



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

Issued by the Chief Inspector

Name of designated centre:	Highwater Lodge
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	25 November 2024
Centre ID:	OSV-0005407
Fieldwork ID:	MON-0037111

About the designated centre

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

Highwater Lodge is a home for four people, male or female, over the age of 18 years. The provider describes the aim of the service to provide a residential setting that is homely, and promotes the privacy, dignity and safety of those who access the service. The centre operates all year round and staffing is provided day and night to meet support the needs of the residents. The designated centre is a large detached, modern house in a rural setting near a small town. There are spacious and nicely laid out gardens, and various private and communal living areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 25 November 2024	09:45hrs to 17:20hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. From what residents told the inspector and based on what the inspector observed, this was a well-run centre and residents were receiving good quality of care and support. The findings were positive, with all regulations reviewed found to be compliant during the inspection. The inspector found that the provider was aware of areas where improvements were required, particularly relating to premises upkeep and ensuring that documentation was linked to provide a comprehensive approach to residents' needs.

Highwater Lodge is registered for a maximum of four residents however, is currently home to three individuals. The inspector met and spent time with all three residents over the course of the inspection. The centre consists of a large detached house set in a semi-rural location close to a village in Co. Wexford. The centre comprises a large kitchen-dining room with an attached sun-room. A communal sitting room, utility room, staff office and staff sleepover room and four resident bedrooms two of which are en-suite. Two residents have bedrooms on the ground floor and they share the use of a large bathroom and the other two resident bedrooms are located on the first floor. In line with findings from the last inspection, the inspector found that works had been completed in the centre that ensured it presented as warm, clean and homely. Residents' bedrooms were personalised to suit their tastes and they had their favourite items and belongings on display. These included items such as art work, posters of their favourite 'wild west cowboys', sensory equipment, televisions, radios, tablet computers and family photos.

Residents in the centre communicated using speech, gestures, facial expressions and body language. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. Some residents spoke with the inspector about living in the centre, while others smiled, shook hands, or gave the inspector a thumbs up. Staff were observed by the inspector to be very familiar with residents' communication preferences and warm, kind, and caring interactions were observed between residents and staff throughout the inspection.

The inspector had the opportunity to sit and spend time with some residents and to observe others engaging in activities in their home. All residents left their home to spend time in the community over the course of the day. Residents were observed relaxing in their kitchen and living room, watching television or chatting to staff over a cup of tea. One resident showed the inspector their collection of 'cowboy photographs and hat' and told the inspector that they also loved everything about tractors. One resident was supported in line with their personal plan and positive behaviour support plan to take time on their own when returning home before entering a communal space. Another resident told the inspector that they were very

happy in their home, they loved helping out with jobs and could tell the inspector who they spoke to if they were worried or had a concern. Residents spoke about activities they were enjoying regularly such as shopping, dance classes, eating out, going to music sessions and visiting their favourite places in their local community.

Each of the three residents completed, or were assisted to complete questionnaires on "what it is like to live in your home", which had been sent to them in advance of the inspection. Overall, these questionnaires indicated residents were happy with their living accommodation, access to activities, staff supports, and their opportunities to have their say. Examples of comments included on the questionnaires were, "Everybody helps me", "happy to live here" and "I like my bedroom". They also identified some areas for improvement such as, the desire to have more visits from family members.

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and the annual reviews. Resident meetings were occurring regularly and there were pictures on display in the house in relation to complaints, the availability of independent advocacy services, infection prevention and control (IPC), fire safety, charter of rights and safeguarding and protection. There were folders with a number of easy-to-read documents and there were boards with pictures of activity and menu choices. There were also picture rosters on display.

In summary, residents were busy and had things to look forward to. They lived in clean, warm and comfortable home. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required and were implementing the actions to bring about the required improvements.

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

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. Overall, the findings of this inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required.

Through a review of documentation and discussions with staff the inspector found that provider's systems to monitor the quality and safety of care and support were

being fully utilised and proving effective at the time of the inspection. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

Regulation 15: Staffing

The provider had ensured that the centre was fully staffed in line with the residents assessed needs and the centre statement of purpose. The provider had successfully recruited a small number of new staff all of whom had started or were due to start within a few weeks of the inspection.

