. Loves going to the cinema, buying new clothes, staff can tell due to facial expressions, giggles and laughs. Mam also participates in choices.	
<b>Complaints</b>	No complaints Family members and key worker advocates. Staff knowledge of National Advocacy Services	Would like to have his own room. – This will be one of his PSP / PATH Goals
<b>Monthly feedback</b>	Blank	Blank
<b>Other comments</b>	Family would like him to have his own room in [Named Home] as always shared since coming to Stewarts this would achieve one of [Name's] goals	

## Family and Friends Survey Response Findings

**Family and Friends Survey Results - DC10  
(Sample=4)**



### 4 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
DC10 Four of the respondents commented on service provision	Over all care very good Supportive and knowledgeable staff	Lack of regular staff Better communication between service provider and families/ Service Users

# Designated Centre 11

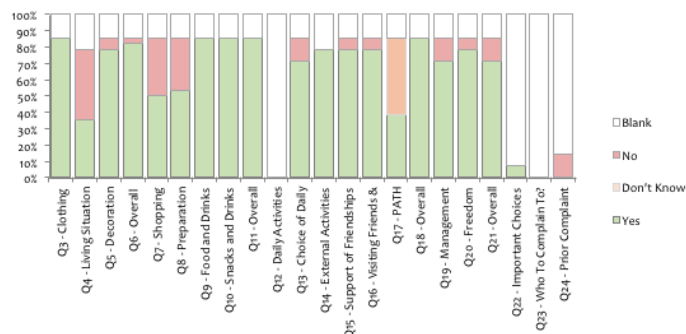
Number of Service Users: 20  
 Person In Charge: Barbara Murphy  
 Number of Staff (WTE, incl. relief): 5.13 RN, 12.02 CS  
 Registration Certificate Date: Awaiting Registration

123 Beech Park  
 Cannonbrook  
 Westhaven  
 Weston Court  
 Weston Way

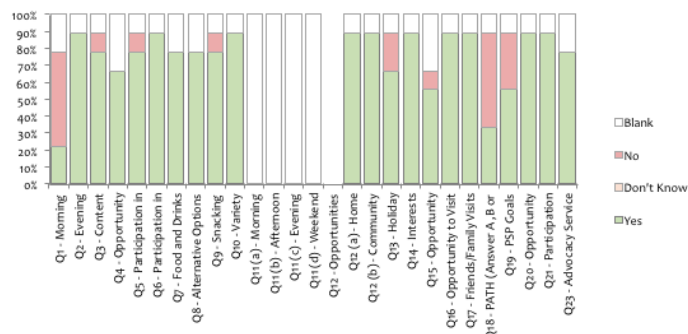
Person in Charge:  
 Barbara Murphy  
 Deputy PIC:  
 Madeline McCormick

Designated  
 Centre  
 11

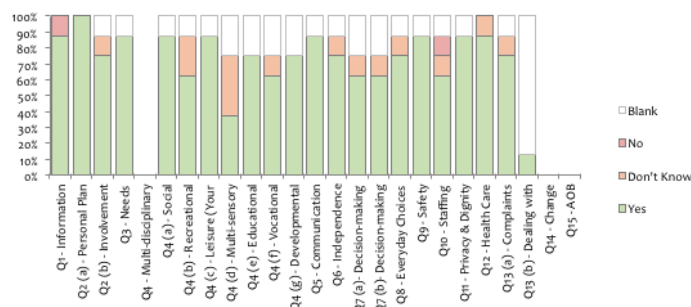
Service User Easy Read Survey -DC11 (Sample=12)



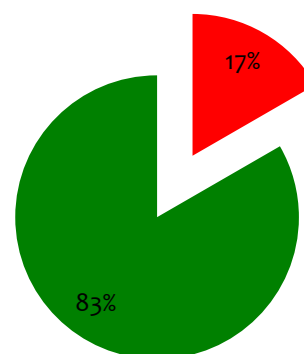
Service User Assisted Survey - DC11 (Sample=8)



Family and Friends Survey Results - DC11 (Sample=8)



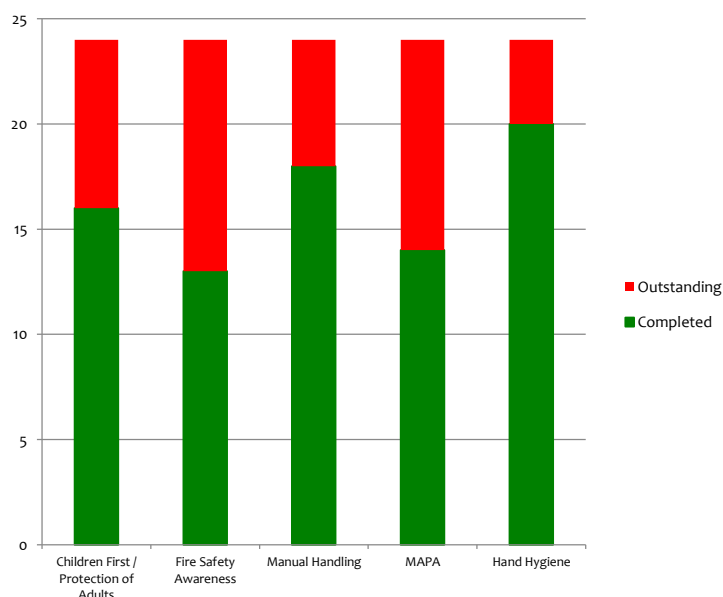
DC11 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

- Overall 38% of our metrics demonstrate that we are leading.
- Strong performance across many domains, with particular emphasis on Interpersonal Relations / Social Inclusion, Physical Wellbeing, Self determination and Safety. N/A areas due to profile of service users.
- Continued focus required on Material Wellbeing, Self Determination and Rights.
- 17% of metrics deemed not applicable.