The provider ensured that the right number of staff were supporting residents both day and night and where there had been gaps due to long term leave, these had been filled by regular relief staff. This arrangement had ensured a continuity of care and support for residents. There had been no use of agency staff required over the last six months as per the rosters reviewed.

The person in charge maintained a roster of staff and the last three months of these was reviewed in detail by the inspector. The roster was found to be well maintained and reflective of the actual staff working in the centre.

The inspector reviewed a sample of two staff files and found them to contain all information as required by Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for all staff on the core staff team in the centre. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, food safety, manual handling, and some IPC related trainings, and managing behaviour that is challenging. In addition, staff had also completed additional trainings in line with residents' assessed needs. The provider was starting to support staff in accessing training on applying a human rights-based approach in health and social care and training related to the Assisted Decision Making (Capacity) Act 2015.

The inspector reviewed supervision records for three staff. The agenda for each was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as roles and responsibilities, residents' rights and support needs, safeguarding residents, positive behaviour support, health and safety, staff workload, team dynamics, incidents and accidents, resilience, well-being and

training and development.

Judgment: Compliant

Regulation 23: Governance and management

From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and through discussions with staff, there were clearly defined management structures and lines of authority and accountability in place and these were familiar to the staff team.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. The action plans for these reports showed that the required actions were being completed in line with the identified time frames. The minutes of two management meetings, and two staff meetings were reviewed. At these meetings areas such as service user experience, incident review and trending, safeguarding, quality improvement initiatives, and staff training and development were discussed.

Area-specific audits in areas such as medicines, care planning, IPC, and food safety, from August to November 2024 were reviewed by the inspector and the action plans from these audits showed that they were leading to improvements in relation to residents' care and support and their homes. The person in charge completes a weekly audit and samples of these from September and October 2024 were reviewed. Outcomes from these are shared with the services manager who provides oversight from a provider perspective on all serious incidents and any safeguarding matters in the centre.

Judgment: Compliant

Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality service. Improvements where required such as, within the premises, were being identified by the provider as part of their monitoring systems to ensure that residents were in receipt of a safe

service at all times.

Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local communities. Residents were being supported to be independent and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to access social or educational opportunities.

Regulation 12: Personal possessions

The provider had policies and procedures in place that provided clear guidance for staff on the management of resident finances. These were found to be clearly implemented for residents. The provider had completed substantial work since the last inspection and was still working on actions to ensure that all residents had full access to their finances.

The inspector reviewed the systems in place to monitor and manage each residents finances and observed staff using these systems as they prepared to go out and when they came back to the centre. Each resident's finances were found to be secure, accounted for and well protected. Receipts were checked and cross referenced with bank account statements to ensure residents finances were protected and safeguarded. Residents were encouraged to make sensible decisions regarding spending and budget management and the person in charge showed various examples of where this had occurred.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around of the premises with the person in charge during the inspection. The residents either showed the inspector around their bedroom or stated that they were happy with the inspector viewing their home. As already stated this centre comprises a detached two storey premises on a large site close to a village in Co. Wexford.

The house presented as warm and comfortable and decorated in a manner that reflected the individuals that lived here. Residents rooms contained their personal items that were either on display or safely stored and a number of personal items such as photographs were also on display in communal areas. Since the last inspection of this centre the provider had completed a number of premises works including fitting new floors and re-purposing and decorating the sun-room.

Externally to the front of the property is a large area set to lawn and space for tables and chairs. To the rear of the premises a decked area is present but inaccessible to residents and staff and a hard paved area is used for the parking of centre and staff vehicles. A small patio to the rear has been arranged so that residents can sit out here to relax or to have a cigarette.

Where maintenance and repairs were required, these were reported and completed. The staff and local management team were documenting what works were required and the works completed. The person in charge completed an environmental walk about weekly and there were provider health and safety audits completed quarterly. In November 2024 a leak was identified as part of the under floor heating system and this was currently under investigation. The provider's systems are identifying and managing all aspects of property repair and decoration.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre.