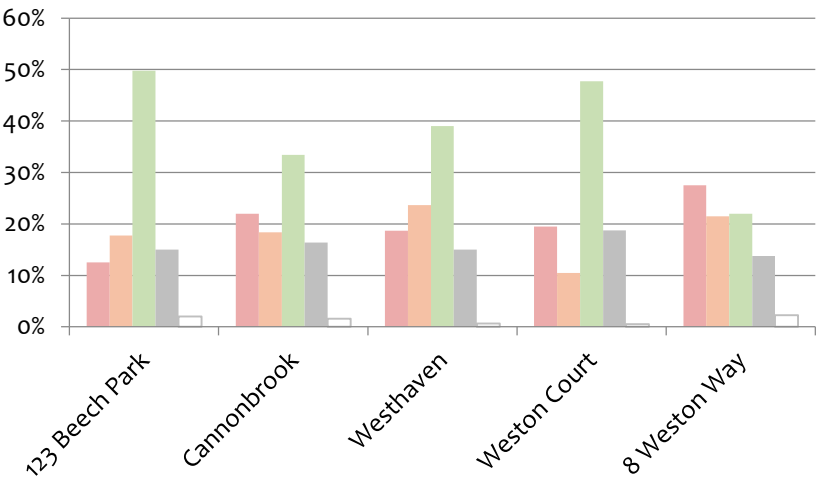
DC11 Mandatory Training 2015



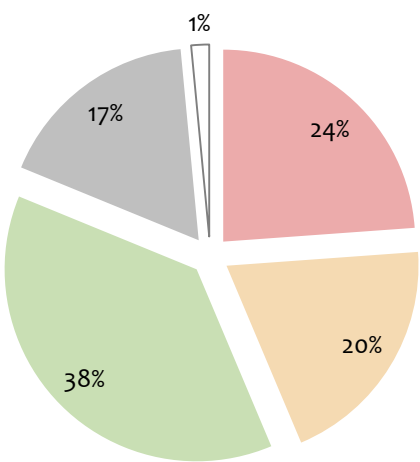


# QoL KPI Results

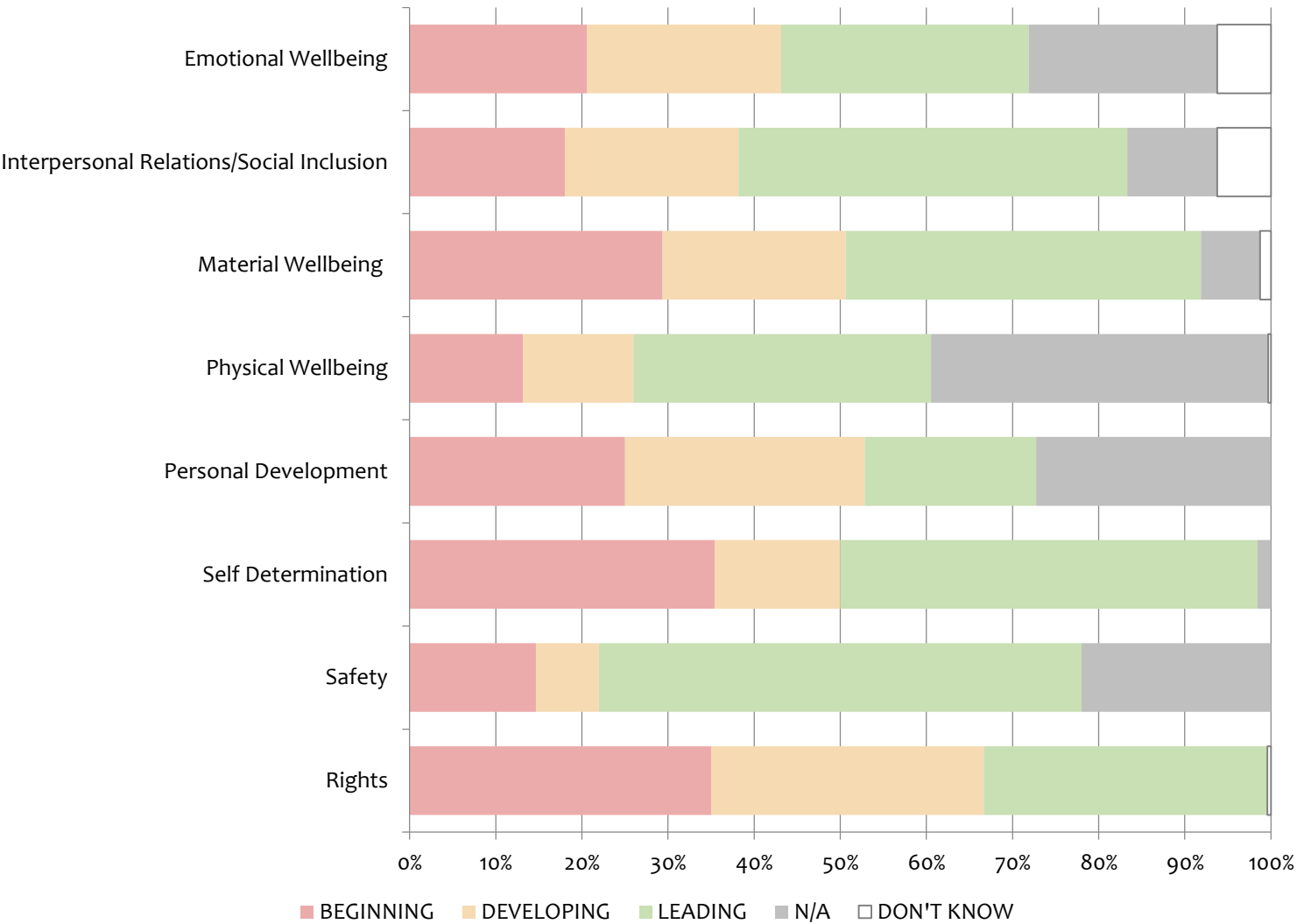
DC11 KPIs by Home (%)



DC11 KPI Overall (%) - 20 Service Users

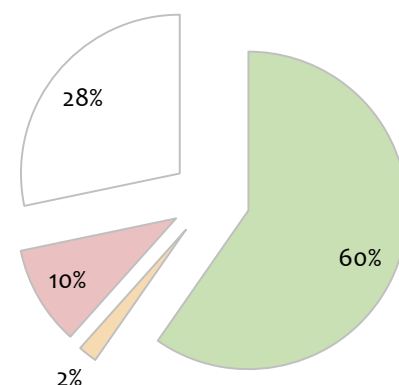
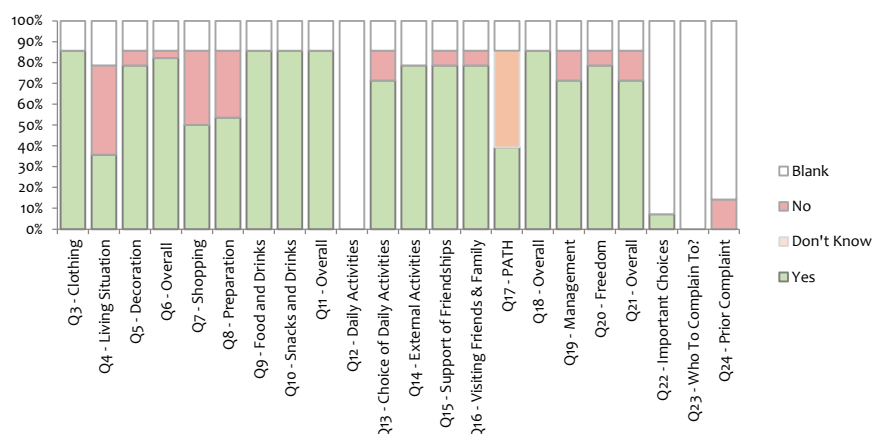


DC11 - KPI Performance - 20 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey -DC11 (Sample=12)

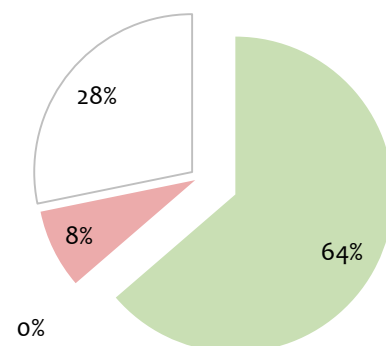
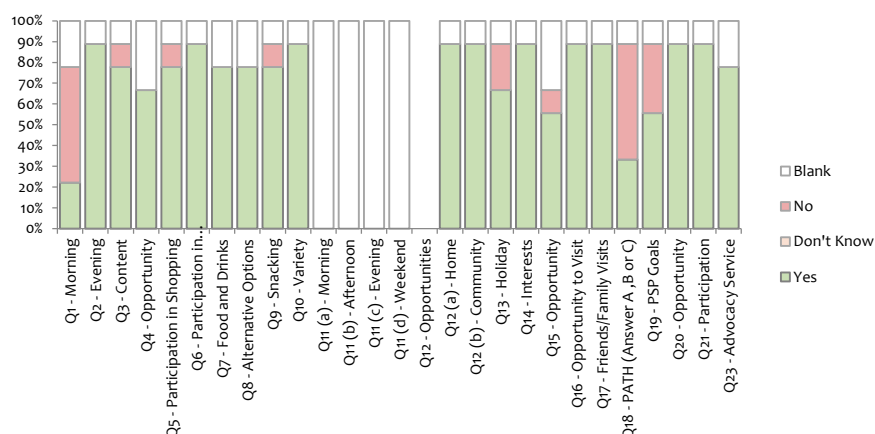


### 12x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	I go to Day Services in Kilcloon Mon - Fri. I need to be reminded of the time in the morning but offered a choice of staying in bed at weekend	"I would like a Richard Marks poster"
<b>Mealtimes</b>	I accompany the staff to do the shopping. I help with shopping list but don't like doing shopping	A lot of respondents answered 'no' to participation in shopping – possible opportunity?
<b>Activities and Leisure</b>	Wide variety of activities / work. Go home to see my family. Arch Club, Swimming, Walking, Coffee out, TV and listen to music. Playing with dog. I do swimming and I play basketball and gym. I work in Joels . PATH at various stages of completion. I don't like going to club but I go to the Coach House or swimming. "That is important to me"	'Day Services decide what I do – I have choice at the weekend!' – Needs to be better understood.
<b>Money</b>	I am saving up to go on a holidays and I want to live with my Lisa my fiancé	No bank account at present. I keep my money box in my room. Receive DA fortnightly to spend and send back receipts to be reimbursed
<b>Everyday Choices</b>	I get to choose different activities in work and at home. I feel I can make my own choices. I like to make my own sandwiches choose the fillings. I like to choose what to do for my Saturday e.g. cake, present & outing Brain Training in Trinity College	Happy living in [named home] but would really like to live with her sister one day.
<b>Complaints</b>	"HIQA?" and on call staff. Keyworker Kilcloon / Keyworker Cannonbrook Staff. Social Worker. My Mum I wanted my own bedroom ... I got my own bedroom I was very happy to get my new bedroom and love showing it to my family.	
<b>Any Other Comments</b>		

## Service User Survey Response Findings (Assisted)

### Service User Assisted Survey - DC11 (Sample=8)

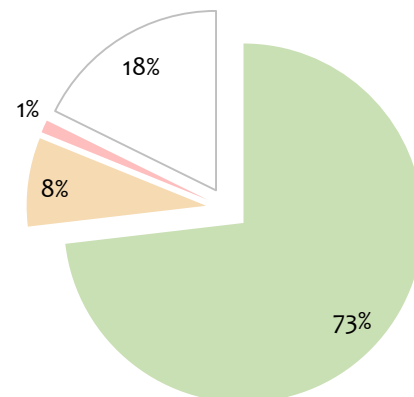
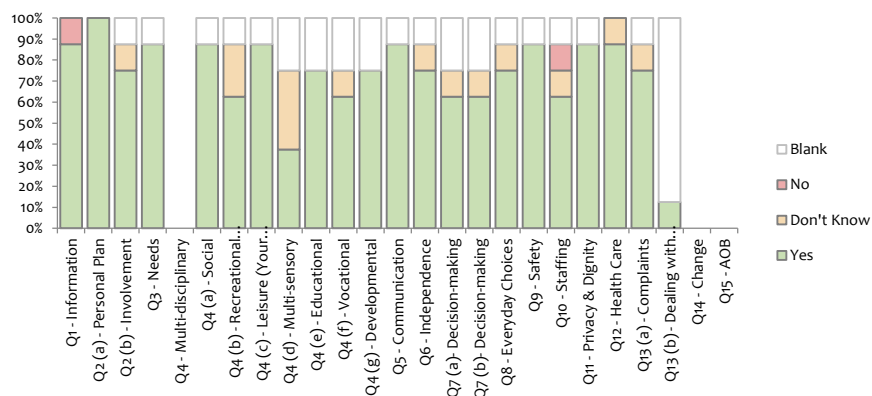


### 9x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to go to bed. Day Services requires 7am Monday to Friday, but opportunity for lie in at weekends. Choices respected but ome gentle prompting required.	
<b>Mealtimes</b>	Variety of options in terms of preparation of food – per Service User preference, Choice respected – some participation in weekly grocery shopping reflects Service User’s personal choice/shops very local so alternative may be purchased. Chooses own meal when out in pubs/restaurants & help himself to his snacks	
<b>Activities and Leisure</b>	Goes to Rossecourt day service. Taken out on drive by staff or parents for the day and returned in evening. Attends mass and goes shopping. Visits airport/ library. Chilling out, listen to music, standing looking outside, walks, paces around garden. Music in Coach House. Bocci, Gardening. Arts and crafts in Kilcloon. Variety of holidays noted, reflecting indivicual preference. Most Service Users have regular visits. PATH progress varies and goals are mostly supported by staff.	
<b>Money</b>	Most Service Users have staff assistance with finances but shave choices to spend money Loves going to the cinema, buying new clothes Chooses what to buy with supervision and guidance from staff.	
<b>Complaints</b>	One complaint Advocacy through National Advocacy Serveide.	Use of security re: wifi - resolved.
<b>Monthly feedback</b>	blank	
<b>Other comments</b>		

## Family and Friends Survey Response Findings

### Family and Friends Survey Results - DC11 (Sample=8)



### 8 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
DC11 Eight of the respondents commented on service provision	Over all care very good Supportive and knowledgeable staff	More staff Regular staff

# Designated Centre 12

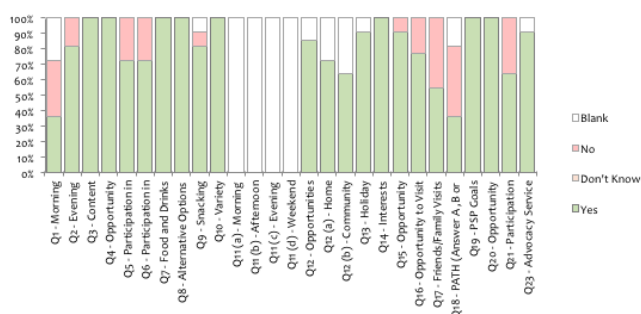
Number of Service Users: 25  
 Person In Charge: Barbara Murphy  
 Number of Staff (WTE, incl. relief): 4.56 RN, 14.82 CS  
 Registration Certificate Date: 11th May 2015-10th May 2016  
 Registration Number: 0030291

Gleneaston Avenue  
 Gleneaston Court  
 Gleneaston Drive  
 Louisa Valley  
 119 Royal Meadows  
 Silken Vale

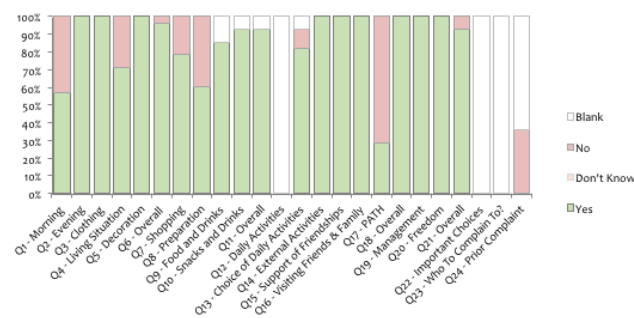
Person in Charge:  
 Barbara Murphy  
 Deputy PIC:  
 Madeline McCormick

Designated  
 Centre  
 12

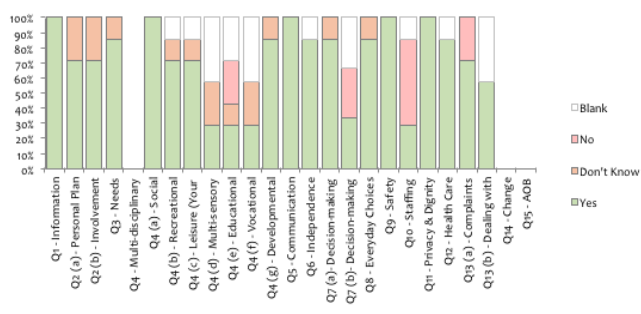
Service User Assisted Survey -DC12 (Sample=11)



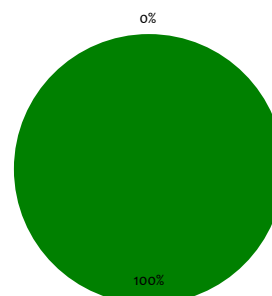
Service User Easy Read Survey -DC12 (Sample=14)



Family and Friends Survey Results - DC12 (Sample=7)



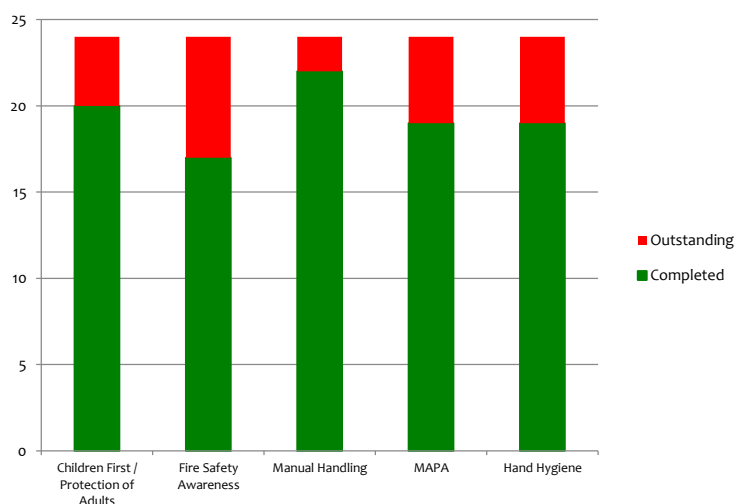
DC12 Supervision 2015



## Quality of Life Metric Analysis (KPI's)

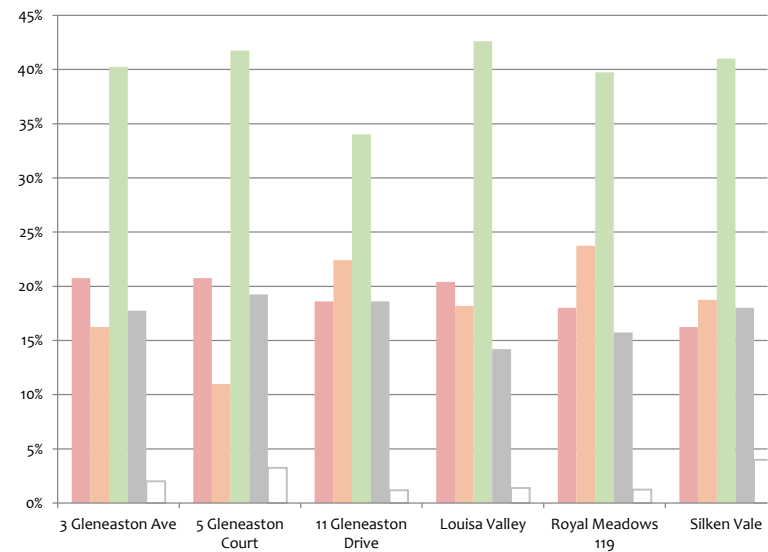
- Overall 41% of our metrics demonstrate that we are leading.
- Strong performance across all domains, in particular Interpersonal Relations / Social Inclusion, Physical Wellbeing and Safety.
- Continued focus required on Material Wellbeing, Personal Development, Self Determination and Rights.
- 18% of metrics deemed not applicable.

DC12 Mandatory Training 2015

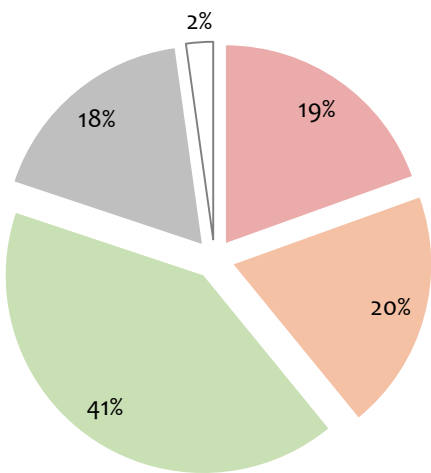


# QoL KPI Results

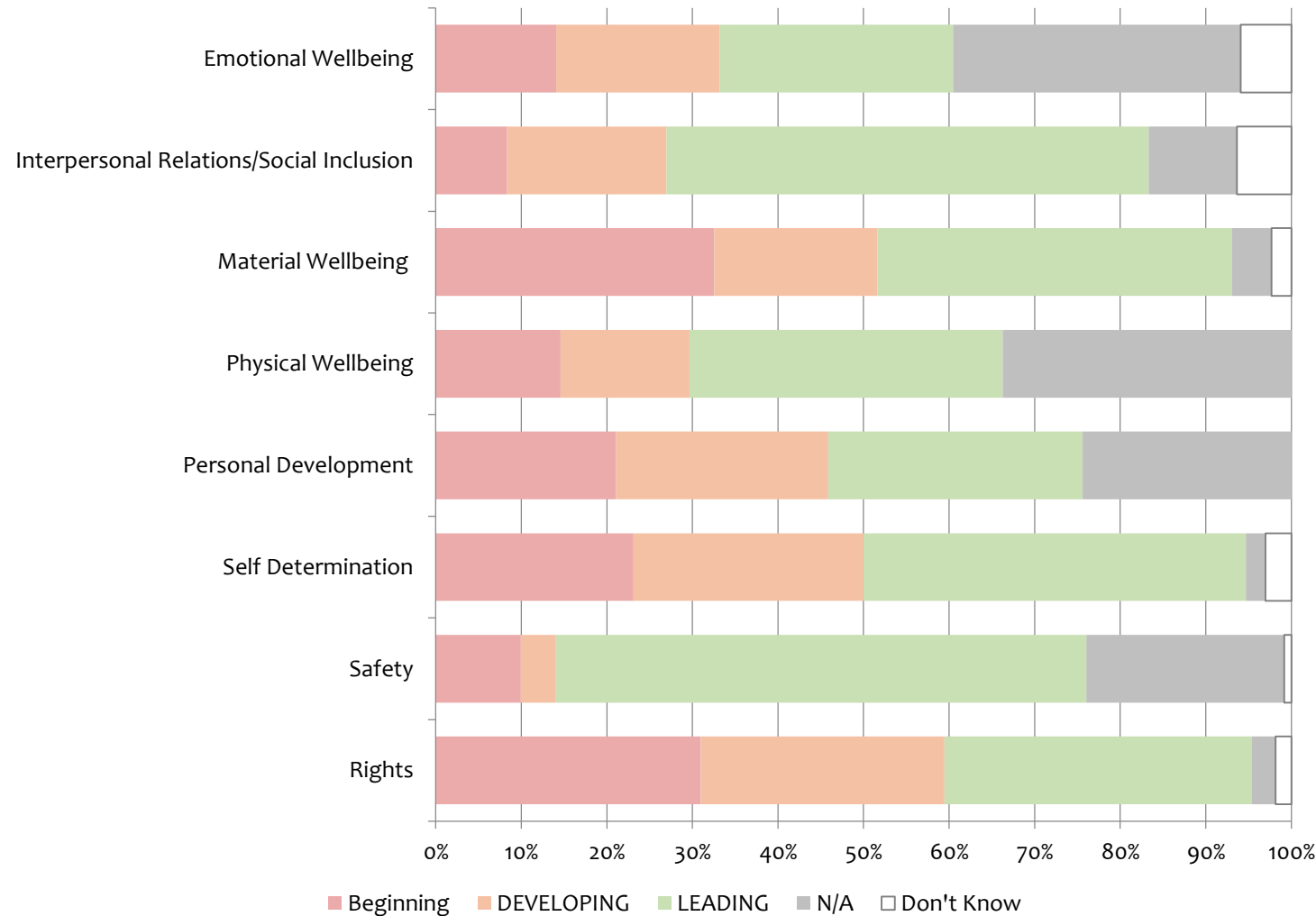
DC12 KPIs by Home (%)



DC12 KPI Overall (%) - 26 Service Users

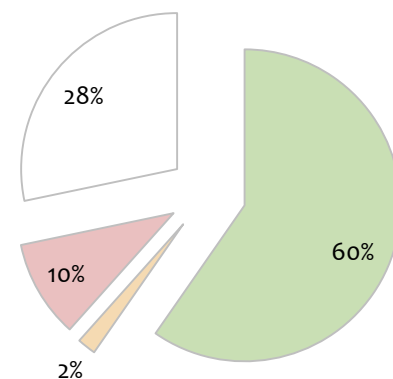
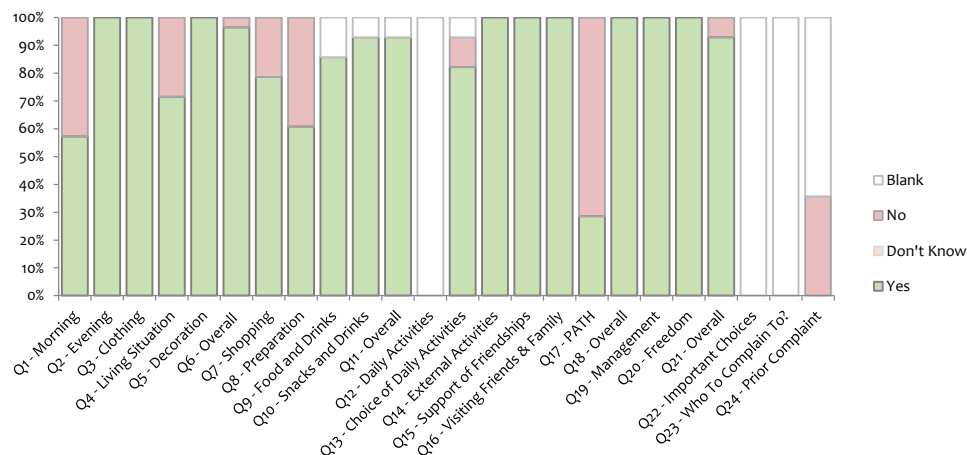


DC12 - KPI Performance - 26 Service Users



## Service User Survey Response Findings (Easy Read)

Service User Easy Read Survey -DC12 (Sample=14)

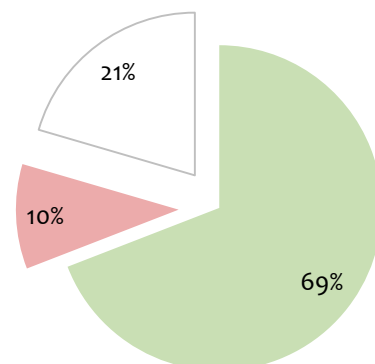
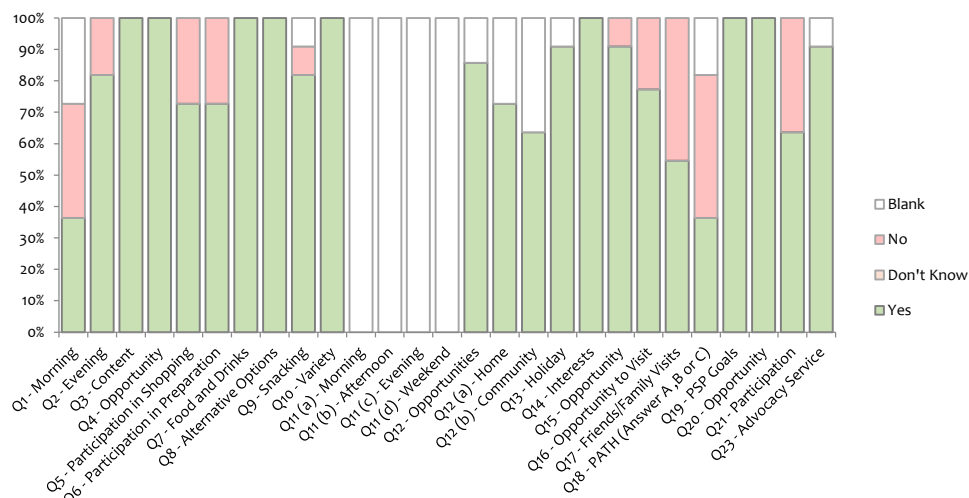


### 14x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Staff call me on weekday mornings as I get a bus to work, at weekends I get up when I choose. I am getting help to choose where I want to live.	
<b>Mealtimes</b>	I shop for my own food, Staff shop for the food.	Neither shopping nor food preparation, I take part in menu planning with peers.
<b>Activities and Leisure</b>	Wide variety of work and activities in Stewarts Care. Saturdays I visit my parents. Sunday - Special Olympics - eat out & coffee out. Work in the Beehive, Café Kaisan, Rossecourt, Garden centre.	Most respondents are waiting for their PATH.
<b>Money</b>	I choose and buy things with help.	
<b>Everyday Choices</b>	I make choices about the things that matter to me. Going to the coach house, bowling, cinema, and meeting up with my family and cousins. Colouring, shower, foot, spa, jigsaws, going out for dinner hovering my bedroom. Staff help me choose what I do during the day.	
<b>Complaints</b>	My key-worker or other staff and staff where I work. Service User council. Mother The complaints officers, When I tell staff about something that I don't like they help me sort it out.	I complained about bus taking long time to get to Day Service. 'I don't want to talk about it.'
<b>Comments</b>		

## Service User Survey Response Findings (Assisted)

### Service User Assisted Survey -DC12 (Sample=11)

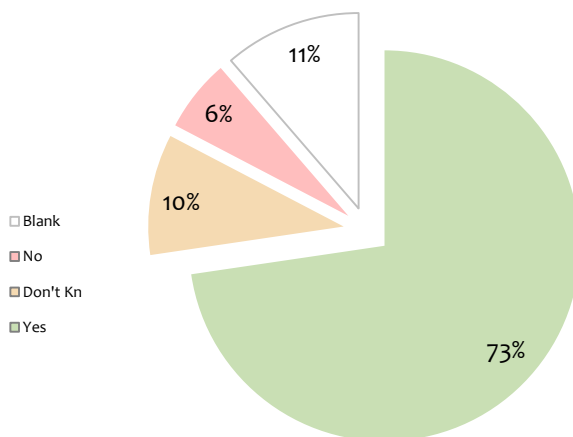
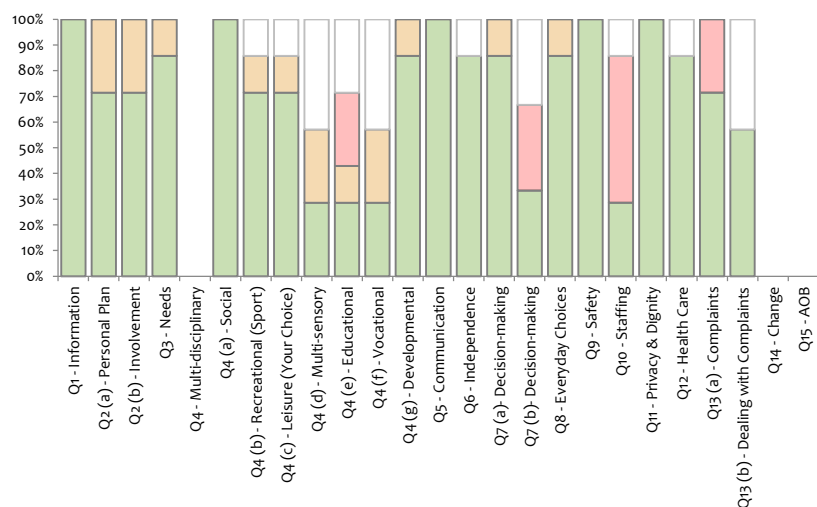


	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	General freedom to choose when to get up and when to go to bed but aware that for Day Services / Work / Transport requires 7am Monday to Friday and will lie in at weekends	Difficulty in participation due to some challenging behaviours, especially in community setting and crowded areas / queues.
<b>Mealtimes</b>	Some participation in grocery shopping. Some service users observe preparation of food. A wide variety of foods are bought in the weekly shopping, and opportunity to try new foods when out in pubs / restaurants	
<b>Activities and Leisure</b>	Say service, tea of choice, TV, Arch Club Wednesday, Coachhouse Friday evening relaxes in music room or sitting room personal and intimate care, TV, Arch Club, GAA Club, bocce, walk to shop, visit hostels for tea. Home at Christmas and other holiday periods. Various holiday options of choice. Regular visitors. PSP goals: Decided by community staff, Day Services and PIC. PATHs at various stages of completion. Some Service User behavior requires attention while on outings etc but being managed. Challenging behavior requires 2:1.	Some Service User family have no contact.
<b>Money</b>	Most have staff assist with finances but Service Users have choices to spend money Some Service Users have personal money box / wallet Chooses what to buy with supervision and guidance from staff.	
<b>Complaints</b>	No complaints. National Advocacy Service / family for advocacy.	
<b>Monthly feedback</b>	Blank	
<b>Other comments</b>		



## Family and Friends Survey Response Findings

**Family and Friends Survey Results - DC12 (Sample=7)**



### 7 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>DC12 Eight of the respondents commented on service provision</b>	Over all care very good. Supportive and knowledgeable staff.	More staff. Regular staff. More information on/involvement in the PSP.

## Designated Centre 13

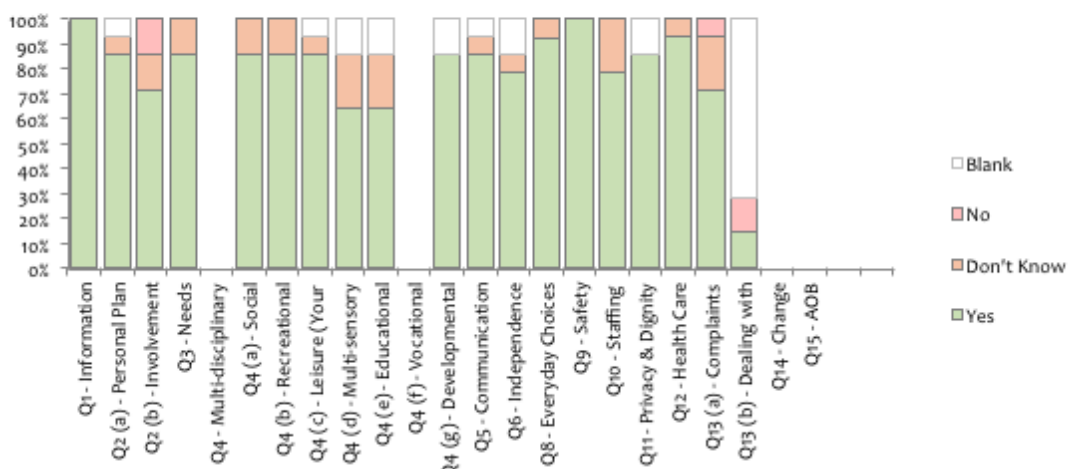
Number of Service Users: 4 Residents & 4 Respite beds  
 Person In Charge: Betty Kearns  
 Number of Staff (WTE, incl. relief): 5.70 RN, 15.96 CS  
 Registration Certificate Date: 6th Oct 2014- 5th Oct 2017  
 Registration Number: 0030300

Celbridge Abbey  
 Dochas Lodge

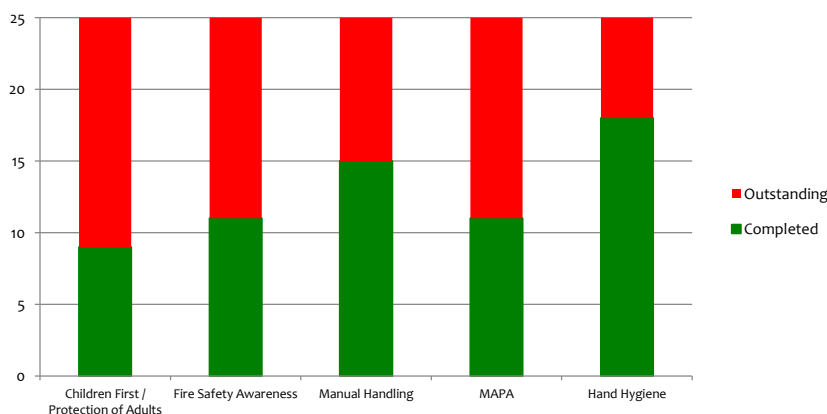
Person in Charge:  
 Betty Kearns  
 Deputy PIC  
 Mary Connolly

Designated  
 Centre  
 13

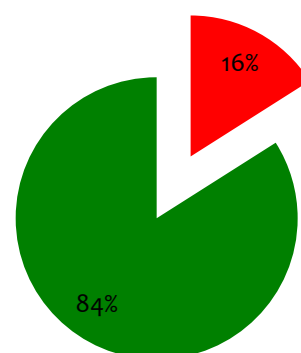
### Family and Friends Survey Results - DC13 (Sample=14)



### DC13 Mandatory Training 2015



### DC13 Supervision 2015

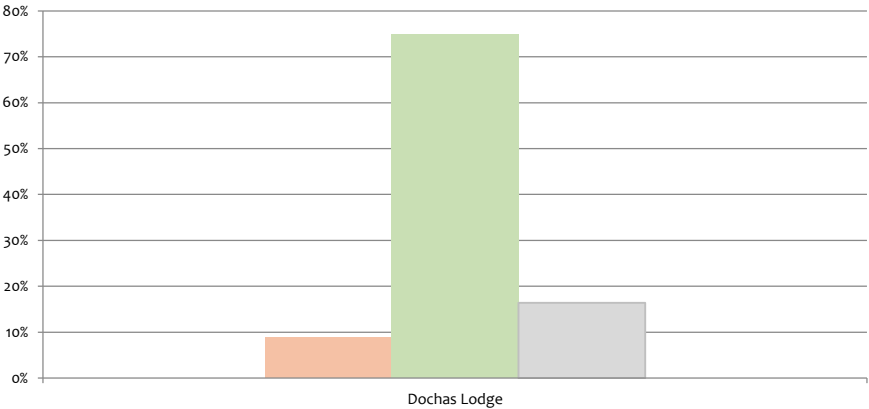


### Quality of Life Metric Analysis (KPI's)

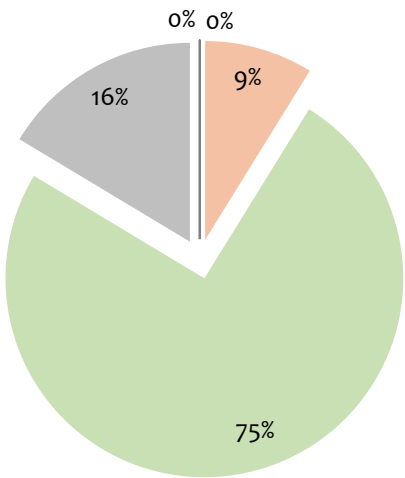
- Designated Centre 13 is a Childrens' Service and as such, all of the QoL KPI Questions did not apply.
- A truncated KPI set was applied to this area, totaling 34 questions, 6 of which were deemed not applicable.
- Strong performance across all domains, with opportunities identifiable under Material Wellbeing, Self Determination and Rights.

# QoL KPI Results

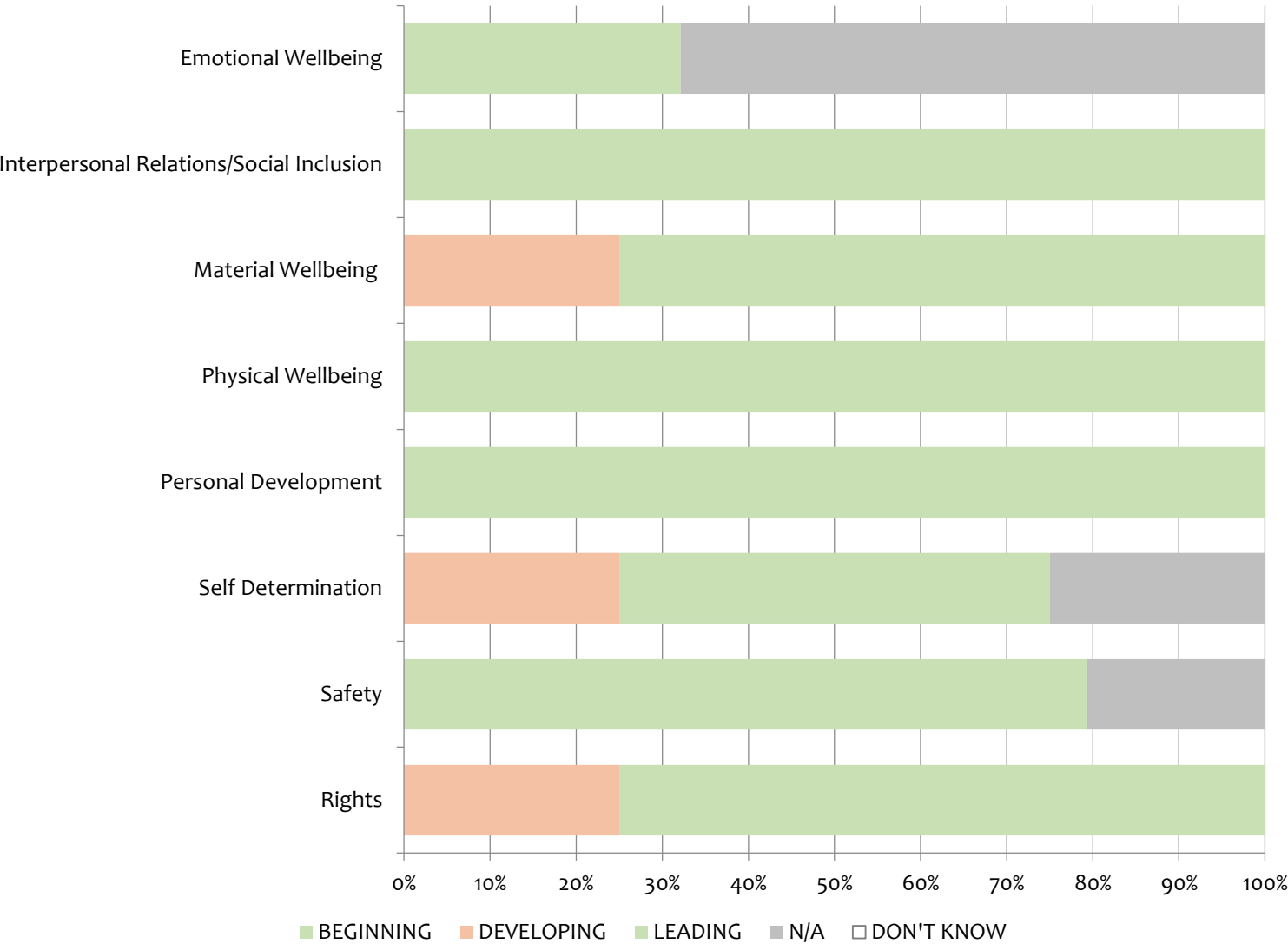
DC13 Dochas Lodge KPIs by Home (%)



DC13 KPI Overall (%) - 14 Service Users



DC13 - KPI Performance - 14 Service Users



## Service User Survey Response Findings (Easy Read)

No Easy Read Service User Survey data completed.

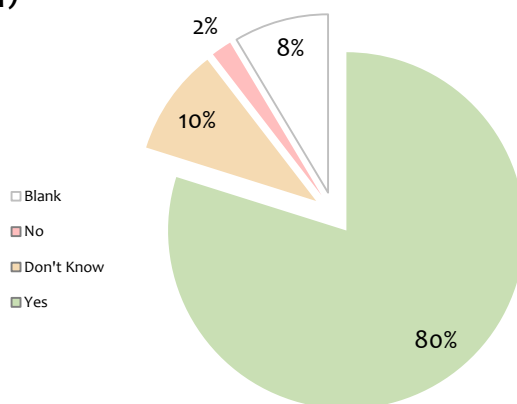
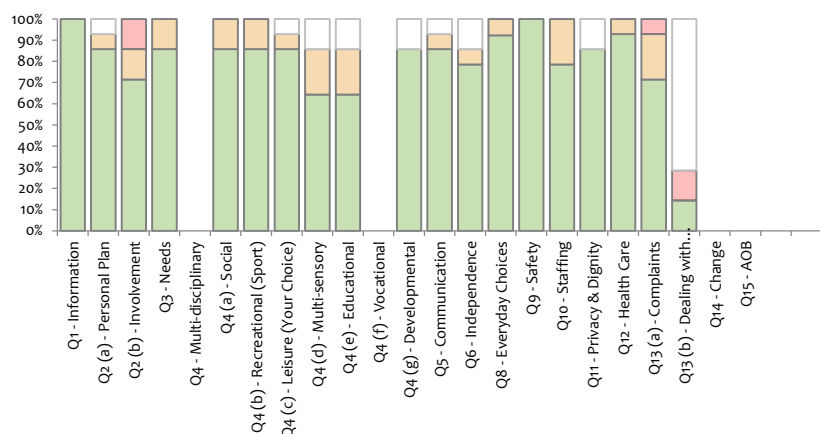
## Service User Survey Response Findings (Assisted)

5x Service Users Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Daily Routines</b>	Consultation with staff to agree when to get up and when to go to bed. Aware that for School has to be up early Monday to Friday and will lie in at weekends	
<b>Mealtimes</b>	Participates in grocery shopping and put personal choice item into grocery trolley. Some participate, some observe preparing food. Variety of healthy options.	
<b>Activities and Leisure</b>	Day Service Mon-Friday Tea out (locally/Liffey Valley); walking; listening to music; watching TV or colouring. Goes on drives, social outings, walks, relaxes at home. Arch Club. Most have had a holiday in Kinvara. Most see family. Keyworker/staff introduces and encourages suitable goals and he will decide if he wants to pursue these goals. Family involved in some cases.	Some Service Users report no visits from family and friends.  No PATHs yet...
<b>Money</b>	Most have staff assist with finances but Service Users are able to express choices over how to spend money. Sometimes hands over money if shop is quiet.	
<b>Complaints</b>	No complaints Advocacy service while in respite care.	
<b>Monthly feedback</b>	blank	
<b>Other comments</b>		

## Family and Friends Survey Response Findings

### Family and Friends Survey Results - DC13 (Sample=14)



### 14 x Family / Friends Commented

	Areas where feedback was positive	Opportunities for Improvement
<b>Access to of information</b>	"Yes. Information was excellent and it was lovely getting to see Dochas Lodge and also meeting the staff."	
<b>Personal Plan – Meeting Needs?</b>	Child appeared happy when going to and on coming home from respite; this was reported as good indicator of needs being met.	One person
<b>Child supported to communicate needs?</b>	Staff using app to support child with communication needs	Requesting more information on activities' "I don't know. I don't get any feedback from the respite key worker." Choice around outings can be limited subject to transport
<b>Choice – Mealtime, Activities, Clothes etc...</b>	There is choice about meals and clothes but...	
<b>Safe in Respite</b>	"Yes. As safe as they can be, things can happen from time to time; no different than if she was at home."	
<b>Staffing</b>	Yes - based on information gained from visiting the house at the annual coffee morning.	"I don't know, we get limited information, not informed ... how many staff are in Dochas Lodge."
<b>Respectful</b>	Staffs knowledge of their child's needs and abilities and on the homely atmosphere in the respite house	
<b>Needs Met?</b>		unsure if a health care need in terms of dental care was being met
<b>Complaints</b>	Satisfied with outcome of complaints	4 don't know who to complain to.
<b>Comments</b>		Would like access to more respite / flexibility / booking. - Missing Clothes - Information ref. wait list - Food Diary for children who are Non Verbal.

## Designated Centre 14

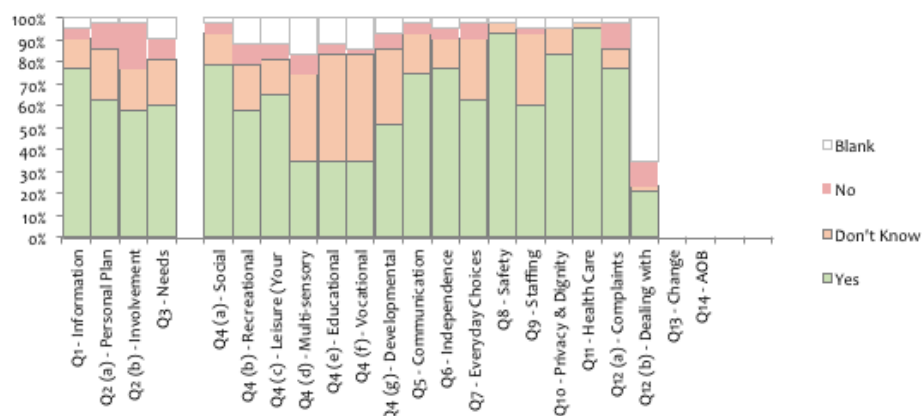
Number of Service Users: 15 Respite beds for 101 Service Users  
 Person In Charge: Betty Kearns  
 Number of Staff (WTE, incl. relief): 6.29 RN, 5.70 CS  
 Registration Certificate Date: 12th Dec 2014- 11th Dec 2017  
 Registration Number: 0030344

40 Beech Park  
 Ferrier House  
 130 Royal Meadows

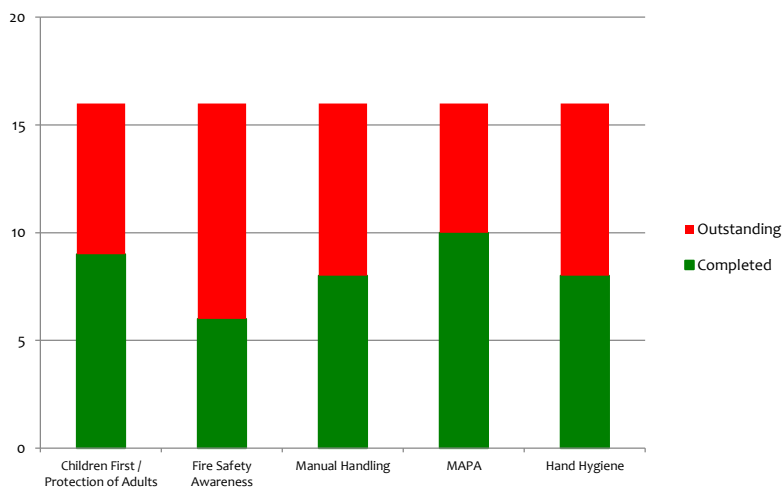
Person In Charge:  
 Betty Kearns  
 Deputy PIC  
 Mary Connolly

Designated  
 Centre  
 14

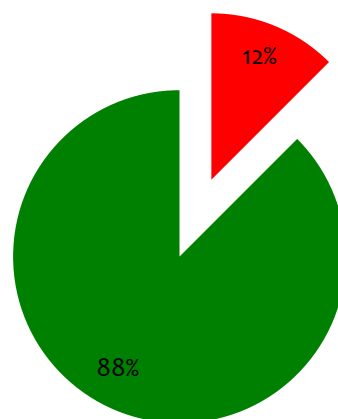
**Family and Friends Survey Results - DC14  
 (Sample=43)**



**DC14 Mandatory Training 2015**



**DC14 Supervision 2015**

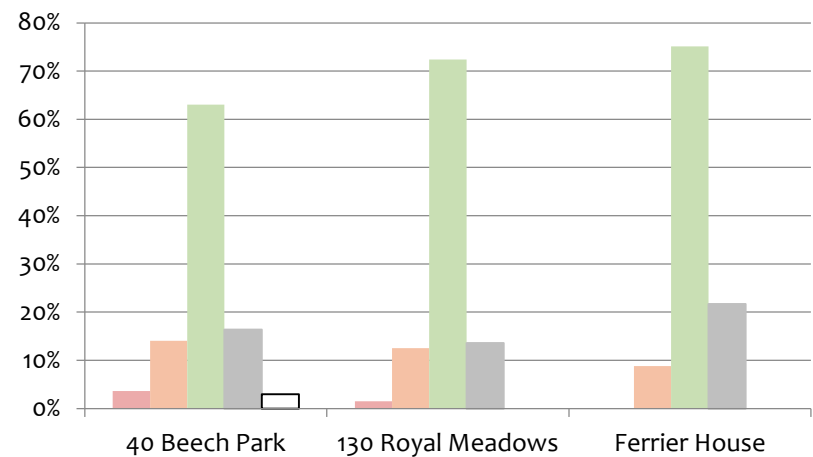


### Quality of Life Metric Analysis (KPI's)

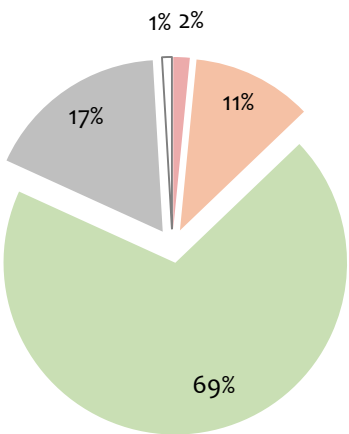
- Designated Centre 14 is a Respite Service and as such, all of the QoL KPI Questions did not apply.
- A truncated KPI set was applied to this area, totaling 34 questions, 6-7 of which were deemed not applicable.
- Strong performance across all domains, with opportunities identifiable under Material Wellbeing, Self Determination and Rights.

# QoL KPI Results

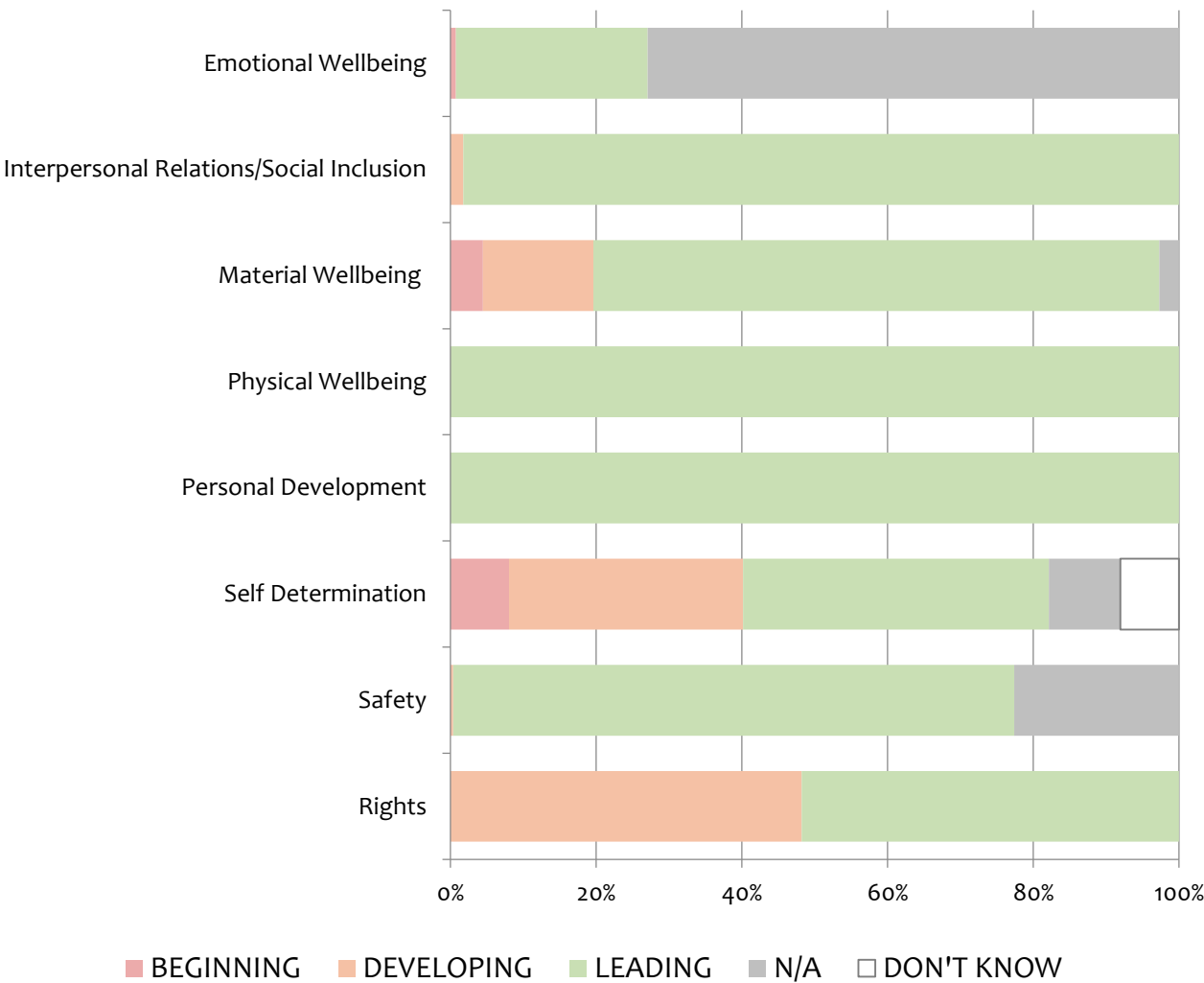
DC14 KPIs by Home (%)



DC14 KPI Overall (%) - 28 Service Users



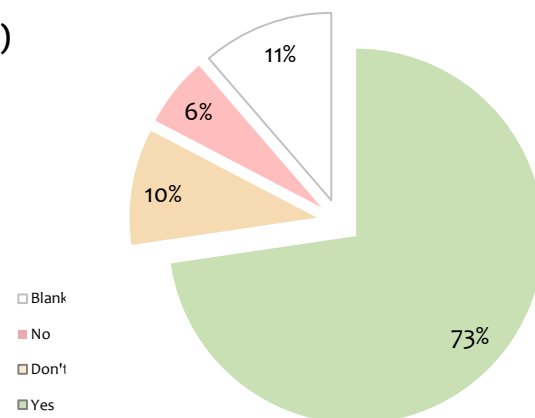
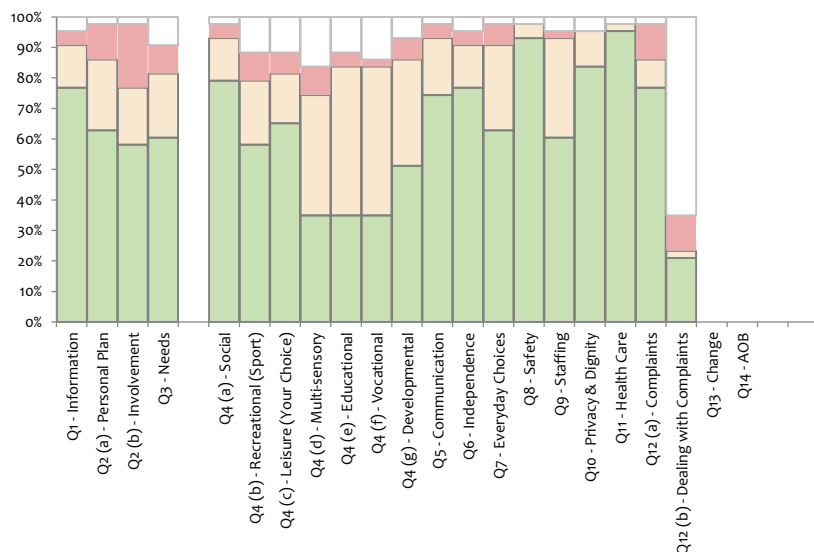
DC14 - KPI Performance - 28 Service Users



## Family and Friends Survey Response Findings

### 43 x Family / Friends Responded

Family and Friends Survey Results - DC14 (Sample=43)



### 43 x Family / Friends Participated

	Areas where feedback was positive	Opportunities for Improvement
<b>Access to of information</b>	Great information and coffee mornings and meeting the staff is very important."	Yes-but not enough."
<b>Personal Plan – Meeting Needs?</b>	Asked for Feedback / Approval. Asked about likes/dislikes. "My son's needs are being met."	"Yes but no review in years." "I don't receive feedback from my daughter after respite break."
<b>Adult supported to communicate needs?</b>	Person uses signs. He also communicates with his eyes. The girls in respite would know.  Person has a severe language disorder so difficulties always exist but his behaviour shows his needs are being met.	"My son loves to watch football, rugby and when he is in respite he never gets to see any sport." "My daughter can get bored easily and restless when can't go out or maybe do something to keep her busy, games or walks etc. etc." "They do go on trips out and the social aspect within seems fine ... developmental works as his skills for personal care, and organising himself are wonderful as a result of respite." "No sports, walk, she does need some of those areas - social, leisure." "[Name] enjoys respite, however she does no leisure i.e. swimming. They eat out and go to the cinema, no walks or physical activities".



<b>Choice – Mealtime, Activities, Clothes etc...</b>	<p>Big time have to say that [choice] for staff. He is given little chores to do e.g. putting washing away, feeding animals, which is great for him.</p> <p>Very independent in skills detailed. I would love to get feedback on domestic skills when she is in respite.</p> <p>He does with mealtimes and clothes, but we know activities and going out, cant happen every day when they are in respite.</p> <p>He does help himself at mealtimes, activities not sure of. He likes his clothes so yes he would.</p>	<p>No. his interest in sports are not met, he did not see any rugby-football while in respite.</p> <p>I don't know, No feedback.</p>
<b>Safe in Respite</b>	<p>Yes just as much as at home.</p> <p>Yes he is as safe in respite as he is at home.</p> <p>Yes completely</p>	
<b>Staffing</b>		<p>Sometimes I believe staff can be stretched due to staff shortages this is not fair to staff or clients.</p> <p>No, no way, maybe 2 staff or 1 staff and job sharing and users don't get same support.</p> <p>I don't know the ratio of staff to adults.</p> <p>I don't know, not told this information.</p> <p>Don't know what clients are in at the time or what staff either</p>
<b>Respectful</b>	<p>Knowledge of staff and ethos of house gave family assurance in relation to respect for privacy and dignity.</p> <p>There is a strong ethos of care and kindness, and respect.</p>	
<b>Needs Met?</b>	<p>Care workers have rang me when her diabetes is a little high or if she is not feeling well</p> <p>PEG site has always been so well taken care of.</p>	<p>We have reservations about his diet while in respite... not sure it would qualify as healthy.</p>
<b>Complaints</b>	<p>Clothing shrunk by mistake, apology provided promptly.</p> <p>Went to [named manager] re: [person's] plan and she did not hesitate to meet me.</p> <p>Expressed concern over there being no safety latches on upstairs windows and these were fitted very quickly and I was kept informed the whole time.</p>	<p>There was never a follow up apology as promised by the person involved!</p> <p>Management never followed up either.</p>
<b>Comments</b>	<p>Generally happy about respite. [Person] seems to be happier to attend than before - that must be good!! Any staff members we have dealt with are courteous and helpful. Thank you.</p> <p>Overall it is a great service and gives me a little break. Thanks to all the staff for everything.</p> <p>Very happy with what [person] is getting, very happy to go into respite.</p> <p>Would like to avail of more respite.</p>	<p>Need for more information about and improved communication around the respite service</p> <p>More outings and activities for Service Users while in respite.</p> <p>Increased access to respite.</p>

## Planning for 2016

- Increase the use of external advocacy services
- Increase Service User involvement in shaping services
- Increase family involvement across all services
- Planning for refurbishment and modernisation of Woodlands 26 and 28
- Further enhance the Service User Records Application
- Complete implementation of electronic rostering across Residential and Community Services
- Complete implementation of the Service User incident database and risk register
- Introduce KPI metrics and quality auditing into Day Services, Improve Quality of Life KPI metrics to reflect service delivery
- Prioritise supervision across the organisation
- Introduce budgeting to all departments