The provider's policy contained the required information as set out in the regulations. The risk register reviewed was found to be reflective of the presenting risks and incidents occurring in the centre. The inspector reviewed a sample of general risk assessments, IPC specific risk assessments and a sample of risk assessments for three residents. They found that these were reflective of the presenting risks, up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The person in charge was completing a regular review of incidents and these were resulting in the addition of control measures in risk assessments and the development of quality improvement initiatives. Learning as a result of these reviews were shared with the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they require to safely evacuate in the event of an emergency. These were also supported by associated fire safety risk assessments and a centre emergency evacuation plan. The inspector reviewed records which demonstrated staff completing daily visual inspections of fire escape routes, weekly checks of

emergency lighting and fire alarm systems.

All staff had completed the mandatory fire safety training. All fire drills were completed in line with the providers policy. Documentation of drills were identifying whether actions were required or documented where any residents refused to leave promptly, these were highlighted to management and action was been taken to resolve the concern. The person in charge still needed to ensure a drill with minimum staffing was completed before the end of the year and this was acknowledged as required on the day of inspection.

The fire safety equipment such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with regulatory requirement. The provider had completed all fire safety works identified as required during the last inspection of this centre and these were reviewed by the inspector.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were effective systems developed in relation to the receipt of regular medicines and the corresponding prescription (kardex) for each of the residents. In addition effective systems were in place regarding the storage, administration and return of regular medications. The inspector found that one staff member in the centre had delegated duties regarding the management of medicines in the centre and the staff who spoke to the inspector were very knowledgeable regarding the systems in place.

The systems and recording for medicines prescribed to be 'given as required' (PRN) were clear and detailed. Protocols were in place for the use of 'as required' medications. These gave accurate information on the the maximum dosage and were seen to clearly guide on which to select as a first choice for instance if two pain relieving medications were prescribed. Where a resident required medicines that are described as 'control medication' there were robust systems in place for the storage and administration of this with two staff signatures required and in place.

Where a resident required fluids thickened as part of health plan then this direction was clearly available. Protocols around the use of rescue medication such as that for allergy or epilepsy were detailed and seen to guide staff practice.

The practice of dating of medicines on opening was adhered to, in a sample reviewed on the inspection day, two medicines had been recently opened and both had been dated when opened.

Daily checks were completed on both stock levels and on the administration records and any errors identified were immediately acted on. The staff member with specific

duties and the person in charge completed regular spot checks and audits on staff practice and on medicines present in the centre.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed two of the three residents' assessments of need and personal plans and found that their health care needs were assessed. Health care plans were developed and reviewed as required. These plans were associated with professional letters and review documents and up-to-date recommendations. Health plans also included supports for decision making and evidence where residents were involved in discussions and decisions regarding their health.

Residents had individual emergency response protocols in place and their health care plans were linked to the associated risk assessments. For example an eating, drinking and swallowing plan had links to speech and language therapy reports, guidance on food and drink modification procedures, links to choking risk assessments and supported by a choking response plan.

Residents were accessing health and social care professionals in line with their assessed needs. A record of their appointments was maintained and residents were being supported to access the relevant vaccination and national screening programmes in line with their wishes and preferences.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. Two staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding adults policy which detailed staff roles and responsibilities and guidance for staff. The inspector reviewed three residents' intimate and personal care plans and found that they clearly detailed their preferences and support needs.

Where incidents occurred or there were safeguarding concerns these were managed and investigated in line with the provider's policy and National policies. While there were no current open safeguarding plans in place previous preliminary screenings

including feedback from the Health Service Executive (HSE) safeguarding and protection team and safeguarding plans that had been in place for these allegations were available for review during the inspection.

Where areas of concern were identified the provider had safeguarding focused risk assessments and guidance for staff with procedures to use if required. For instance where there may be a risk of self harm or suicide risk there were clear environmental management plans, a system of support checks to be used and immediate measures could be implemented following referral to the serious incident review meeting group.

Judgment: Compliant

Regulation 9: Residents' rights

Overall the service was striving to provide residents with choice and control across service provisions. Residents were observed responding positively to how staff respected their wishes and interpreted their communication attempts. They were offered choices in a manner that was accessible for them. The provider ensured that residents were facilitated in participating in aspects of the running of the designated centre through resident meetings and key worker sessions, residents were supported to clean their rooms or engage in food shopping for example. Inspectors observed how residents were involved in their person plans and were supported to sign off on or verbally agree on their own documents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant