



Stewarts Care

Day Service Audit 2016

Baseline Report against Interim Standards for New
Directions, Services and Supports for Adults with
Disabilities

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on

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Glossary of Terms

JASS- Job Advocate Support Service. A supported employment service for Service Users

PRN- Pro re nata. Abbreviation from the Latin "pro re nata", for an occasion that has arisen, as circumstances require, as needed.

PATH- Planning Alternative Tomorrow with Hope. This is a collaborative initiative to implement person-centred practice across Stewarts Care

PBSP- Positive Behaviour Support Plans

PSP- Personal Support Plan

RCTEC- Ronanstown Community Training and Education Centre

RT- Rehabilitative Trainee

STM—Senior Team Member

SURA- Service User Records Application. This is the electronic system used to maintain Service Users files.

Introduction

This report sets out the findings of an internal Day Service Audit conducted in Stewarts Care from December 2016- March 2017. The purpose of the audit was to establish a baseline for standards of care and support across all Day Service programmes and locations. This was achieved through monitoring compliance with the Interim Standards for New Directions, Services and Supports for Adults with Disabilities. This Day Service Audit was arranged in advance and all staff were aware that it was scheduled.

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

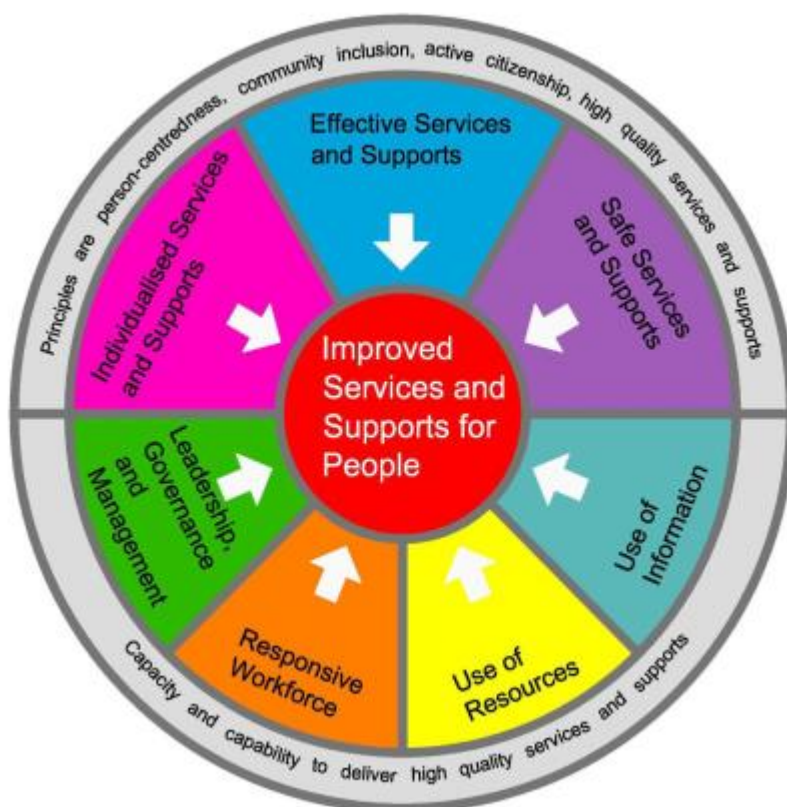
Theme 1:	Individualised Services and Supports
Theme 2:	Effective Services and Supports
Theme 3:	Safe Services and Supports
Theme 5:	Responsive Workforce
Theme 7:	Use of Information

The standards provided under each theme were used as guidelines to create the questions asked in the audit. Questions asked and New Direction standards they relate to are referenced in Appendix 1.

The New Directions themes are further categorised into the four key principles:

Person Centredness, Community Inclusion, Active Citizenship, and Quality Framework. The categorising of the questions in the Audit were based on these principles.

The team who worked on the questions for the audit, were sponsored by the Stewarts Care Quality Steering Committee. The project was influenced by the successful Quality Assurance Checklists created for Stewarts Care Residential Service Users.



Executive Summary

This was the first Day Service Audit conducted in Stewarts Care against New Directions standards. It was carried out to monitor compliance with five of the seven themes set out in the HSE New Directions Standards. A pilot audit involving four Day Service programmes, had taken place in August 2016.

How the evidence was gathered

Monitoring took place over six weeks. The audit was conducted by a Stewarts Care staff member. The Auditor initially met with Centre Managers to discuss the aims and objectives of the audit. The audit was conducted in conjunction with staff members who were allocated as key workers¹ in each Day Service programme, this included Senior Team Members, Team Members, Care Staff and Agency Staff.

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

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

- Personal Support Plans
- Goal Records
- Timetables
- Activity Records
- Key Worker Meeting Records
- Evidence Of Service User Council Communication
- Advocacy Training
- Communication Passports
- Complaints Logs
- Evidence of Family Inclusion
- Charter of Rights Documentation
- Risk Assessments
- Health and Safety Training
- Medical Plans
- Positive Behaviour Support Plans

Overall judgment of findings

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

1. **Personal Plans**

98% of Service Users have a personal plan in the form of a folder, PATH or SURA. However, this information recorded by staff is not standardised across Day Services. A considerable amount of staff asked for clear guidance as to how information on SURA and in folders should be recorded, currently they feel they have no direction.

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

2. **Participation in Exercise / Healthy Eating**
70% of Service Users engage in some form of exercise as part of a Day Service. Attending Stewarts gym and swimming pool is popular across all Day Services. A significant number of Service Users actively participated in Operation Transformation and staff in Day Service felt it was very successful in providing new opportunities for Service Users.
3. **Right of the Month and Charter of Rights**
Right of the Month education is prominent and well evidenced in all programmes.
4. **New opportunities-**
82% of Service Users have had the opportunity to try something new in the past year. The majority of these opportunities were group based community inclusion/ social outings.
5. **Key worker knowledge of Service Users**
Key workers knew a great deal of information about each Service User and most could provide in-depth knowledge about family, friends and club participation outside of Day Services. Unfortunately this was not always documented.

The main **areas of improvement** needed in all Day Services are;

1. **Documentation of Evidence**
Limited staff knowledge of SURA regarding how to use it effectively, what areas should be completed and how often. Documentation is not consistent, if a Service User attends more than one Day Service this information is not always recorded. In some cases it is recorded but is kept on paper files in one Day Service, this prevents other locations such as Community and Residential from accessing the information and therefore limiting the opportunities Service Users are receiving.
2. **Person Centred Approach**
At present there is a vast number of group timetables, community inclusion/ social outings are done as groups, choices provided are group choices. Goals should be individualised and meaningful to each person's needs and wishes. A lot of goals reviewed were of an inadequate quality and often everyday activities were recorded as goals. Very few Service Users in Day Services have PATHs and those that do are not always being used by Day Service staff to provide a person centred approach.
3. **Key Worker Meetings**
Staff are unaware of how key worker meetings should be documented, how often they should be done and what information must be included in them.
Quality of key worker meetings across Day Services is unsatisfactory and in some locations key worker meetings have not been taking place at all.
4. **Advocacy Training**
Very few Service Users are receiving advocacy training, as part of Day Services, at present. Staff are also unaware of their role in relation to advocacy with a number of staff questioning what the word advocacy means.
5. **Risk Assessments/ Behaviour Support Plans**
Not all programmes have individualised fire risk assessments for each Service User. Knowledge of all risk assessments in particular Behaviour Support Plans is poor and staff were not always aware of what risk assessments Service Users have/ should have and where to find them. In some cases this is due to Care Staff having restricted access rights on SURA.
6. **On Campus Activities**
Those in off campus Day Service programmes such as Rossecourt and Kilcloon felt that activities organised on Stewarts campus were not always accessible to them and therefore Service Users missed out.

7. **Staff Guidelines**

Staff are unaware of the guidelines for the programmes they are providing. This should be addressed through staff supervisions, which all staff members were not receiving in 2016.

Staff are currently doing unnecessary training e.g. completing Communication Passport training when nobody in that Day Service requires a communication passport at present, this time could be more usefully spent ensuring current documentation was up to date.

8. **Community Inclusion**

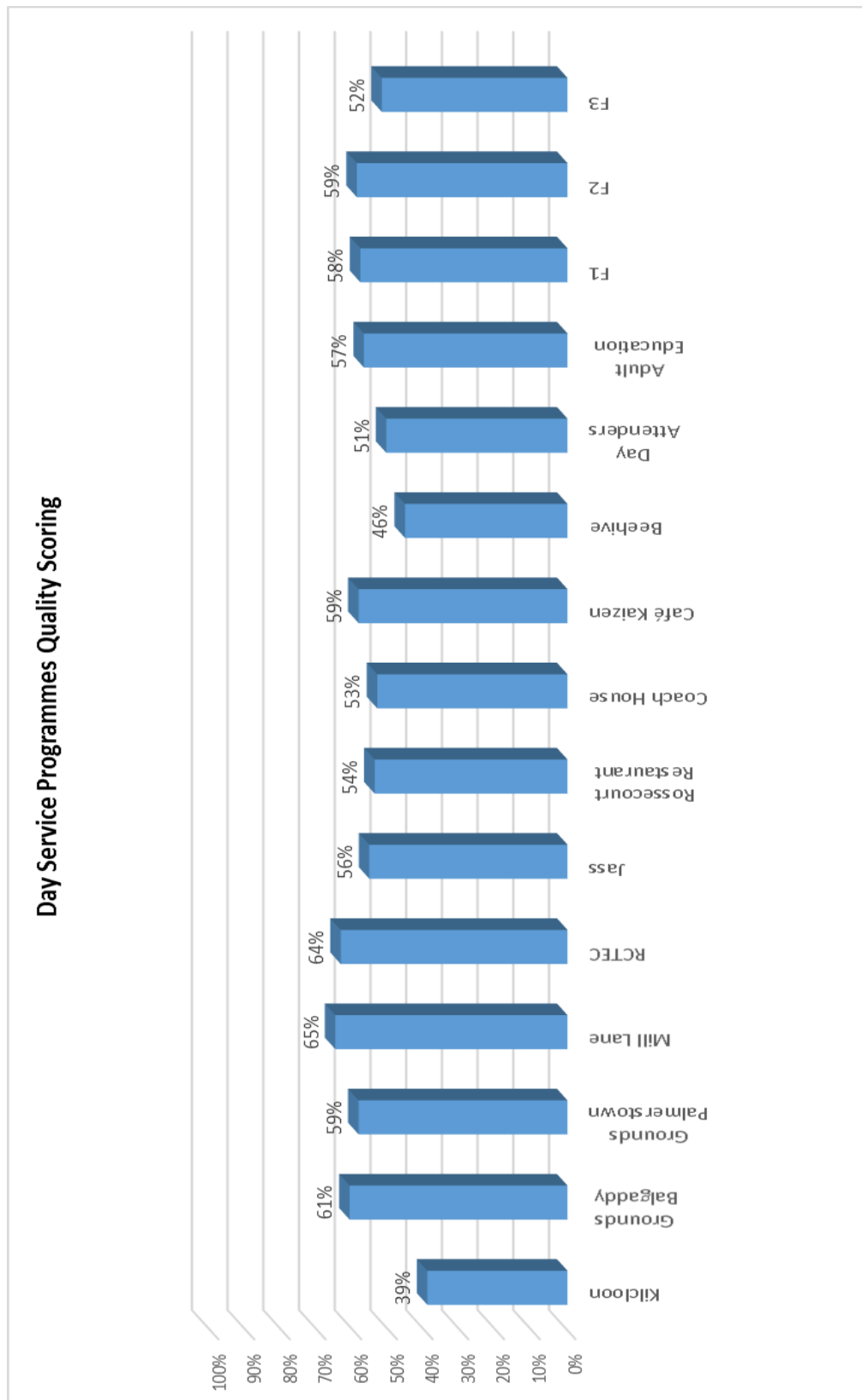
It is important that catering locations find a way to improve community inclusion and create new opportunities for Service Users outside of the catering Day Services.

9. **Life skills**²

Life skills programmes are required in all Day Service programmes based on Service Users needs and abilities.

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

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



Conclusion

The audit was a very successful starting point to determine compliance of Stewarts Care Day Services with New Directions interim standards. All staff monitored were helpful and cooperative during the audit, embraced the process and used it to ask for help and guidance on the objectives of the key worker role as most want to provide an excellent service for all Service Users.

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

A monitoring review of this kind should be a constant exercise across Day Service as a means to measure the effectiveness of each Day Services and to ensure continuous improvement. Going forward it is essential that the audit has a stronger emphasis on quality measurements. Once all staff are aware of key responsibilities the monitoring should serve to measure effectiveness.

Recommendations

- All staff require extensive Day Service specific SURA training. SURA guidelines are also needed for all Day Service programmes. Guidelines should include; clear instructions on what areas should be completed by staff, specific timeframes and directions on quality.
All key workers have a responsibility to fill in SURA including Chefs working in catering Day Service programmes, this matter requires attention through the management structure. To date this work has been left to other staff members resulting in poor recording of information for Service Users.
- Individualised timetables and goals should be developed with/ by Service Users and used to create effective Day Services that are tailored to each individual person. Quality of goals should be monitored to ensure goals are SMART⁴.
- Monthly key worker meetings are to be recorded on SURA for all Service Users. The practice of using them as a paper work exercise has to stop.
- In accordance with New Directions, key worker meetings must be used as a personal planning aid. They should identify goals, needs and preferences and be used to recognise what supports need to be put in place by the service to ensure that each Service User achieves their goals. The quality of these should be regularly monitored by management.
- It is essential that all Service Users take part in advocacy training. Stewarts Care needs to provide relevant facilities for adequate advocacy training in conjunction with the National Advocacy Service. In order for this to be effective it must be based on Service Users abilities. This will help Service Users become more independent and also help them become aware of how to voice their opinions on the planning and delivery of the service they are using.
- Staff training is required on risk assessments with an emphasis on Positive Behaviour Support Plans (PBSP). All staff should be aware of where to find risk assessments and how to use them to ensure the correct level of care is provided to all Service Users.
- Improve community inclusion in all catering Day Service programmes through a more integrated approach across Services. In order to achieve this a review of all catering Day Service programmes should take place.

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

⁴ Specific, Meaningful, Achievable, Realistic, Time based

- Life skills programmes should be developed in Day Services based on Service Users needs and abilities. Included in this should be education on;
Money Management
Healthy Eating
Relationship Advice and Guidance
Road Safety and Independent Travelling
Smoking and Alcohol Consumption
- A strong management presence is essential in the least compliant Day Service locations in order to help staff improve the current service provided to Service Users.
- The base line audit of Kilcloon showed this Day Service to have a significant number of issues that must be promptly addressed. The care of the Service Users in this Day Service was deemed as non-compliant with New Directions standards due to a lack choices available to Service Users, lack of goals, lack of key worker meetings, minimal community inclusion and poor family involvement. A strong management presence is essential in order to bring this Day Service up to a suitable standard. The aim of this will be to provide staff with clear objectives and guidance and monitor the implementation of these recommendations.
- To guarantee a continuous progression is maintained in Day Services, the audits now need to move from a baseline audit to a compliance/ quality assurance document set, similar to that currently used in Stewarts Care Designated Centres. It would be very beneficial for The Quality Steering Committee to oversee the redesign of the Day Service Audit toolkit before it is then handed over to the Compliance Officer for execution.
- It is suggested that The Quality Steering Committee oversees the implementation of all of these recommendations and ensures that they are aligned with the Stewarts Care 2017 strategic plan.

Omissions

Day Activation

108 Service Users have the opportunity to partake in day activation based in residential homes.

The Orchard

A large number of Service Users attend The Orchard for multi-sensory sessions.

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

Day Service Audit 2016

The following pages contain the answers key workers provided during the Day Service Audit.

Each Day Service is conveyed separately. All Day Service audits are broken down into the HSE New Directions four principles; Person Centredness, Community Inclusion, Active Citizenship, Quality Framework.

The graph at the start of each section shows the Day Services' compliance to the questions asked. At the end of each answer the corresponding standard from HSE New Directions is highlighted. The aim of this is to allow each Day Service programme to understand why the tasks requested should be implemented.

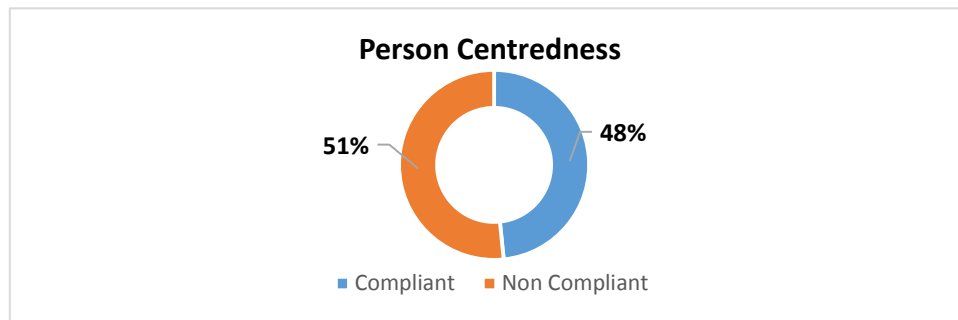
All Service User names were removed from the report for confidentiality. Where necessary Service Users are represented as numbers that correspond with the Day Service Audit Books.

All numbers and percentages were correct at the time of the audit but may have since changed.

Kilcloon

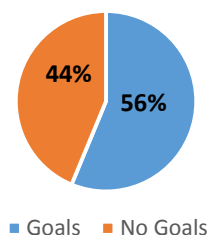
Area name:	Kilcloon
Address:	Brownrath, Kilcloon, Co. Meath
Programme Manager:	Heather Curran
Senior Managers:	0
Senior Team Members:	Tina McLoone, Jen Parr, Neola Rabbitte
Team Members:	8
Care Staff:	2
Agency Staff:	0
Students:	0
Service Users Audited:	63
Key workers:	2 Senior Team Members, 8 Team Members, 2 Care Staff Jen Parr (STM) does not preform the role of key worker
Programme Objective:	<p>Kilcloon is split into 5 programmes</p> <ul style="list-style-type: none"> • Day Activation- To provide a range of activities to Service Users in line with each persons needs and abilities. • Pottery- To engage in pottery activities to be sold in Stewarts Enterprises • Horticulture- To learn the skills needed to engage in maintaining the grounds of Kilcloon • Equestrian- Engage in all duties related to maintaining the equestrian centre including learning to horse ride. • The Paddocks Restaurant- Assist in the day to day running of the kitchen that aims to serve lunch to all Service Users and Staff in Kilcloon.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	07 th , 08 th , 09 th 10 th , February 2017

Kilcloon	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users had a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had a key worker 	<ul style="list-style-type: none"> Encourage family involvement Introduce key worker and family meetings Record any contact with family on SURA
<ul style="list-style-type: none"> Good use of Service User Council in Kilcloon 	<ul style="list-style-type: none"> Ensure all key workers are recorded
<ul style="list-style-type: none"> Complaints knowledge and complaints log evidenced 	<ul style="list-style-type: none"> All Service Users must have goals documented on SURA
<ul style="list-style-type: none"> Right of the month discussed throughout Kilcloon 	<ul style="list-style-type: none"> Re-introduce the life skills education programme to Kilcloon
<ul style="list-style-type: none"> Health and Safety education provided through fire drills 	<ul style="list-style-type: none"> All Service Users must have an individualised timetable
	<ul style="list-style-type: none"> Increase engagement in exercise across Kilcloon
	<ul style="list-style-type: none"> More transition and progression needed for those not suitable for Kilcloon
	<ul style="list-style-type: none"> Improve community inclusion Encourage engagement with community inclusive agencies Reference outside club participation in Service Users PSPs
	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
	<ul style="list-style-type: none"> Communication passports required for several Service Users
	<ul style="list-style-type: none"> All Service Users must have an individual fire risk assessment Staff training needed for risk assessments to include PBSPs
	<ul style="list-style-type: none"> Health and Safety education to be recorded in all programmes
	<ul style="list-style-type: none"> Files should be locked away
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months
	<ul style="list-style-type: none"> Improve key worker involvement in MDT meetings



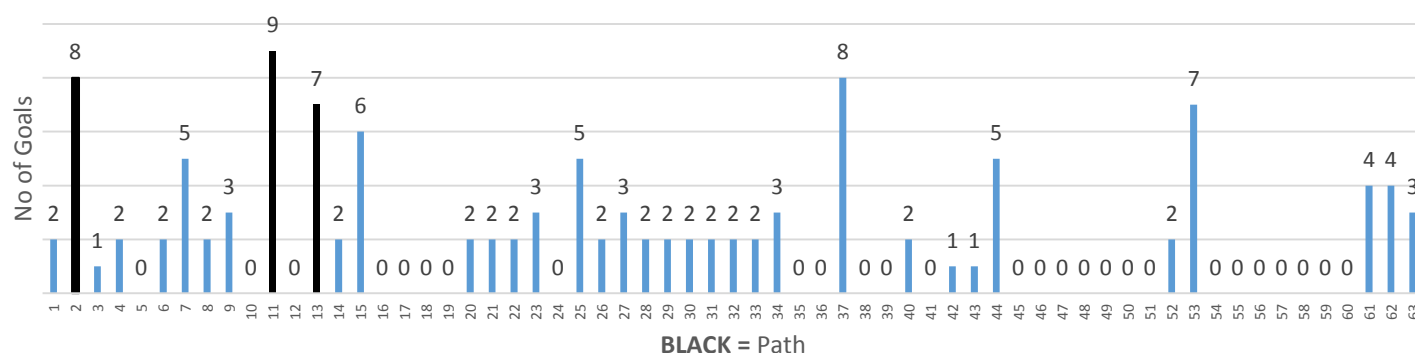
- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included personal information, some identified key workers, goals, records of key worker meetings and other miscellaneous information such as art work and evidence of participation in activities. Documentation in folders was very varied across Kilcloon and staff explained that there was no set criteria for what they evidenced in the folders (1.5.1, 1.5.2).
- Some information for person's personalised plan is kept on SURA, the information recorded on SURA is not consistent across Kilcloon and is not documented regularly for each Service User. The areas used by Kilcloon Day Service staff are; Day Service Progress Notes, Communication notes and Behaviour Records. The level of information provided varies between staff as some staff are unaware of what areas in SURA they should/ could be filling in. Some documentation is done on paper and kept in Service Users folders. Some Service Users attend Kilcloon part-time and there is often no record of this on SURA (1.5.1, 1.5.2).
- Key workers were unable to show any family involvement in the development of the Service Users plans (1.5.9).
- All Service Users had a key worker. This was recorded in 57 out of 63 personal folders (1.5.7).
- 56% of Service Users in Kilcloon had goals set as part of a personalised plan (1.7.1, 1.7.2). Very few Day Service goals were set on SURA most were set in key worker meetings that are recorded on key worker meeting sheets and kept in Service Uses personalised folders. Some goals had been set through the PATH process. Not all staff knew if a Service User had a PATH and not all programmes actively use PATHs as a guide to developing goals in the Day Service as staff explained that they didn't always have the resources to facilitate Service Users goal.

Goals- Kilcloon

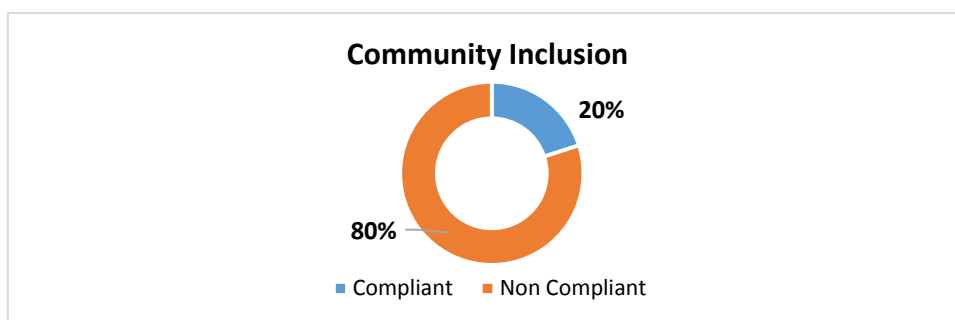


- The individual goals graph below shows the number of goals each Service User had set. Those in Black have goals set through a PATH. The average Service User in Kilcloon has 1/2 goals set in a year (1.7.1, 1.7.2).

Individual Goals- Kilcloon



- 69% of goals set were social and interpersonal goals in relation to going on more community inclusive outings. New skills and training for work were also popular goals. Money management was only a goal for 3 people (2.1.1, 2.1.2).
- There was evidence of life skills education being provided to 42 out of 63 Service Users through a variety of methods- food preparation and hygiene in the kitchen and numerous Service Users took part in a hand hygiene course with the Stewarts Care Infection Control Officer. Life skills classes were also conducted by a member of staff throughout 2016 but these ended in July 2016 due to staffing levels. These life skills classes were referenced on SURA and provided a wide variety of education and choice to Service Users in Kilcloon (2.5.2).
- 19 Service Users out of 63 had an individualised timetable. Some Service Users had out of date timetables and others had none (2.5.5).
- 25% of Service Users attending Kilcloon participate in *activities that promote positive health and well-being* as part of the Day Service. This 25% represents Service Users who go to the gym with another Day Service that they attend during the week. Kilcloon does not have a weekly gym/ swim programme or its Service Users. A walking group was set up by the Horticulture Department to try to incorporate more health and well-being into the Day Service programme (2.8.1, 2.8.3). Numbers for exercise was very low in Kilcloon due to a lack of transport, making the Stewarts gym inaccessible to most full time Service Users.
- Healthy eating posters were not displayed in Kilcloon at the time of the Audit (2.8.2)
- There have been transitions for 24 Service Users as they have come from another Day Service programme or they split the weekly timetable between 2 Day Services i.e. Beehive, Café Kaizen, JASS, Adult Education, Grounds Palmerstown. There is 36 Service Users that staff feel should be given the opportunity to transition or progress on to another Day Service as they have been in Kilcoon for a long period of time or Kilcloon is no longer meeting their needs and abilities (1.8.1, 1.8.2).
- Everyone is given a choice in activities that they can participate in within the limitations of being situated in Kilcloon (1.4.3, 1.4.4). The Day Activation programmes staff declared that the choice they provide is minimal due to demanding needs of Service Users and staffing levels.
- Staff spoke of the lack of movement between rooms/ programmes in Kilcloon. Most staff would prefer if there was more flexibility across the service so Service Users could be provided with more choice and input into their own structure and they felt this could also stop Service Users from becoming bored and acting out.



- Community inclusion as part of Kilcloon was very restricted in 2016. Staff spoke of the inability to engage in community inclusion due to the location of Kilcloon and the lack of transport and staff to assist (1.6.1, 1.6.5).

Some community inclusion was referenced on SURA mainly for Service Users who take part in the Horticulture and Equestrian programmes (1.6.1, 1.6.5).

Any community inclusion recorded was group based and not individualised (1.6.1, 1.6.5)

- Due to the location of Kilcloon it would not be practical for Service Users to take public transport independently to this Day Service. Staff knew of 12 Service Users that travel independently in the community and 17 others that could benefit from education in this subject (2.5.1, 2.5.4).

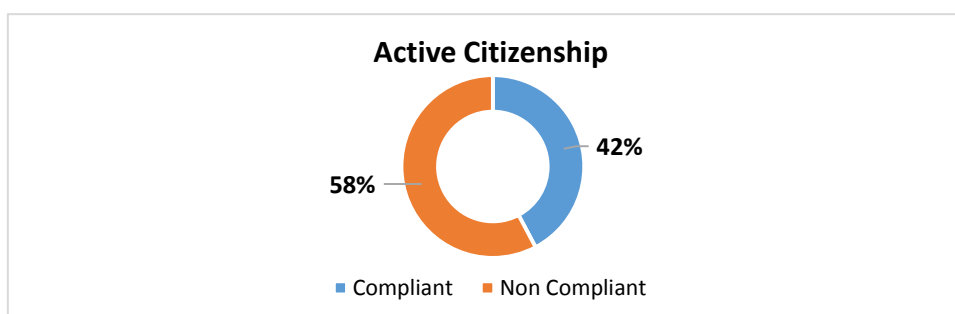
- Key workers knew of 28 out of 63 Services Users who attend a club in the local community. These clubs range from, The Arch Club, Island Bridge Club and Special Olympics Clubs (2.1.1, 2.1.3).

This information is not referenced in people's personalised plans and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.

- 19% of Service Users engage in a community inclusive agency. This is through involvement in a NALA literacy course that is run in Kilcloon (2.9.1, 2.9.3, 2.10.1). Currently no Service Users attend any outside community inclusive agencies for education or training.

- 20 out of 64 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and previously attending school outside of Stewarts (1.6.5).

The other 44 would engage solely with friends made through attending Stewarts Care and family friends. The fact that only 31% have friends outside of Stewarts corresponds with the low numbers for community inclusion and engagement in outside agencies.



- Monthly key worker meetings were **not** taking place in Kilcloon in 2016. There was evidence provided for at least one meeting for each Service User in the past year.

Key worker meetings were recorded on forms that are kept in the Service Users folders in designated locations in Kilcloon (1.4.1, 1.4.2).

- The Service User Council is run very effectively in Kilcloon and the minutes of all meetings are displayed on the Service User noticeboard.

All information on meetings was evidenced and issues brought forward recently included- *Area repairs needed, gym equipment, bus for 9 people for the centre, common room for Service Users, outside education, fire safety training.*

- 89% of Service Users in Kilcloon have input into the daily structure in relation to what activities they will take part in (2.1.2, 2.1.4). Staff in the Day Activation room stated that often the Service Users choice was not to participate in any activities and they would rather sleep or be left alone. 9 Service Users also attend another Day Service as decided by them.

- Currently there is **no** evidence of training on advocacy for any Service Users attending Kilcloon (1.4.5, 3.1.4).

There is no evidence of a facility to access advocacy services. Some staff were unsure of their role in regards to advocacy (1.4.5, 3.1.4).

- Currently 3 Service Users have a communication passport that staff are aware of and staff feel a further 18 Service Users could benefit from having a communication passport (1.3.2).

- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).

An accessible version of the Stewarts Care complaints procedure was evident in all locations except for 1 (1.9.3, 1.9.4, 1.9.5, 1.9.6).

7 Service User has made a complaint in the past year.

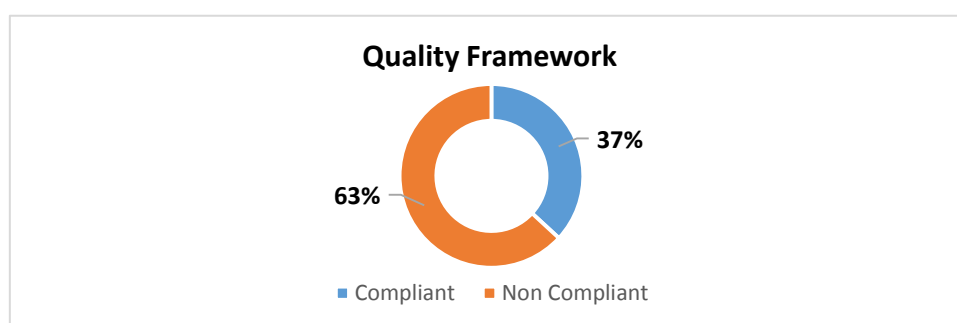
- 2 of these complaints had been resolved at the time of the audit
- 5 were still outstanding and were related to another Service User that was upsetting them.

- There is family input into the Day Service for 37% of Service Users in Kilcloon. Family contact was through telephone calls, these are sometimes recorded in Day Progress Notes but this information is not being recorded effectively at present (1.5.9, 3.1.7).

- There was **not** an accessible version of the Charter of Rights available for all Service Users in all locations at the time of the audit (1.3.9, 2.2.1)

The Right of the Month is on display on the Service User Noticeboard (1.3.9, 2.2.1).

- Key workers confirmed that most Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed. This was not the case for 2 Service Users due to communication difficulties (3.2.2).



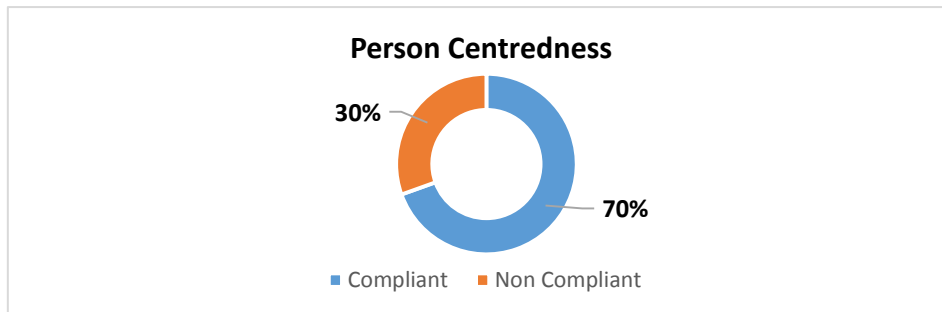
- There was evidence of 0 meetings between key workers and Service Users families in the past year (2.4.4, 2.5.6).

- 27 Service Users have had a new opportunity in the past year. These varied between going to another Day Service programme- Café Kaizen, Beehive, trying different programmes in Kilcloon or being offered different activities in Kilcloon to help them learn new skills. Some programme areas felt they couldn't provide new opportunities due to a lack of staff and increasing needs of the Service Users (2.1.1, 2.1.4).
- There was an up to date individualised fire risk assessments done for 41 Service Users this means that 22 Service Users had no fire risk assessment at the time of the audit. There was evidence of 3 slip trip and falls risk assessments and 4 behaviour risk assessment (2.5.3, 3.1.3).
Staff felt that a further 4 slip trips and falls risk assessments were required and 14 behaviour risk assessments. Staff education/ training on risk assessment is critically required in Kilcloon at present
- All key workers confirmed that they would contact the STM/ the designated person or the Social Worker and fill out the relevant forms if they suspected any signs of abuse (3.1.8, 3.1.9, 3.1.10, 3.1.11).
- Health and Safety education through fire drills was evidenced for the majority of Service Users (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
Pottery, Equestrian, The Paddocks Restaurant and Horticulture spoke of ongoing programme specific health and safety training that they provide to Service Users however this is not always documented (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- Currently only the files kept in the Day Activation room are locked away (1.2.3).
- There is 12 Service Users currently taking daily medication whilst attending Kilcloon. There was 10 Service Users who had a PRN for medication which had out of date Kardex at the time of the Audit (2.8.6).
- 12 Service Users that attend Kilcloon had been discussed at the Adult Service Clinic Meetings in the past year and 5 key workers attended these meetings (2.8.4).
- There was no family involvement evidenced in the behaviour support plans. Staff knowledge on behaviour support plans is poor and staff were unaware of where they are/ should be kept on SURA (3.2.1, 3.2.6, 3.2.7, 3.2.8)

Grounds- Balgaddy

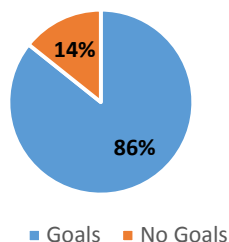
Area name:	Grounds – Balgaddy
Address:	Rosse Court Avenue, Balgaddy, Lucan, Co. Dublin
Programme Manager:	Heather Curran
Senior Managers:	Marie Bass
Senior Team Members:	Larry Norris
Team Members:	2
Care Staff:	0
Agency Staff:	0
Students:	0
Service Users Audited:	14
Key workers:	1 STM, 2 Team Members
Programme Objective:	Grounds Balgaddy offers a practical Day Service to Service Users in the area of Horticulture. Grounds Balgaddy also has a corporate objective to maintain the grounds in the Balgaddy area this is done with the assistance of those participating in the Day Service. The Stewarts Care mobile crew operates out of Grounds Balgaddy, they maintain the gardens of community houses in the local area and also the Balgaddy Church and Palmerstown Church grounds.
Audit conducted by:	Rachel O’Kelly (Internal Staff)
Date of Audit:	20 th January 2017

Grounds Balgaddy	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users have a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had a recorded key worker 	<ul style="list-style-type: none"> Encourage family involvement Introduce key worker and family meetings Record any contact with family on SURA
<ul style="list-style-type: none"> 86% have goals set in a personalised plans 	<ul style="list-style-type: none"> Goals for all Service Users should be recorded on SURA
<ul style="list-style-type: none"> All Service Users have an individualised timetable 	<ul style="list-style-type: none"> Improve progression and transitions between services
<ul style="list-style-type: none"> 71% gym participation 	<ul style="list-style-type: none"> All community inclusion should be documented Encourage participation in community inclusive agencies for education/ training Reference outside club participation in Service Users PSPs
<ul style="list-style-type: none"> Some community inclusion taking place 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
<ul style="list-style-type: none"> Charter of rights and right of the month discussed with all Service Users 	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
<ul style="list-style-type: none"> Lots of new opportunities and choice evidenced within grounds 	<ul style="list-style-type: none"> Record any life skills education Improve independence through independent travelling
<ul style="list-style-type: none"> Health and Safety evidenced- manual handling training 	<ul style="list-style-type: none"> Improve engagement with Service User Council
	<ul style="list-style-type: none"> Improve staff involvement in MDT meetings
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months
	<ul style="list-style-type: none"> All Service Users must have an individual fire risk assessment Staff training required for risk assessments to include PBSPs

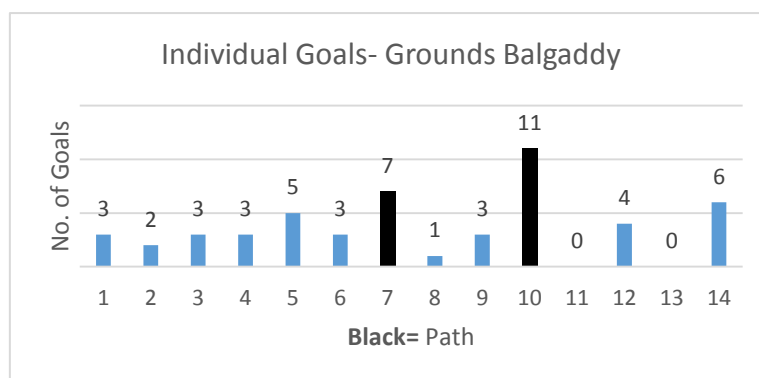


- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included personal information, identified key workers, person's timetable, key worker meetings, photographic evidence, staff explained that they were unsure of what other information should be included in folders (1.5.1, 1.5.2).
- Some information for Service Users personalised plan is kept on SURA, this is updated irregularly and the main areas used by Grounds Balgaddy staff are; Day Service Progress Notes and Communication Notes. SURA is not updated regularly by Grounds Balgaddy key workers and staff stated that they were unaware of any other areas on SURA that they should be filling out (1.5.1, 1.5.2). Staff did express that they would like more specific information and guidelines for SURA.
- Grounds Balgaddy had very little evidence of family involvement in PSPs, there was evidence of one Service Users family involvement at a PATH meeting (1.5.9).
- All Service Users had a key worker, all key workers were recorded in the personalised folder (1.5.7).
- 86% of Service Users in Grounds Balgaddy have goals set as part of a personalised plan (1.7.1, 1.7.2). These goals were not always documented on SURA, they had been set during key worker meetings and are in the personalised folders kept in Grounds Balgaddy.

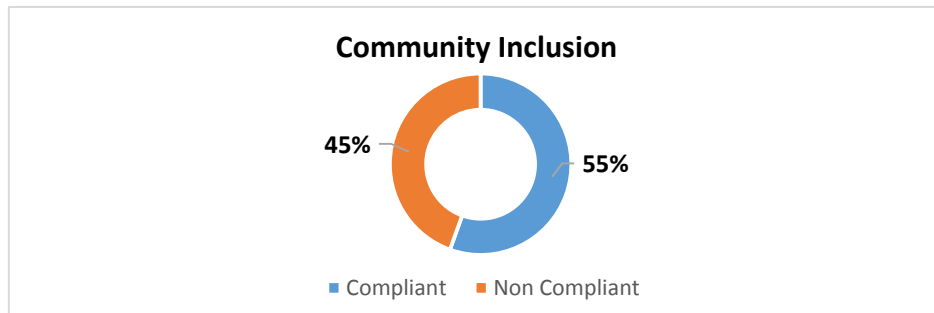
Grounds Balgaddy- Goals



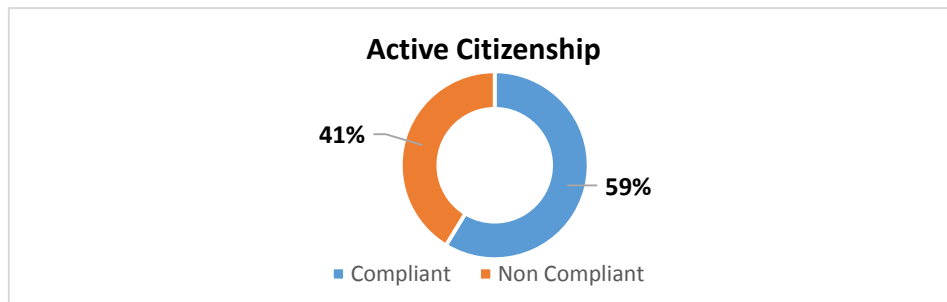
- The individual goals graph below shows the number of goals each Service User has set. Those in black have goals set through the PATH process. The average Service User in Grounds Balgaddy has 3/4 goals set (1.7.1, 1.7.2).
- One Service Users PATH was drawn up in September 2016 but at the time of the audit had not yet been handed over.



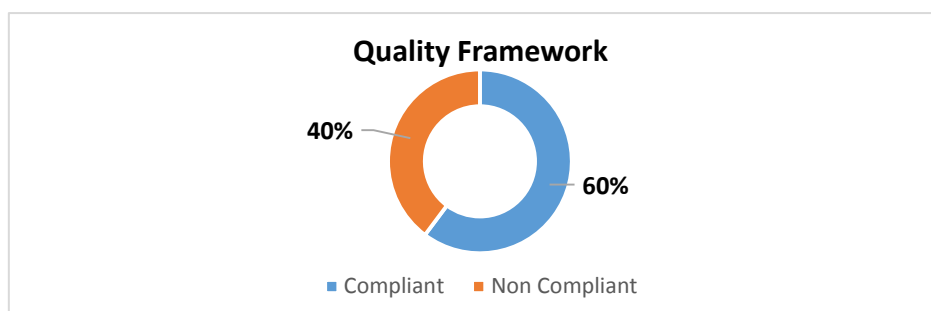
- 86% of goals set were training for work or social interpersonal goals in connection with outings. Self-care and health and new skills in Grounds are also popular goals e.g. of goals documented; go on more outings, learn to drive the tractor, take part on the mobile crew. Money Management was a goal for one person (2.1.1, 2.1.2).
- Key workers explained how life skills education is ongoing with all Service Users working in Grounds Balgaddy. Grounds are part of a corporate function and also a mobile crew so there is a weekly schedule drawn up for all Service Users, this is displayed in the Grounds workroom on a whiteboard and is discussed with all Service Users so they are all aware of the duties they should be performing and where they should be at all times (2.5.2). Other life skills such as hygiene are discussed with Service Users but these are not always documented.
- Everyone in Grounds Balgaddy had an up to date current timetable. Timetables viewed were individualised to the person (2.5.5).
- 71% of Service Users in Grounds Balgaddy participate in *activities that promote positive health and well-being*, as part of the Day Service through the use of Stewarts gym and swimming pool. This activity is done once a week and is referenced in timetables and encouraged by staff (2.8.1, 2.8.3).
2 of the Service Users don't attend the gym as their attendance to Day Service is poor, 1 chooses to work in Palmerstown House rather than attend Grounds and one does not want to participate in gym/swim at present.
- There are healthy eating posters displayed in Rossecourt where Grounds Balgaddy Service Users eat lunch (2.8.2)
- There is evidence of transition for 7 Service Users working in Grounds Balgaddy. 3 transitioned from the RCTEC Programme in Rossecourt. 3 also work in the community and 1 goes between Grounds and another Stewarts Care Day Service.
The other 7 Service Users have been part of the Grounds Balgaddy team for a long time and there was no evidence that they have been offered an alternative Day Service.
- Everyone is given choice in what activities they participate in within the limitations of working as part of a horticultural department.
Each person also decides whether they will participate in the gym/ swim programme offered by Stewarts Care (1.4.3, 1.4.4).



- Grounds Balgaddy staff have been trying to incorporate more community inclusion into the Day Services programme through group outings and involvement on the mobile crew. 3 Service Users gain community inclusion from working in the community (1.6.1, 1.6.5).
- Community inclusion was poorly referenced as key workers do not always document outings in the Service Users personal plans or on SURA, examples of outings Service Users went on this year were; 1916 museum, Guinness Storehouse, Trip to the Cinema, Palmerstown Bowling Alley, Bloom festival.
- 57% of Service Users use public transport to get to Day Services and 79% travel independently whilst in the Community. There is 5 Service Users that could potentially be trained to travel independently to and from this Day Service and only one person that would not be applicable for independent travelling due to mobility (2.5.1, 2.5.4).
- 64% of Service Users who attend Grounds Balgaddy as a Day Service also attend a club in the local community. These clubs range from, The Arch Club, Basketball Clubs, Football Clubs and Special Olympics Clubs (2.1.1, 2.1.3).
This information is not referenced anywhere in personalised plans and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.
- 14% of Service Users engage in a community inclusive agency for work. No other Service Users currently engage in community inclusive agencies for education or training (2.9.1, 2.9.3, 2.10.1).
- 6 out of 14 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and through working in the community (1.6.5).
The other 8 would engage solely with friends made through attending Stewarts Care and family friends. The lack of community friendships (only 42% have friends outside of Stewarts) corresponds with the shortage of engagement in community inclusive agencies (1.6.5).



- Monthly key worker meetings have **not** been taking place regularly in Balgaddy Grounds most Service Users have had at least one meeting in the past year. These are recorded on key worker meeting sheets and kept in the Service Users personalised folders. Staff questioned how often key worker meetings should be recorded and where (1.4.1, 1.4.2).
- One Service User from Grounds Balgaddy is a member of the Service User Council and they communicate the information back to the other Service Users working in Grounds, however this communication is not currently being documented (2.2.2).
Minutes of meetings are sent to Grounds Balgaddy which staff also discuss with Service Users.
- All Service Users in Grounds Balgaddy have input into the daily activities as they get to say what jobs they would like to participate in as part of the Grounds work schedule (2.1.2, 2.1.4). 3 Service Users are in outside employment and one attends another Day Service as decided by them, all Service Users have input into whether they want to attend an exercise programme (2.1.2, 2.1.4).
- Currently there is **no** evidence of training on advocacy for any Service Users attending Grounds Balgaddy (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. Staff are unaware of their role in relation to advocacy (1.4.5, 3.1.4).
- Currently no Service User has a communication passport that the key workers now of. Staff only spoke of one Service User that has communication difficulties and could possibly benefit from a communication passport (1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary.
An accessible version of the Stewarts Care complaints procedure was evident on the Service User noticeboard in Grounds.
0 Service Users have made complaints in the past year.
- There is family input from 50% of Service Users in Grounds Balgaddy. This is contact with some family members through telephone calls, these are sometimes recorded on SURA in Day Progress Notes
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in Grounds Balgaddy and it is discussed with Service Users on a monthly basis (1.3.9, 2.2.1).
- Key workers confirmed that all Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).

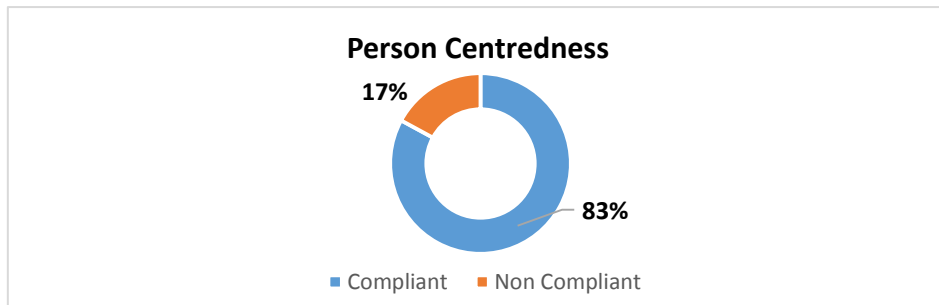


- There was evidence of 1 meeting between a key workers and a Service Users family in the past year, this was a PATH meeting. There has been no other official meetings between key workers and family members in the past year (2.4.4, 2.5.6).
- 79% of Service Users working in Grounds Balgaddy have had the chance for new opportunities in the past year. The majority of these new opportunities were through outings and trying new activities in Grounds e.g. driving the tractor, learning to use the leaf blower, washing the tractor (2.1.1, 2.1.4).
The Service Users that did not try anything new in the past year had very poor attendance.
- There was evidence of an overall fire risk assessment done for Grounds Balgaddy however individual risk assessments must be done for each Service User (2.5.3, 3.1.3).
One Service User also has an up to date slips trips and falls risk assessment (2.5.3, 3.1.3).
- All key workers confirmed that they would report any suspected abuse straight away to an STM/ Designated Person and follow management direction (3.1.8, 3.1.9 3.1.10, 3.1.11).
- All Service Users attending Grounds Balgaddy receive regular ongoing Health and Safety education, this is primarily through verbal demonstration and constant monitoring when using the Grounds Machinery, this education should to be more clearly documented. There is also manual handling education provided to all Service Users as the STM is trained in Manual Handling Training (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- All Service Users files are locked away in a cabinet in the Grounds Balgaddy office.
- Currently no Service Users take medication whilst attending this Day Service
- 8 of 14 Service Users that attend Grounds Balgaddy have been discussed at the Rossecourt Clinic Meeting and key workers have attended 7 of these meetings (2.8.4)
- Currently only one Service User has a Behaviour Support Plan who attends Grounds Balgaddy. Staff don't feel that any other Service Users require a behaviour plan at present (3.2.6, 3.2.7)
Staff knowledge of where behaviour plans are kept on SURA and how to go about suggesting one for a Service User is poor.

Grounds- Palmerstown

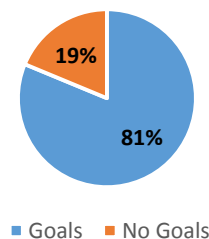
Area name:	Grounds – Palmerstown
Address:	Mill Lane, Palmerstown, Dublin 20
Programme Manager:	Heather Curran
Senior Managers:	Marie Bass
Senior Team Members:	0
Team Members:	5
Care Staff:	0
Agency Staff:	0
Students:	0
Service Users Audited:	16
Key workers:	5 Team Members
Programme Objective:	Grounds Palmerstown offers a practical Day Service to Service Users in the area of Horticulture. Grounds Palmerstown also have a corporate objective to maintain the grounds in the Mill Lane area, this is done with the assistance of those participating in the Day Service.
Audit conducted by:	Rachel O’Kelly (Internal Staff)
Date of Audit:	25 th January 2017 + 27 th January 2017

Grounds Palmerstown	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users had a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had individualised timetables 	<ul style="list-style-type: none"> Improve family involvement Introduce key worker and family meetings Record any contact with family on SURA
<ul style="list-style-type: none"> 81% of Service Users had goals set 	<ul style="list-style-type: none"> Ensure all key workers are recorded
<ul style="list-style-type: none"> Evidence of life skills education 	<ul style="list-style-type: none"> Community inclusion should always be documented on SURA Reference club participation in Service Users PSPs Improve engagement with community inclusive agencies for education and training
<ul style="list-style-type: none"> 100% participation in gym/swim/exercise 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
<ul style="list-style-type: none"> Lots of transition and progression for Service Users in Grounds 	<ul style="list-style-type: none"> Improve interaction with Service User Council and document communication
<ul style="list-style-type: none"> Good community inclusion evidenced through Grounds Newsletter 	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
<ul style="list-style-type: none"> Lots of choice and input into own structure 	<ul style="list-style-type: none"> Individualised fire risk assessments required for all Service Users Staff training on risk assessments including PBSPs is required
<ul style="list-style-type: none"> Charter of Rights and Right of the Month is discussed 	<ul style="list-style-type: none"> Improve staff involvement at MDT meetings
<ul style="list-style-type: none"> Health and Safety education evidenced 	<ul style="list-style-type: none"> Record all life skills education
<ul style="list-style-type: none"> All files are locked away 	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months

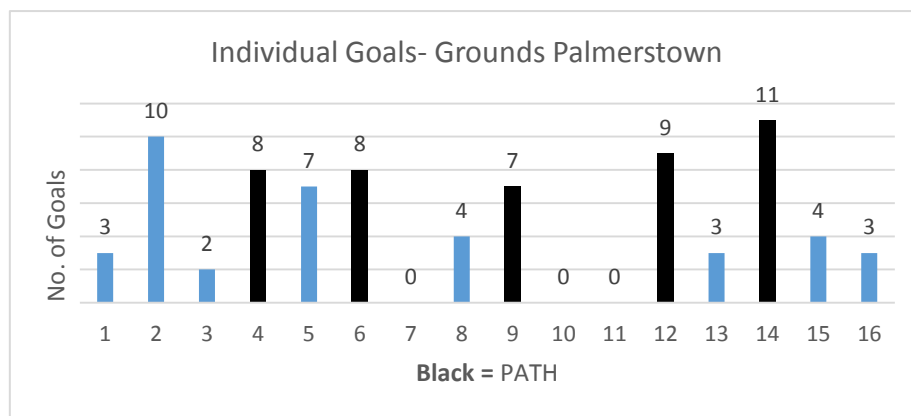


- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included personal information, identified key workers, contained person's timetable, evidence of grounds newsletters, majority contained goals (1.5.1, 1.5.2).
- Some information for Service Users personalised plan is kept on SURA, this is not updated by all Grounds staff regularly and the main areas used by staff are; Day Service Progress Notes, Behaviour Records. Grounds Palmerstown staff explained that they were unsure of when, where and what should be filled in on SURA and required clearer direction (1.5.1, 1.5.2). Staff also spoke of a lack of IT facilities making it difficult to regularly update SURA.
- Grounds Palmerstown had very little evidence of family involvement, 3 Service Users families had been involved in personalised plans through attending a PATH meeting (1.5.9).
- All Service Users had a key worker, majority of key workers were recorded in the personalised folder with only 3 missing this information (1.5.7).
- 81% of Service Users attending Grounds Palmerstown have goals set as part of an individualised plan (1.7.1, 1.7.2). Some goals have been set as part of the PATH process which Grounds Palmerstown actively use, some are set on SURA and some in folders kept in Grounds Palmerstown.

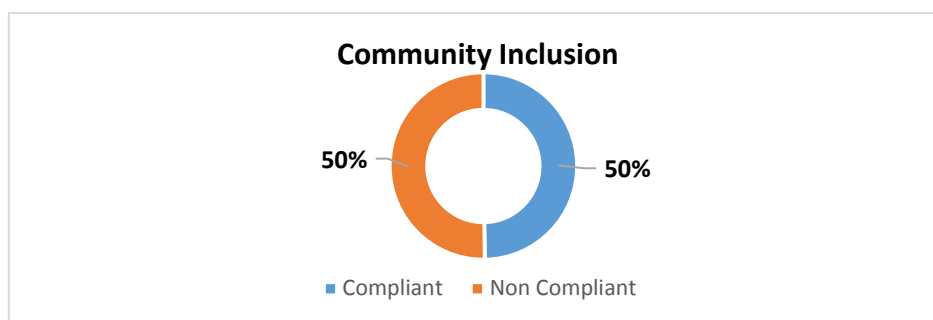
Grounds Palmerstown-
Goals



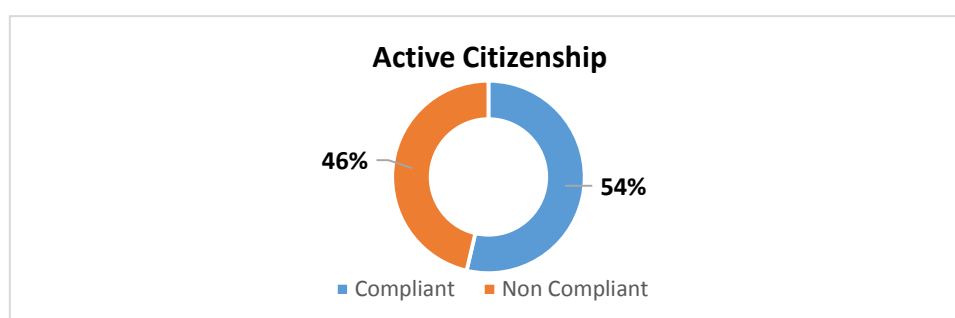
- The individual goals graph below shows the number of goals each Service User has set. Those in black have goals set through the PATH process. The average Service User in Grounds Palmerstown has 2/3 goals set (1.7.1, 1.7.2).



- Most goals set are social interpersonal goals and a desire to learn new skills whilst in Grounds Palmerstown. Self-Care and Health goals in relation to gym attendance and being members of a club was also a popular goal. Money Management was only a goal for four people (2.1.1, 2.1.2).
- As all Service Users in Grounds Palmerstown work in a practical environment that also has a corporate function to maintain, life skills in relation to dress, hygiene and timekeeping are addressed daily (2.5.2). These life skills are not always documented. A first aid course and manual handling training was organised for Service Users in 2016.
- Everyone in Grounds Palmerstown had an up to date current timetable in a personal folders. Timetables viewed were individualised to the person (2.5.5).
- All Service Users in Grounds Palmerstown participate in *activities that promote positive health and well-being* through the use of Stewarts gym and swimming pool, this is part of attending the Day Service. This activity is referenced in timetables and encouraged by staff (2.8.1, 2.8.3).
- A healthy eating posters in the form of The Food Pyramid was displayed in Grounds Palmerstown (2.8.2)
- There is a lot of transition between Day Services within Stewarts for Service Users working in Grounds Palmerstown. 14 out of 16 go between Grounds Palmerstown and another Day Service on a weekly basis. One Service User has been in Grounds for a long time but staff confirm he is happy there and don't feel a transition to another Service would be right for him (1.8.1, 1.8.2).
- Everyone is given choice in what activities they participate in within the limitations of working as part of a Grounds team.
Each person also decides whether they will participate in the gym/ swim programme offered by Stewarts Care.
88% of Service Users have chosen to split the weekly timetable between two or more Day Service programmes which gives them more variety of activities and a chance to see another area of work (1.4.3, 1.4.4)

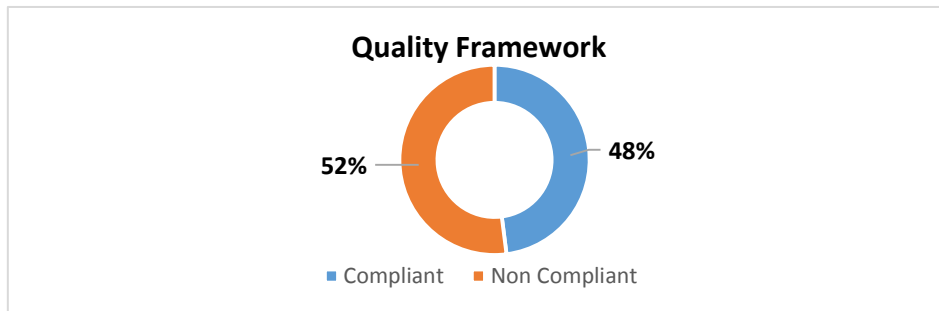


- Grounds Palmerstown have aimed to incorporate more community inclusion as part of the Day Service. Community inclusion evidenced was- a night away to Galway with Grounds staff, Bloom Garden Festival, Bus trips to Maynooth, Trip to Mount Usher, Santry Stadium Special Olympics outing (1.6.1, 1.6.5).
Community inclusion is not always documented on SURA, often it is just referenced in the Grounds Newsletter (1.6.1, 1.6.5).
- 50% of Service Users attending Grounds Palmerstown as a Day Service use public transport to get there and 56% travel independently whilst in the Community. Travelling independently would not be applicable for 7 Service Users due to safety and location of residence (2.5.1, 2.5.4).
- 56% of Service Users who attend Grounds Palmerstown also attend a club in the local community. These clubs range from, The Arch Club, Island Bridge Club, Basketball Clubs and Special Olympics Clubs (2.1.1, 2.1.3).
This information is only referenced in 4 peoples PATHs but the majority are not referenced anywhere and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.
- 25% of Service Users engage in a community inclusive agency, 3 are completing a course with an outside agency and 2 work in the community in paid employment (2.9.1, 2.9.3, 2.10.1).
- 44% of Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and through working in the community (1.6.5).
The other 9 would engage solely with friends made through attending Stewarts Care and family friends.



- Monthly key worker meetings have been taking place, there is evidence of some key worker meetings throughout the year but they have **not** been monthly and there has been no set time/ schedule for when or how often they should take place. The majority of Service Users have had at least one key worker meeting in the past year, some were recorded in folders and some on SURA (1.4.1, 1.4.2).

- A Service Users from Grounds Palmerstown is a members of the Service User Council and they actively discuss what has happened at Service User Council Meetings with the Grounds Palmerstown Service Users however this is not recorded (2.2.2).
Minutes of meetings are sent to Grounds Palmerstown
Issues that Grounds Palmerstown have brought forward are- *a new door in the library and food choices provided in Cafe Kaizen.*
- All Service Users in Grounds Palmerstown have input into the daily activities as they get to pick what jobs they will participate in, timetables were discussed with Service Users at key worker meetings and they are regularly asked if they are happy attending the Grounds Dept. (2.1.2, 2.1.4).
The daily structure is decided by each Service User, the majority of Service Users attend more than one Stewarts Day Service which has been discussed with them, they also have input into whether they want to attend an the gym/swim programme (2.1.2, 2.1.4).
- Currently there is no evidence of training on advocacy for any Service Users attending Grounds Palmerstown (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. One member of staff said they have spoken to Service Users they are key worker for about advocacy but this was not documented (1.4.5, 3.1.4).
- Currently no Service Users have a communication passport that staff are aware of and staff did not suggest that any Service Users could benefit from one at present (1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident on the Service User noticeboard (1.9.3, 1.9.4, 1.9.5, 1.9.6).
No Service Users have made complaints in the past year that key workers were aware of.
- There is evidence of family input from 31% of Service Users in Grounds Palmerstown. This is contact with family members through telephone calls, this is sometimes recorded in Day Progress Notes but not always (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in Grounds Palmerstown on the Service User Noticeboard (1.3.9, 2.2.1).
- Key workers confirmed that all Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).

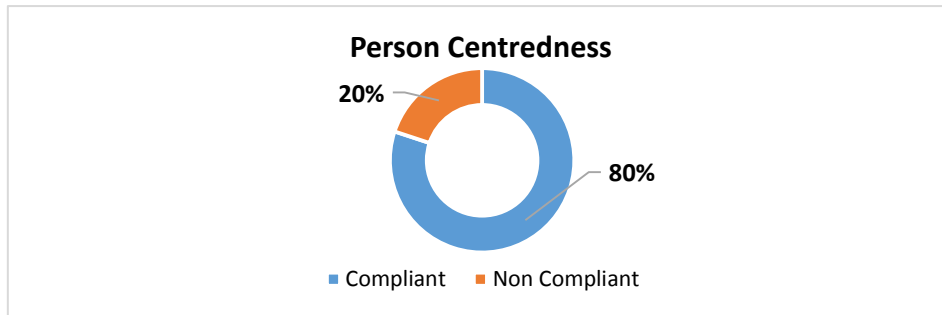


- 2 Service Users families attended PATH meetings in the past year. There has been no other official meetings between any family members and key workers in the past year (2.4.4, 2.5.6).
- 14 Service Users have had the chance for new opportunities in 2016. These new opportunities were very varied and individualised to the person examples included; Relaxation Courses, Education courses, trying another Day Service, Operation Transformation, using different machinery in grounds, yoga, cookery (2.1.1, 2.1.4).
There is 2 out of 16 Service Users that did not try anything new in the past year, reasons given for this were- offered new opportunities but are happy with current routine.
- There was **no** individualised fire risk assessments done for Grounds Palmerstown. There is an overall assessment done which mentions all Service Users (2.5.3, 3.1.3).
One key worker confirmed that there is a Service User who would benefit from having a behaviour risk assessment.
- All key workers confirmed that without hesitation they would report any suspected abuse to the Managers and would follow the direction of the Stewarts Care Adult Protection Policy (3.1.8, 3.1.9 3.1.10, 3.1.11).
- All Service Users attending Grounds Palmerstown Day Service receive regular ongoing Health and Safety education through the Day Service, there is evidence of Manual Handling Training, First Aid Training and Hand Hygiene Training. The Grounds Dept. have internal sheets to record when Service Users have been trained to use any equipment. These sheets are kept in folders in the Grounds Department (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- All Service Users files are locked away in a cupboard in the Grounds Dept. staff office (1.2.3).
- There is three Service Users currently taking daily medication whilst attending Grounds Palmerstown, Kardex were up to date at the time of Audit.
There was 1 other Service Users with a PRN for medication which had an in date Kardex.
- 4 of 16 Service Users have been discussed at the Adult Services Clinic Meetings and 1 key worker attended the MDT meeting of a Service User (2.8.4)
- Currently 2 people who attend Grounds Palmerstown have a behaviour support plan but there was no family input in developing the plans.
Staff feel that 5 of the Service Users could benefit from having a positive behaviour plan in place (3.2.6, 3.2.7). Staff knowledge of positive behaviour plans are poor and further training is required on this.

Mill Lane

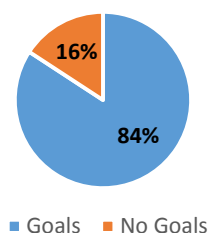
Area name:	Mill Lane
Address:	Mill Lane, Palmerstown, Dublin 20
Programme Manager:	Heather Curran
Senior Managers:	Pat O'Donohoe
Senior Team Members:	Mick Kelly
Team Members:	2
Care Staff:	0
Agency Staff:	0
Students:	0
Service Users Audited:	19
Key workers:	1 Senior Team Member, 2 Team Members
Programme Objective:	Mill Lane offers a holistic and individualised Day Service. This is delivered through the PATH process and adaptable activities such as Pottery, Arts and Crafts, Life Skills and Horticulture that allow each Service User to reach their chosen goals.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	19 th January 2017

Mill Lane	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> ▪ All Service Users had a personal folder 	<ul style="list-style-type: none"> ▪ Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> ▪ 74% of Service Users has a PATH 	<ul style="list-style-type: none"> ▪ Healthy eating/ lifestyle posters are required in Mill Lane
<ul style="list-style-type: none"> ▪ Everyone has a recorded key worker 	<ul style="list-style-type: none"> ▪ Monthly key worker meetings required for all Service Users
<ul style="list-style-type: none"> ▪ Lots of meaningful goals are recorded 	<ul style="list-style-type: none"> ▪ More communication with Service User Council
<ul style="list-style-type: none"> ▪ Independent living skills being taught 	<ul style="list-style-type: none"> ▪ Introduce advocacy training for all Service Users
<ul style="list-style-type: none"> ▪ All Service Users have an individualised timetable 	<ul style="list-style-type: none"> ▪ All Service Users must have an individual fire risk assessment ▪ Staff training required for risk assessments to include PBSPs
<ul style="list-style-type: none"> ▪ 84% gym participation 	<ul style="list-style-type: none"> ▪ Document any Health and Safety training done in Mill Lane
<ul style="list-style-type: none"> ▪ Evidence of transitions and progression for Service Users 	<ul style="list-style-type: none"> ▪ All Kardex have to be updated every 6 months
<ul style="list-style-type: none"> ▪ Good engagement with outside agencies for education and training 	<ul style="list-style-type: none"> ▪ Improve staff involvement with MDT meetings
<ul style="list-style-type: none"> ▪ Evidence of Service Users attending advocacy training 	<ul style="list-style-type: none"> ▪ Record any contact with family on SURA
<ul style="list-style-type: none"> ▪ Right of the Month displayed and discussed 	<ul style="list-style-type: none"> ▪ Reference any club participation
<ul style="list-style-type: none"> ▪ Family meetings through PATH 	

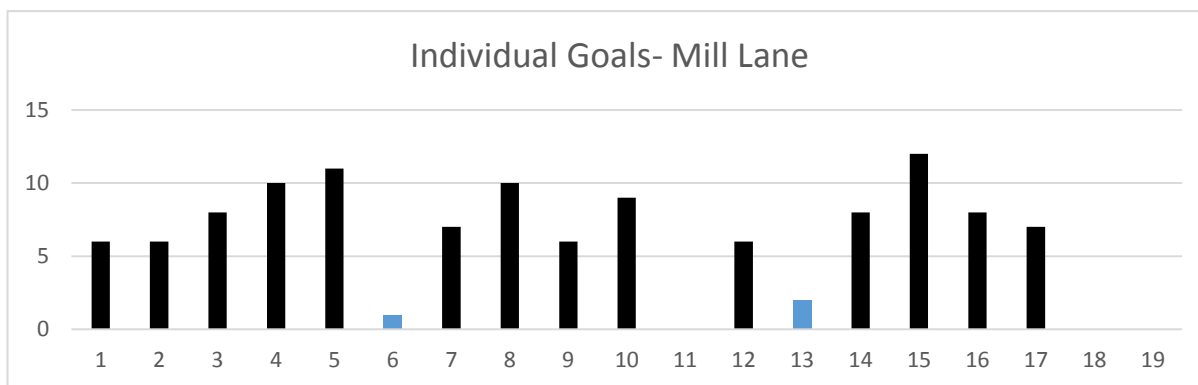


- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included personal information, contained Service Users timetable, key worker meetings and other miscellaneous person specific documents such as photographs of outings and artwork. (1.5.1, 1.5.2).
- Some information for Service Users personal plan is kept on SURA, Day Service Progress Notes are updated quite frequently but with no set structure across key workers, the main areas used by Mill Lane staff are; Social Dev/ Community Access, Day Service Progress Notes (1.5.1, 1.5.2). Some documentation is done on paper and kept in Service Users folders.
- There is currently 14 Service Users with an up to date PATHs that are actively used to form part of the daily structure and timetable whilst in Mill Lane. The majority of these PATHs were constructed in Mill Lane by Mill Lane staff and members of the PATH team.
- Mill Lane could show evidence of over 50% of family involvement in personalised plans through family involvement at PATH meetings (1.5.9).
- Everyone had been assigned a key worker, all key workers are recorded in the Service Users personalised plan (1.5.7).
- 84% of Service Users in Mill Lane have goals set as part of an individualised plan (1.7.1, 1.7.2). One of the Service Users who doesn't have goals set has begun to look at his pre PATH and the other two spend a lot of time in other Day Service locations so have not had the chance to set goals in Mill Lane yet.

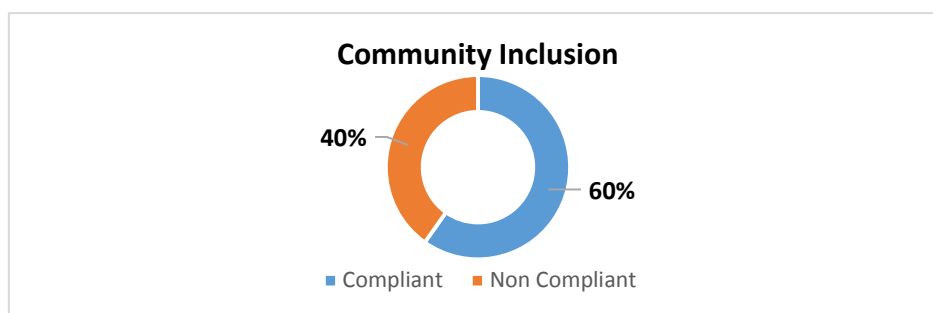
Mill Lane- Goals



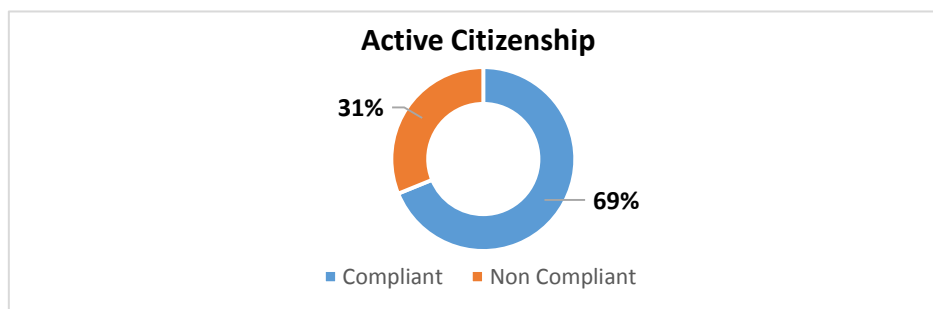
- The individual goals graph below shows the number of goals each Service User has. Those in black have goals set through a PATH. The average Service User has 6 goals set in Mill Lane (1.7.1, 1.7.2).



- 84% of goals were social interpersonal goals or a desire to learn a new skill. Training for work and Work Experience were also popular goals in Mill Lane. Goals on Money Management were the least popular in Mill Lane (2.1.1, 2.1.2). However, there is evidence of Money Management skills being taught in Mill Lane.
- There is regular life skills education taught in Mill Lane through an independent living skills programme designed by Mill Lane staff this is documented on SURA for most Service Users who participate (2.5.2).
- Everybody in Mill Lane had an up to date current timetable. Timetables viewed were individualised to the person (2.5.5).
- 84% of Service Users in Mill Lane participate in *activities that promote positive health and well-being*, as part of the Day Service through the use of Stewarts gym and swimming pool, there was also a number of Service Users who took part in aqua aerobics as part of Operation Transformation. This activity is referenced in the timetable and encouraged by staff (2.8.1, 2.8.3).
The other 3 Service Users chose not to go because of health issues, a dislike for exercise and an already busy timetable.
- **No** healthy eating/ lifestyle posters are currently displayed in Mill Lane (2.8.2)
- There has been a lot of transition between Day Services within Stewarts for Service Users attending Mill Lane. All Service Users have transitioned to Mill Lane from other Day Service programmes- Rossecourt, Coach House, Kilcloon, JASS, and The Orchard. Three Service Users currently go between Mill Lane and another Stewarts Care Day Service on a weekly basis (1.8.1, 1.8.2).
- Everyone is given lots of choice in what activities they participate in and there is evidence of a wide variety of activities to choose from in Mill Lane.
Each Service Users also decides whether they will participate in the gym/ swim programme offered by Stewarts Care.
26% of Service Users have chosen to split the weekly timetable between Mill Lane and another Day Service programme which gives them more variety of activities (1.4.3, 1.4.4)

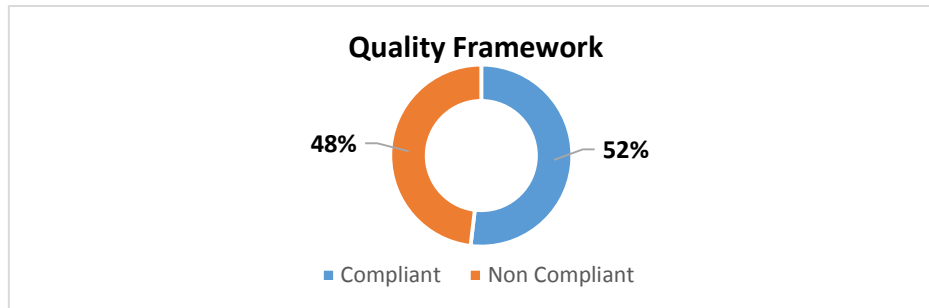


- Community inclusion is an important element of attending Mill Lane as a Day Service and key workers actively encourage group outings, club membership, and engagement in community inclusive agencies. (1.6.1, 1.6.5).
All community inclusion is referenced in Goals, Paths and/or on SURA (1.6.1, 1.6.5).
- 58% of Service Users use public transport to get to Day Services and 68% travel independently whilst in the Community. There is 1 person that could potentially be trained to travel independently to and from the Day Service and 7 people that independent travelling to Day Services would not be applicable for due to safety and location of residence (2.5.1, 2.5.4).
- 58% of Service Users who attend Mill Lane as a Day Service also attend a club in the local community. These clubs range from, The Arch Club, Island Bridge Club, Sports Clubs, Special Olympics Clubs, Bowling Clubs (2.1.1, 2.1.3).
This information is sometimes referenced in Service Users PATHs and key workers know this information through being part of the PATH process with the Service Users. All community club participation happens outside of Day Service hours.
- 58% of Service Users engage in a community inclusive agency, 10 are completing courses with outside agencies in Ballyfermot, Crosscare, Crumlin College and Lucan Library (Relaxation, Painting, Literacy, Cookery) and 1 is a member of a Slimming World Club (2.9.1, 2.9.3, 2.10.1). This is encouraged by Mill Lane staff and key workers regularly help Service Users to find courses that would suit them and will improve their skills and education.
All community inclusion is based on PATH meetings and goal discussions between Service Users and Key workers.
- 58% of Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and community inclusive agencies (1.6.5).
The other 8 would engage solely with friends made through attending Stewarts Care and family friends.



- Monthly key worker meetings have **not** been taking place for the majority of Service Users in Mill Lane, key workers explained that this has not been taking place due to a lack of knowledge surrounding their obligations, where to record them, what to record and how often they should be conducted. Staff regularly sit down and speak with Service Users and Service Users often request one to one conversations with key workers however to date these have not always been documented (1.3).
- Currently nobody has regularly attended Mill Lane from the Service User Council to explain what has been discussed at Service User Council meetings this had only been happening when a member of Mill Lane was on the Service User Council.
Minutes of Service User Council meetings are sent to Mill Lane and are discussed with all Service Users, this communication was not documented.
The Mill Lane Service Users have brought the following issues forward to the Service User Council – *Food options in the canteen, more transport, more money for resources* (2.2.1, 2.2.2, 2.2.3, 2.2.4).
- All Service Users in Mill Lane have input into the daily activities, Service Users are part of developing an individualised timetable and get to decide what activities they will participate in on a daily basis (2.1.2, 2.1.4).
Service Users structure is decided by them, 79% of Service Users either attend a course in the community or more than one Day Service on a weekly basis which has been discussed with them, they also have input into whether they want to attend an exercise programme (2.1.2, 2.1.4).
- 6 people in Mill Lane attended training on advocacy with the National Advocacy Bureau in the past 12 months (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services (1.4.5, 3.1.4).
The advocacy Right of the Month and what is printed on the poster has been discussed with Service Users.
- Currently only two Service Users have a communication passport, these were completed in a Stewarts Care residential setting, but currently there is nobody else attending Mill Lane that has a special communication needs (1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident on the Service User noticeboard (1.9.3, 1.9.4, 1.9.5, 1.9.6).
0 Service Users have made a complaint in the past year.
- There is evidence of family input from 68% of Service Users family in Mill Lane. This contact with family members is usually through PATH meetings and telephone calls, these are usually recorded on SURA in Day Service Progress Notes. (1.5.9, 3.1.7).

- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in Mill Lane on the Service User Noticeboard and it is discussed with Service Users on a regular basis (1.3.9, 2.2.1).
- Key workers confirmed that all Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).

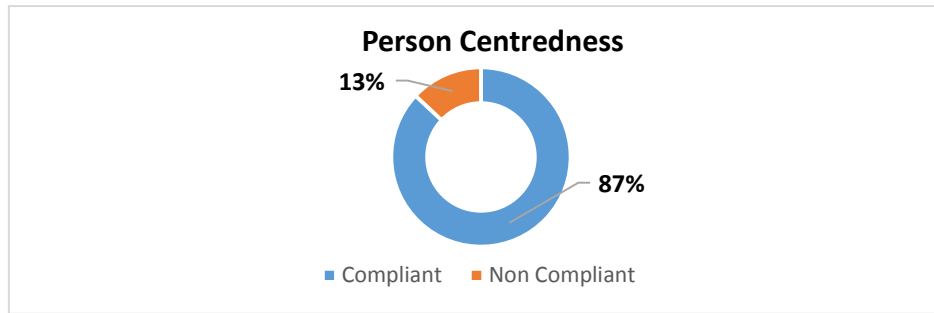


- There was evidence of 10 meetings between key workers and a Service Users family in the past year, the majority of these were through PATH meetings (2.4.4).
- 84% of Service Users attending Mill Lane have had the chance for new opportunities in the past year. These new opportunities were different and personalised to the individual. Examples of new opportunities were trying out new educational courses, work experience, moving house, trying different Day Services e.g. Kilcloon, Sports Centre. Other new opportunities involved outings as part of the Mill Lane group that they had not been on before (2.1.1, 2.1.4).
There is 3 out of 19 Service Users that did not try anything new in the past year, reasons given for this were- offered new opportunities but generally refuses them and poor health.
- There is no individual fire risk assessments for Service Users attending Mill Lane (2.5.3, 3.1.3).
There is an overall assessment done as it is a one storey building with numerous fire exits.
- All key workers confirmed that they would report any suspected abuse to the Centre Manager, document what they know and if needed contact the Social worker (3.1.8, 3.1.9, 3.1.10, 3.1.11).
- All Service Users attending Mill Lane receive ongoing Health and Safety education relevant to that Day Service. All Service Users have been present for Fire Drills. Other Health and Safety Education is provided daily through verbal demonstration and constant monitoring such as using tools for horticulture, pottery and arts and crafts. There was no evidence of this being recorded (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- All Service Users files are locked away in Mill Lane (1.2.3).
- There is two Service Users currently taking daily medication whilst attending Mill Lane and both have an up to date Kardex (2.8.6).
- 6 of 19 Service Users that attend Mill Lane have been discussed at the Adult Services Clinic Meetings and there was key workers present at 2 of these meetings (2.8.4)
- Currently one person who attends Mill Lane has a behaviour support plan but family were not involved in the development.
Staff knowledge of behaviour plans, where they are kept on SURA and how to go about suggesting one for a Service User is poor.

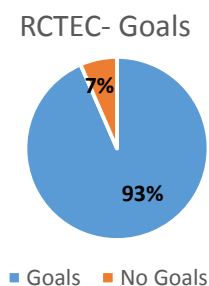
RCTEC

Area name:	Ronanstown Community Training and Education Centre
Address:	Rosse Ct Ave, Balgaddy, Lucan, Co. Dublin
Programme Manager:	Heather Curran
Senior Managers:	Ciara Ballantyne
Senior Team Members:	Emer McPherson
Team Members:	10
Care Staff:	5
Agency Staff:	0
Students:	0
Service Users Audited:	46
Key workers:	10 Team Members, 5 Care Staff Emer McPherson(STM) does not preform the role of key worker
Programme Objective:	The Rehabilitative Training (RT) programme is a 4 year programme for people with a mild to moderate intellectual and/or physical disability Courses provided are based around General Learning and Vocational Skills. The subjects completed by students are; Woodwork, Textiles, Health and Beauty, Home Economics, Art and Design, Health and Fitness, General Education, Computers, Grounds.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	17 th , 18 th , 19 th , 20 th January 2017

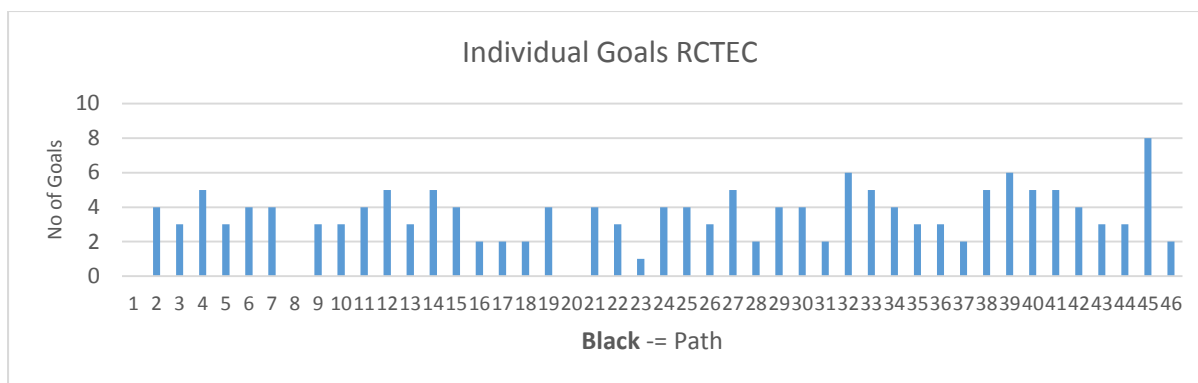
RCTEC	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> 98% of Service Users had a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had a key worker 	<ul style="list-style-type: none"> Encourage family involvement Key workers to attend annual family review meetings Record any contact with family on SURA
<ul style="list-style-type: none"> All Service Users had goals set by the instructor 	<ul style="list-style-type: none"> Service Users to set their own goals and they should be recorded on SURA
<ul style="list-style-type: none"> Life skills education documented 	<ul style="list-style-type: none"> All Service Users require an individualised term timetable on SURA
<ul style="list-style-type: none"> All Service Users had annual timetables 	<ul style="list-style-type: none"> Improve community inclusion Increase interaction with community inclusive agencies Reference outside club participation in Service Users PSPs
<ul style="list-style-type: none"> 61% participation in gym/ swim/ exercise 	<ul style="list-style-type: none"> Improve Service User Council communication
<ul style="list-style-type: none"> Lots of transition and progression evidenced 	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
<ul style="list-style-type: none"> Choice in what class they will move to each term 	<ul style="list-style-type: none"> Files should be locked away
<ul style="list-style-type: none"> Evidence of monthly key worker meetings 	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months
<ul style="list-style-type: none"> Right of the Month education is evidenced 	<ul style="list-style-type: none"> Improve key worker involvement in MDT meetings
<ul style="list-style-type: none"> All Service Users have an individualised fire risk assessment 	<ul style="list-style-type: none"> Staff training required on risk assessments and PBSPs



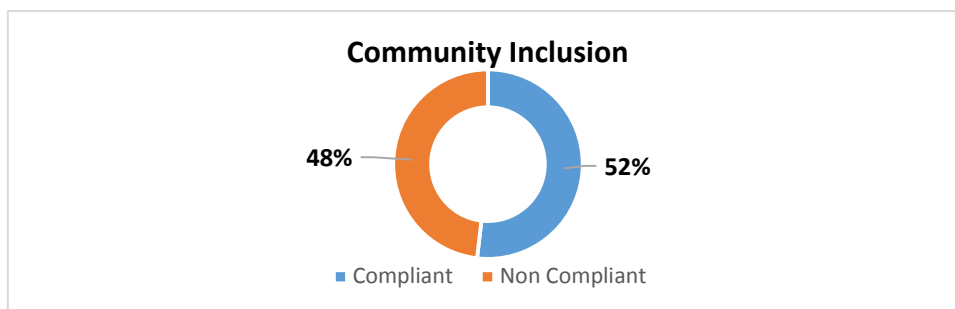
- There was evidence of 45 out of 46 Service Users having a personalised plan in the form of a folder. Folders included personal information, identified key workers, majority contained an annual timetable, classroom goals, records of key worker meetings and progress review notes (1.5.1, 1.5.2). Staff stated that they used these folders to keep records of key worker meetings and that they also had a classroom folder for each Service User where all classroom work and educational information was kept.
- Some information for Service Users personalised plan is kept on SURA, this is updated weekly and the only area used by Day Service staff is; Day Service Progress Notes. SURA is not always regularly updated by Day Service staff and the level of information provided varies between instructors. Staff are unaware of what areas in SURA they should/ could be filling in and all other documentation is done on paper and kept in folders in Rossecourt (1.5.1, 1.5.2).
- Key workers were unable to show any family involvement in the development of the Service Users plan in relation to the educational programme (1.5.9).
- All Service Users had a key worker, for the majority this was the class instructor unless the Service User had been allocated a one to one staff. 45 out of 46 key workers were recorded in the personalised folder with only 1 missing this information as he did not have a folder (1.5.7).
- 93% of Service Users on the RT Training Programme have goals set as part of a personalised plan (1.7.1, 1.7.2). Most goals observed were group goals that are set by the Instructor for the whole class and are based on completing the necessary work required to achieve a finished folder in each subject. Some goals are set in key worker meetings that are recorded on key worker sheets and kept in personalised folders.



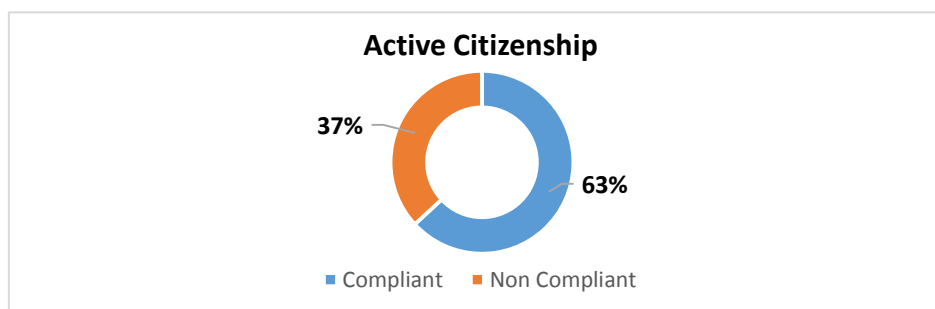
- The individual goals graph below shows the number of goals each Service User has set. Nobody on the RC TEC programme currently has a PATH. The average Service User has 3/4 goals set in a year as they will take part in at least 2 training areas within Rossecourt in a year (1.7.1, 1.7.2).



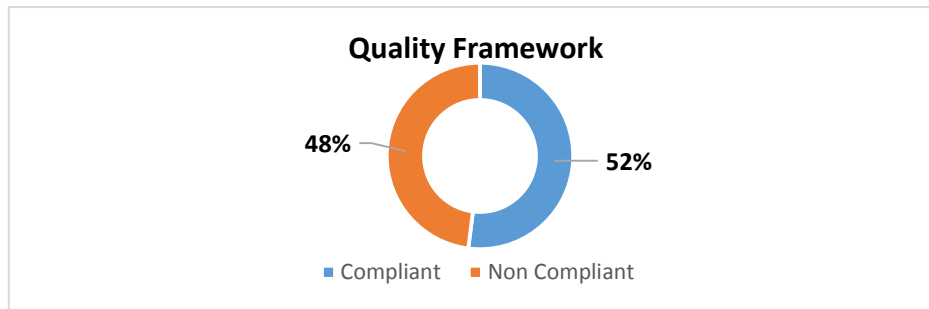
- 92% of goals set are educational and new skills goals based on the subjects they are taking part in. Self-Care and Health and Social interpersonal skills were also popular goals as most instructors wanted Service Users to actively take part in class activities and discussions. Money Management was only a goal for 4 people (2.1.1, 2.1.2).
- There was evidence of life skills education being provided to 45 out of 46 Service Users through a variety of means- personal hygiene is addressed in Health and Beauty, cooking skills in Home Economics, career preparation in General Education, looking after your own health in Health and Fitness, each class also has a timekeeping rule which was discussed and adhered to by Service Users (2.5.2).
- All Service Users with a folder had an annual timetable that showed what training areas they had completed and when. Some classes also had class timetables for each student that showed the weekly routine of the classroom and whether the Service User did Drama and Gym/ Swim. 1 Service User did not have a current up to date timetable as they had no folder (2.5.5).
- 61% of Service Users on the RCTEC programme participate in *activities that promote positive health and well-being* as part of the Day Service, this is through the use of Stewarts gym and swimming pool once a week. This activity is often referenced in timetables and on SURA (2.8.1, 2.8.3).
- Healthy eating posters are displayed in the Rossecourt Restaurant (2.8.2)
- There have been transitions for most Service Users as they have come onto the training programme from school. One staff expressed a concern that the Service User they are one to one with was not right for the centre and they confirmed that they have addressed this with management. This Service User is not actively engaging in the RCTEC programme and instead links in with a Day Attenders group (1.8.1, 1.8.2).
- Everyone is given a choice in activities that they can participate in within the limitations of the classroom and the folder work that is required of them (1.4.3, 1.4.4).



- Community inclusion as part of the RCTEC programme can be quite limited staff explained that it was not always easy to incorporate community inclusion due to the fact that classes are mixed in with ETB trainees. Most trainees had been on 1/ 2 Social outings in the past year. Community inclusion evidenced was similar across the classrooms- Cinema, Bray, Museums, Dublin Zoo, Howth, Bowling (1.6.1, 1.6.5).
Community Inclusion is usually referenced on SURA by the key worker (1.6.1, 1.6.5).
All community inclusion is group based and not individualised (1.6.1, 1.6.5)
- 63% of Service Users attending the RCTEC programme, as a Day Service, use public transport to get there and 67% travel independently whilst in the Community. There is 11 that could benefit from education in independent travelling, these Service Users are currently being picked up and dropped off by family members. Travelling independently would not be applicable for 6 Service Users due to safety and location of residence (2.5.1, 2.5.4).
- Key workers knew of 18 out of 46 Services Users also attending a club in the local community. These clubs range from, The Arch Club, Swimming Club, Irish Wheelchair Association Football Club and Bowling Clubs (2.1.1, 2.1.3).
This information is not referenced in people's personalised plans and key workers know this information from talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.
- 11% of Service Users engage in a community inclusive agency. This is a Nala literacy mentor who comes into Rossecourt to engage with the Service Users (2.9.1, 2.9.3, 2.10.1). Currently no Service Users attend any outside community inclusive agencies for education or training.
- 22 out of 46 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and previously attending school outside of Stewarts (1.6.5).
The other 24 would engage solely with friends made through attending Stewarts Care and family friends.



- There was documented evidence of 65% of Service Users receiving a minimum of a monthly key worker meeting. Some training areas have not been conducting regular key worker meetings. These were all recorded on key worker meeting forms that are kept in the Service Users folders, the information provided is not always effective, this is dependent on the classroom instructor. RCTEC instructors have also been completing Assessment and Progress Review forms every four weeks, these record the exact same information as in the key worker meeting forms and staff feel that this is a duplication of work (1.3).
- Majority of classes stated that they had no communication from the Service User council unless a member of the class was part of the SU council. Most said they received minutes of the meetings from the STM (2.2.2).
Issues that the RT programme Service Users have brought forward are- *More outings, Zumba/ Yoga classes, more places to eat lunch, more access to the poolroom in Rossecourt.*
- All Service Users on the RT programme have input into the structure of the programme as they are given the opportunity at the end of each term to pick the 3 classes they would like to attend next (2.1.2, 2.1.4). Service Users are also given the choice to attend Drama on a Wednesday afternoon and participate in the gym/swim programme every Friday.
- Currently there is **no** evidence of training on advocacy for any Service Users attending the RT Programme (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. Staff are unsure of their role in regards to advocacy (1.4.5, 3.1.4).
- Currently 0 Service Users on the RT programme have a communication passport that staff are aware of (1.3.2).
Key workers felt that there was a further 17 Service Users who would benefit from having a communication passport put in place. 29 do not have special communication needs at present and so a communication passport would not be necessary.
- All key workers showed a clear understanding of how to support Service Users to make a complaint (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident in all training areas except for 1 (1.9.3, 1.9.4, 1.9.5, 1.9.6).
1 Service User has made a complaint in the past year. Family were unhappy with the Service Users placement on the RT programme.
 - This was still an open issue at the time of the audit.
- There is family input into Day Service decisions from 59% of Service Users on the RCTEC programme. This was contact with family members through telephone calls, these are sometimes recorded in Day Progress Notes, key workers also spoke to family members informally when Service Users are being dropped into the Day Service and also at the Annual Drama Production and Summer BBQ (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in all training areas of the RT programme and key workers regularly discuss it with Service Users (1.3.9, 2.2.1).
- All key workers confirmed that Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).

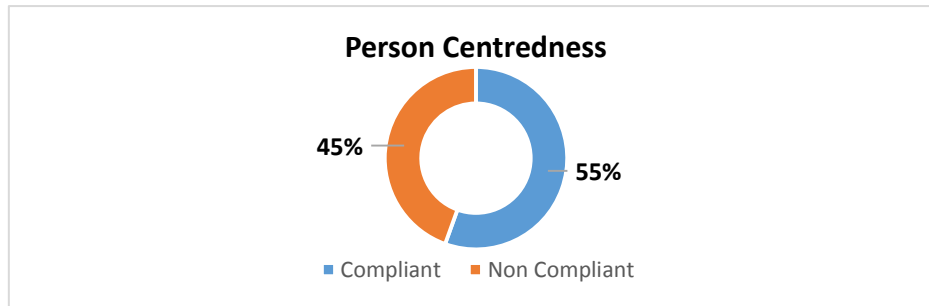


- No key workers had documented evidence of a meeting between them and the Service Users family in the past year. Some spoke of annual reviews that take place in the centre for Service Users but these are conducted by the STM, key workers are not involved (2.4.4, 2.5.6).
- 46 Service Users on the RT programme have had the chance for new opportunities in the past year. These new opportunities were all based on Service Users new experiences and new skills they developed through being part of an educational programme (2.1.1, 2.1.4).
- There was an individualised fire risk assessments done for everyone on the RT programme. However some require a review as 14 were out of date.
Staff were not aware of Service Users having any other risk assessments, staff knowledge of risk assessments was limited (2.5.3, 3.1.3).
- All key workers confirmed that they would report any suspected abuse to a manager and would follow the procedure as per the Stewarts policy (3.1.8, 3.1.9 3.1.10, 3.1.11).
- There was evidence of Health and Safety education provided on the RT programme through regular fire drills. There is also personal health information provided in the Health and Beauty and Health and Fitness rooms (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
All training areas spoke of ongoing classroom specific health and safety training that they provide to Service Users daily however this is not always documented.
- Currently only three training areas have the facilities to lock away Service Users folders the rest are kept out in the classroom on shelves (1.2.3).
- There is 1 Service Users currently taking daily medication whilst attending the RT programme this persons Kardex was out of date at the time of Audit.
- There were 2 Service Users who had a PRN for medication, both had an out of date Kardex (2.8.6).
- 35 Service Users on the RCTEC programme had been discussed at the Rossecourt Clinic Meetings in the past year no key workers attended these meetings (2.8.4)
- Evidence of 1 Behaviour Support plans was seen, family were involved in the development of this plan.
Staff knowledge of behaviour plans is poor however staff felt that not many are required for Service Users on the RCTEC programme at present (3.21, 3.2.6, 3.2.7, 3.28)

Jass

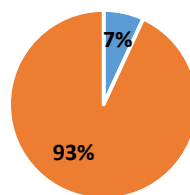
Area name:	JASS
Address:	Mill Lane, Palmerstown, Dublin 20
Programme Manager:	Heather Curran
Senior Managers:	Ciara Ballantyne
Senior Team Members:	Alison O'Neill (on maternity leave at the time of the audit)
Team Members:	2
Care Staff:	0
Agency Staff:	0
Students:	0
Service Users Audited:	58
Key workers:	2 Team Members
Programme Objective:	JASS aims to work with Service Users to build on their employability skills and abilities to source work experience and paid employment in the local community.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	24 th January 2017

JASS	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users personal information is kept on SURA 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users have an individualised timetable on SURA 	<ul style="list-style-type: none"> All Service Users require goals documented on SURA
<ul style="list-style-type: none"> 55% participation in gym/ swim/ exercise 	<ul style="list-style-type: none"> Document life skills education
<ul style="list-style-type: none"> Lots of transition/ progression evidenced 	<ul style="list-style-type: none"> Reference outside club participation in Service Users PSPs
<ul style="list-style-type: none"> All Service Users are independent travellers 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
<ul style="list-style-type: none"> Service User Council group meetings taking place 	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
<ul style="list-style-type: none"> All Service Users decide their own timetables 	<ul style="list-style-type: none"> Encourage family involvement Introduce key worker and family meetings Record any contact with family on SURA
<ul style="list-style-type: none"> All Service Users engage in community inclusion 	<ul style="list-style-type: none"> Individualised fire risk assessments required for all Service Users
	<ul style="list-style-type: none"> Record any Health and Safety training provided
	<ul style="list-style-type: none"> Improve staff involvement in MDT meetings
	<ul style="list-style-type: none"> Staff training required on risk assessments and PBSPs
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months



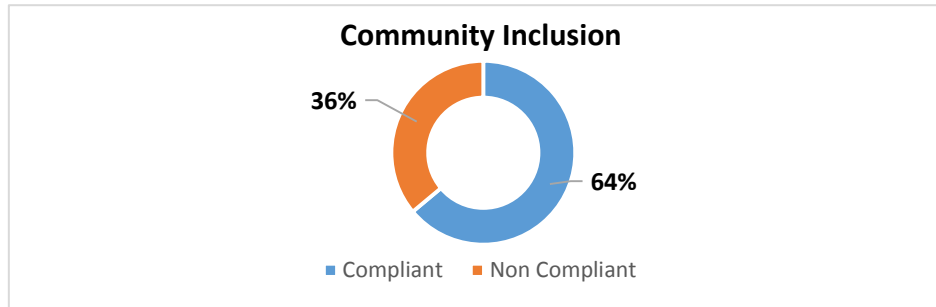
- There was evidence of 56 out of 58 Service Users having a personal plan. Some had a folder but majority of personal information was kept on SURA. Folders were not regularly updated and documentation was inconsistent (1.5.1, 1.5.2).
- The information recorded on SURA varies. The areas used by JASS staff members are; Day Service Progress Notes. The level of information provided is not consistent and most Service Users progress notes are up-dated once a month. Staff are unaware of what areas in SURA they should/ could be filling in and clearer guidelines are required. Some documentation is done on paper and kept in the JASS Hub (1.5.1, 1.5.2). Staff stated that they have felt a lot of pressure in the last few months to keep on top of documentation as there has only been 2 staff members present.
- There was some evidence of family involvement in developing personal plans, this was when family members were contacted because a Service User was starting a new employment and this was documented on SURA (1.5.9).
- All Service Users had a key worker. All Service Users were made aware of who their JASS key worker was (1.5.7).
- 7% of Service Users had documented goals in JASS. The 4 Service Users that did have goals, were set through the PATH process (1.7.1, 1.7.2).

JASS- Goals

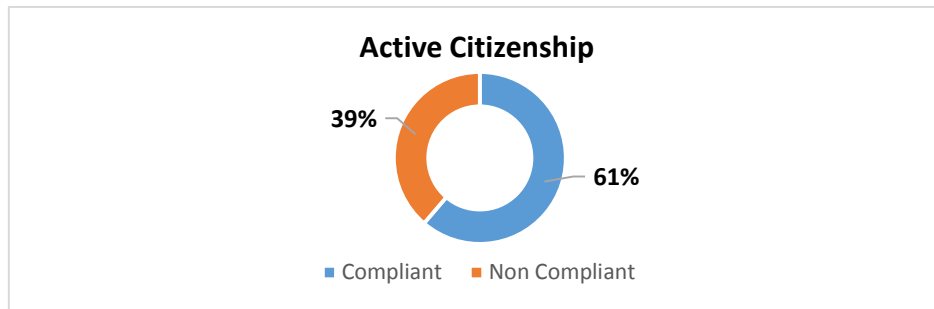


- It was assumed that the majority of Service Users had a goal on Training for Work and Work Experience as they had requested/ agreed to take part in work experience/ paid employment.
- Life skills education is discussed with all Service Users when they are searching for employment and throughout the JASS process, however there was no evidence of this being documented (2.5.2).
- Most Service Users had an individualised timetable these were uploaded onto SURA (2.5.5).
- 56% of Service Users attending JASS participate in *activities that promote positive health and well-being* as part of the Day Service, this is through the use of Stewarts gym and swimming pool, some also attend Bowling with the JASS group on a Friday (2.8.1, 2.8.3).
- Healthy eating posters were not displayed in JASS at the time of the Audit (2.8.2)

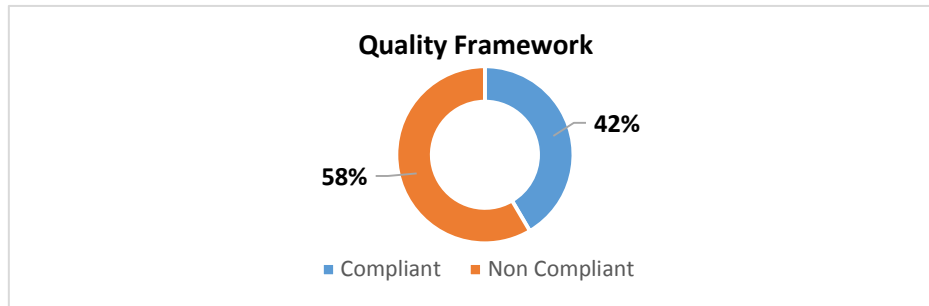
- There has been a transition/ progression for the majority of Service Users attending Jass as they have come from another Day Service programme or have transitioned between work experience to paid employment.
There is 2 Service Users that JASS staff feel are not right for the Service at present (1.8.1, 1.8.2).
- Everyone is given a choice in activities that they can participate in when they are with JASS, some choose to participate in the exercise and bowling activities organised by JASS staff. All Service Users get to choose where they would like to work and what hours suit them best (1.4.3, 1.4.4).



- There is a lot of community inclusion happening for those involved in JASS as 45 Service Users are currently working in the community (1.6.1, 1.6.5).
JASS staff organise social outings throughout the year to enhance Service Users community inclusion (1.6.1, 1.6.5).
A lot of Service Users also engage in community inclusive agencies for education and training. There was evidence of involvement in an outside educational courses with Inchicore College, Crosscare, Ballyfermot library, Literacy Classes (2.9.1, 2.9.3, 2.10.1).
- All Service Users that link in with JASS are independent travellers (2.5.1, 2.5.4).
- Key workers knew of 36 out of 58 Services Users also attending a club in the local community. These clubs range from, The Arch Club, Island Bridge Club and Sports Clubs (2.1.1, 2.1.3).
This information is not referenced in people's personalised plans and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.
- 47 out of 58 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and also from paid employment (1.6.5).
The other 11 would engage solely with friends made through attending Stewarts Care and family friends.



- Monthly key worker meetings were **not** taking place in JASS in 2016. When staff link in with Service Users it is usually recorded in Day Service notes but this is informal and not recorded as a key worker meeting (1.3).
- JASS Service Users attend the Palmerstown House or the West County Hotel on a monthly basis to discuss Service User Council issues and minutes from previous meetings. Issues brought forward in recent months are; *Need for a pedestrian crossing in Palmerstown*
- All Service Users get to decide their own timetable whilst in JASS, they get to decide where they would like to work and what additional activities run by JASS they would like to attend (2.1.2, 2.1.4).
- Currently there is **no** evidence of training on advocacy for any Service Users attending JASS (1.4.5, 3.1.4).
There is **no** evidence of a facility to access advocacy services. Staff are unsure of their role in regards to advocacy (1.4.5, 3.1.4).
- Currently staff are unaware of any Communication passports in place but also feel that there isn't a need for any at present (1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident in the JASS Hub (1.9.3, 1.9.4, 1.9.5, 1.9.6).
0 Service User has made a complaint in the past year that staff are aware of.
- There was family input on Day Service decisions for 78% of Service Users in JASS. This input was contact with some family members through telephone calls, these are sometimes recorded in Day Progress Notes but this information is not being recorded effectively at present (1.5.9, 3.1.7).
- There was an accessible version of the Charter of Rights available for all Service Users in the JASS Hub at the time of the audit (1.3.9, 2.2.1)
The Right of the Month is on display in the JASS Hub not all Service Users attend the JASS Hub regularly so this information is not always passed on (1.3.9, 2.2.1).
- All key workers confirmed that Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).

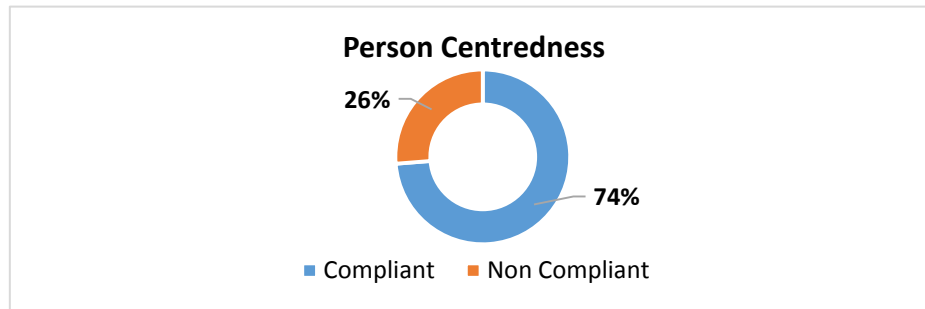


- There was documented evidence of 5 meetings between the key worker and the Service Users family in the past year (2.4.4, 2.5.6).
- 57 Service Users have had a new opportunity in the past year. These varied between trying different work experience locations, getting a new job, starting a new educational courses (2.1.1, 2.1.4).
- There was no individualised fire risk assessments done for the Service Users. Staff knowledge of risk assessments was limited and staff were unaware of any other risk assessments currently in place for the Service Users attending JASS.
- Both key workers confirmed that they would contact the Centre Manager, follow the Stewarts Care policy and fill in the relevant forms if they suspected any abuse (3.1.8, 3.1.9 3.1.10, 3.1.11).
- Staff explained that the majority of Health and Safety training provided to the JASS Service Users is done with the work experience/ paid employment and so is not always referenced in the Service Users JASS notes (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- Folders are locked away in the JASS Hub (1.2.3).
- Nobody currently takes daily medication whilst they are in JASS (2.8.6).
- 25 of 58 Service Users that attend JASS have been discussed at the Adult Service Clinic Meeting or Rossecourt Clinic Meeting in the past year and key workers attended 2 of these meetings (2.8.4).
Staff were unaware of any Service Users having Positive Behaviour Support Plans. Staff knowledge on behaviour support plans was poor and staff were unaware of where they are/ should be kept on SURA (3.2.1, 3.2.6, 3.2.7, 3.2.8)

Rossecourt Restaurant

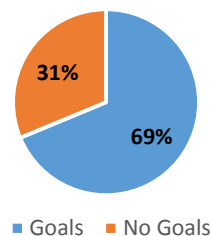
Area name:	Rossecourt Restaurant
Address:	Rosse Ct Ave, Balgaddy, Lucan, Co. Dublin
Programme Manager:	Heather Curran
Senior Managers:	Ciara Ballantyne
Senior Team Members:	Louise Tucker
Team Members:	3
Care Staff:	2
Agency Staff:	0
Students:	0
Service Users Audited:	16
Key workers:	2 Team Members 2 Care Staff Louise Tucker (STM) does not preform the role of key worker
Programme Objective:	To serve breakfast and lunch, Monday- Friday to members of the public, Service Users and ETB trainees attending Rossecourt Resource Centre. Rossecourt Restaurant is also open on Saturdays to members of the public for brunch. This Restaurant is a Day Service programme used to facilitate the training of Service Users and ETB trainees in the areas of food preparation and front of house service.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	11 th January 2017 + 12 th January 2017

Rossecourt Restaurant	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users had a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had a key worker 	<ul style="list-style-type: none"> All Service Users require meaningful goals recorded on SURA
<ul style="list-style-type: none"> 63% gym attendance 	<ul style="list-style-type: none"> Document all life skills education
<ul style="list-style-type: none"> Charter of rights and right of the month is discussed regularly 	<ul style="list-style-type: none"> Individualised timetables required for all Service Users
<ul style="list-style-type: none"> All Service Users have fire risk assessments 	<ul style="list-style-type: none"> Improve progression and transitions between services Service Users should have more involvement in own structure
<ul style="list-style-type: none"> Charter of rights and right of the month is discussed regularly 	<ul style="list-style-type: none"> Improve community inclusion Encourage participation in community inclusive agencies for education/ training Reference outside club participation in Service Users PSPs
<ul style="list-style-type: none"> New opportunities in relation to catering skills documented 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
<ul style="list-style-type: none"> Health and Safety education documented 	<ul style="list-style-type: none"> Encourage more communication with Service User Council
	<ul style="list-style-type: none"> Introduce advocacy training for Service Users
	<ul style="list-style-type: none"> Encourage family involvement Introduce key worker and family meetings Record any contact with family on SURA
	<ul style="list-style-type: none"> All files should be locked away
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months
	<ul style="list-style-type: none"> Improve key worker involvement at MDT meetings
	<ul style="list-style-type: none"> Staff training required on risk assessment and PBSPs

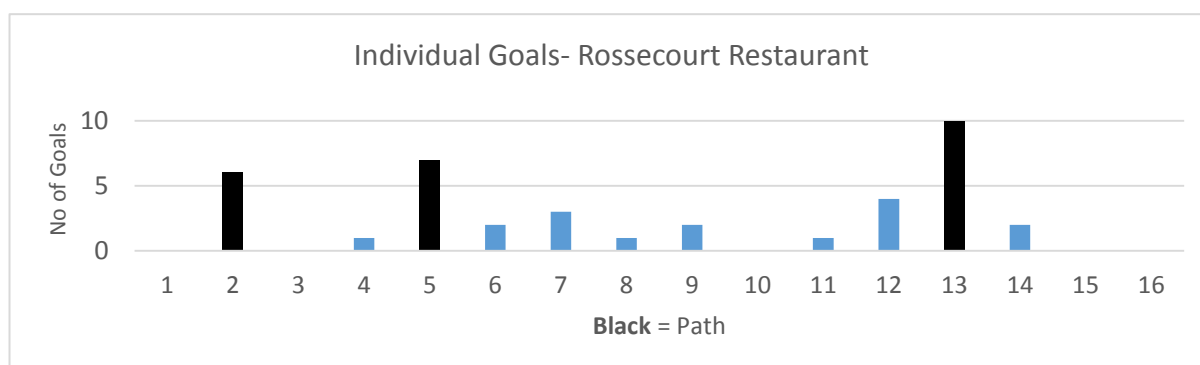


- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included some personal information, identified key workers, contained timetables, there was limited photo evidence in some folders and some contained certificates of participation (1.5.1, 1.5.2).
- Some information for person's personal plan is kept on SURA, this is not always updated in 2016 and staff explained that this was due to a lack of time. The main areas used by Rossecourt staff are; Day Service Progress Notes. Staff explained that they were unsure of what should be filled in on SURA and welcomed clearer guidance on this (1.5.1, 1.5.2).
- Rossecourt Restaurant had very little evidence of family involvement in developing personalised plans, 2 Service Users families had been involved in developing a personalised plan through a PATH meeting (1.5.9).
- All Service Users had a key worker, 14 out of 16 key workers were recorded in the personalised folders with 2 missing this information (1.5.7).
- 69% of Service Users had goals set as part of an individualised plan (1.7.1, 1.7.2). Some goals have been set as part of the PATH process. Other goals are in the personalised folders recorded as part of key worker meetings and are not set on SURA.

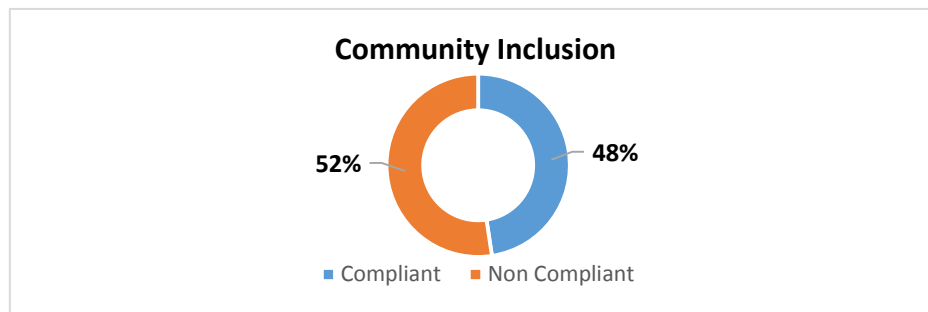
Rossecourt Restaurant -
Goals



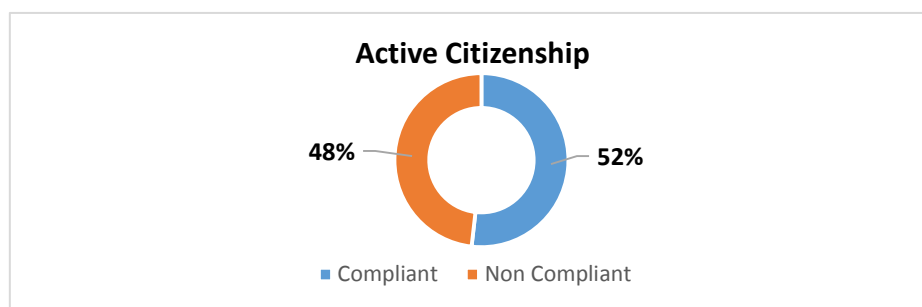
- The individual goals graph below shows the number of goals each Service User has set. Those in black have goals set through the PATH process. The average Service User has 2/3 goals set (1.7.1, 1.7.2). One Service Users Path was drawn up in 2016 but at the time of audit had still not been handed over.



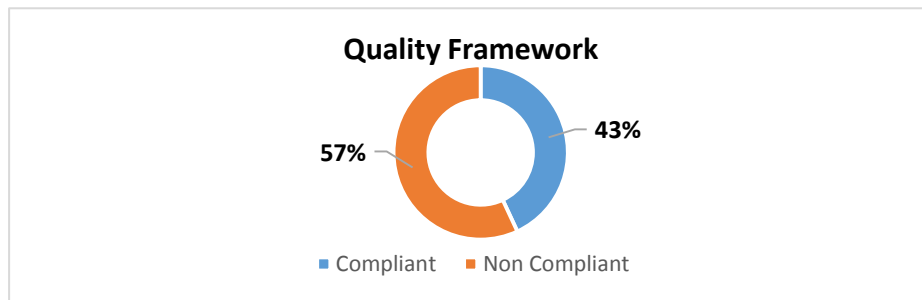
- 62% of goals set were Household activities/ cooking goals and 75% had training for work and new skills goals which all related to working in the Rossecourt Restaurant. Work Experience and Self-Care and Health in relation to gym attendance and being members of a club was also a popular goal. Money Management was only a goal for one person (2.1.1, 2.1.2).
- As all Service Users in Rossecourt Restaurant work in a catering environment life skills in relation to dress, hygiene and timekeeping are addressed daily (2.5.2). These life skills are not documented and are usually just discussed verbally. Hand hygiene and dental hygiene talks were organised for Service Users last year.
- 88% of Service Users in Rossecourt Restaurant had an up to date timetable kept in a personal folder. Timetables were group timetables and not individualised to the person (2.5.5).
- 63% of Service Users in Rossecourt Restaurant participate in *activities that promote positive health and well-being*, as part of the Day Service through the use of Stewarts gym and swimming pool. Due to numbers Service Users working in the Rossecourt Restaurant only get to participate in gym/ swim activities every second week (2.8.1, 2.8.3).
- Healthy eating posters are displayed in the Rossecourt Restaurant (2.8.2)
- The majority of transitions for Rossecourt Restaurant Service Users is through transitioning from the RCTEC programme in Rossecourt to a Restaurant Trainee.
 2 Service Users stated in their Path meetings that they would like to remain in the Rossecourt Restaurant.
 2 Service Users have stated that they would like to try another Day Service. Unlike many other Day Service Restaurants, Rossecourt Restaurant Service Users don't get to try other programmes.
 There is 6 Service Users that have been in the Restaurant for a long time and have not tried a new Day Service (1.8.1, 1.8.2).
- Everyone is given choice in what activities they participate in within the limitations of working in a Restaurant and also allowing for everyone to try the more popular jobs.
 Each person also decides whether they will participate in the gym/ swim programme offered by Stewarts Care (1.4.3, 1.4.4)



- Rossecourt Restaurant staff have found it very hard to incorporate community inclusion as part of the Day Service they are offering. Service Users have been on a limited number of trips in the past 12 months due to staff shortages and trying to run a busy restaurant. Picture evidence was seen of Service Users going on three trips last year; the cinema, Palmerstown Bowling Alley and to a local park. Some Service Users have begun to join up with other classes within Rossecourt to attend social inclusion outings. (1.6.1, 1.6.5). Community inclusion is not always referenced on SURA by Restaurant key workers (1.6.1, 1.6.5).
- 56% of Service Users attending Rossecourt Restaurant as a Day Service use public transport to get there and 11 out of 16 travel independently whilst in the Community. There is 7 Service Users that currently use Stewarts transport or get family members to drop them to this Day Service and could benefit from education on travelling independently (2.5.1, 2.5.4).
- 44% of Service Users who attend Rossecourt Restaurant as a Day Service also attend a club in the local community. The clubs are John of Gods, Special Olympics and Sports Clubs (2.1.1, 2.1.3).
This information is not referenced in Service Users personalised plans and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.
- 19% of Service Users engage in a community inclusive agency that comes into Rossecourt to provide literacy training (2.9.1, 2.9.3, 2.10.1). No Service Users currently engage in community inclusive agencies outside of Rossecourt for education or training
- 38% of Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and being lifelong friends (1.6.5).
The other 62% would engage solely with friends made through attending Stewarts Care and family friends this high number links with the low numbers for community inclusion.



- Monthly key worker meetings have **not** been taking place and staff were unaware of a set time/ schedule for when or how often they should take place. Some Service Users had not had any key worker meetings at the time of audit. Key worker meetings were recorded on key worker meeting sheets and kept in Service Users personalised folders (1.3).
- Rossecourt Restaurant staff confirmed that no member from the Service User Council comes into the Restaurant and communicates information to the Restaurant Service Users (2.2.2). Minutes of meetings are sent to Rossecourt Restaurant from an STM
In the past Restaurant Service Users have asked the Service User Council to bring up the following issues; *more outings and longer breaks*.
- All Service Users in Rossecourt Restaurant have input into the daily activities as they get to pick what jobs they will participate in, however staff explained that some jobs are more popular than others and so everybody has to be given a chance to try out all jobs (2.1.2, 2.1.4).
- There is no evidence of Service Users deciding on their own structure, however they do have input into whether they want to attend the gym every second week. (2.1.2, 2.1.4).
- Currently there is **no** evidence of training on advocacy for any Service Users attending Rossecourt Restaurant (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. Staff were unsure of what an advocacy facility was or how they would provide this service to the Service Users (1.4.5, 3.1.4).
- Currently no Service Users have a communication passport that staff are aware of and staff do not feel that anyone attending Rossecourt Restaurant requires one at present (1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident in the Rossecourt Restaurant (1.9.3, 1.9.4, 1.9.5, 1.9.6).
One Service Users had made a complaint in the past year that key workers were aware of.
 - The complaint was about a member of staff and has since been resolved. The Service User and their family were happy with the outcome.
- There is evidence of family input into Day Service decisions for 13% of Service Users in Rossecourt Restaurant. This contact was made at a PATH meeting (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in the Rossecourt Restaurant and this is regularly discussed with Service Users (1.3.9, 2.2.1).
- Key workers confirmed that all Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).

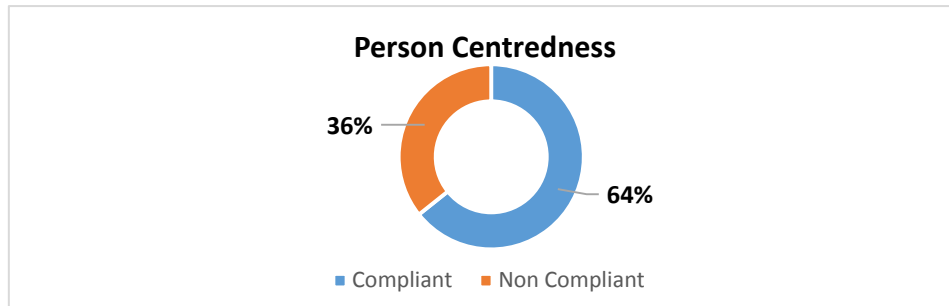


- There has been no documented meetings between any family members and key workers in the past year (2.4.4, 2.5.6).
- All Service Users have had a new opportunity in the past year. These new opportunities were based around the resources available in the Restaurant e.g.s cooking new dishes, working in the Panini bar, outings, attending drama (2.1.1, 2.1.4).
- Every Service User in Rossecourt Restaurant had an individualised fire risk assessment done (2.5.3, 3.1.3).
No other risk assessments are currently required according to staff. Staff knowledge of risk assessments, who needed one and where to find them on SURA was very limited.
- All key workers confirmed that they would report any suspected abuse to a manager and follow their direction (3.1.8, 3.1.9 3.1.10, 3.1.11).
- All Service Users attending Rossecourt Restaurant as a Day Service receive regular ongoing Health and Safety education, this is provided through verbal demonstration when people are using kitchen equipment such as knives and the dishwasher. This information is not currently documented anywhere. There is evidence of fire safety education through regular fire drills (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- All Service Users files are kept on shelves in the staff office (1.2.3).
- There is one Service Users currently taking daily medication whilst attending Rossecourt Restaurant this persons Kardex was up to date at the time of Audit.
There was 1 other Service Users with a PRN for medication which did not have an up to date Kardex.
- 7 Service Users that attend Rossecourt Restaurant have been discussed at the Rossecourt Clinic Meetings and no key workers attended these meetings (2.8.4)
- Currently 0 people who attend Rossecourt Restaurant have a behaviour support plan.
Staff don't feel that any of the Service Users currently require a behaviour plan (3.2.6, 3.2.7)
Staff knowledge of behaviour plans is poor.

Coach House

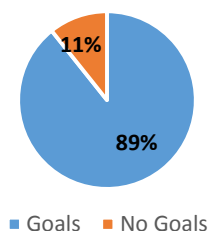
Area name:	Coach House
Address:	Corner of and, Mill Lane, Palmerstown, Dublin 20
Programme Manager:	Heather Curran
Senior Managers:	0
Senior Team Members:	Michelle Brennan, Alison Charleston
Team Members:	3
Care Staff:	3
Agency Staff:	0
Students:	0
Service Users Audited:	28
Key workers:	2 STMs, 3 Team Members, 3 Care Staff
Programme Objective:	<p>The Coach House is consists of a Café, Craft Shop and Education Centre. The café serves, tea/coffee cakes and lunch daily to members of the public and Stewarts Care staff. Service Users are given the training they need to work in the Café and experience a career in a busy catering environment.</p> <p>Those who attend the Educational centre upstairs in the Coach House have the opportunity to complete the PATH process and develop an individualised timetable to help them meet their PATH goals.</p> <p>As part of the Coach House audit Clarkeville was also audited as 3 Service Users on the Coach House list attend Clarkeville weekly. This is an Art and Flower shop that allows Service Users to take part in flower arranging and other craft projects commissioned by the public and Stewarts Care.</p>
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	06 th , 07 th , 20 th , February 2017

Coach House	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users had a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had a key worker 	<ul style="list-style-type: none"> Encourage more family involvement Introduce key worker and family meetings
<ul style="list-style-type: none"> 86% have goals set 	<ul style="list-style-type: none"> All key workers must be recorded
<ul style="list-style-type: none"> All Service Users have an individualised timetable 	<ul style="list-style-type: none"> Document all life skills education taught throughout the Coach House
<ul style="list-style-type: none"> 75% participation in exercise and health related activities 	<ul style="list-style-type: none"> Improve transitions and progressions for those in the Coach House for a long period of time
<ul style="list-style-type: none"> Charter of rights and right of the month evidenced 	<ul style="list-style-type: none"> Improve community inclusion and ensure all community inclusion is recorded Reference any club participation Improve engagement with Community Inclusive agencies for education and training
<ul style="list-style-type: none"> Good life skills evidenced in Education Centre 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
	<ul style="list-style-type: none"> Document all communication with the Service User Council
	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
	<ul style="list-style-type: none"> All Service Users require an up to date individual fire risk assessment Staff training required for risk assessments to include PBSPs
	<ul style="list-style-type: none"> Record all Health and Safety training provided
	<ul style="list-style-type: none"> Lock away all files
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months
	<ul style="list-style-type: none"> Increase staff involvement into MDT meetings

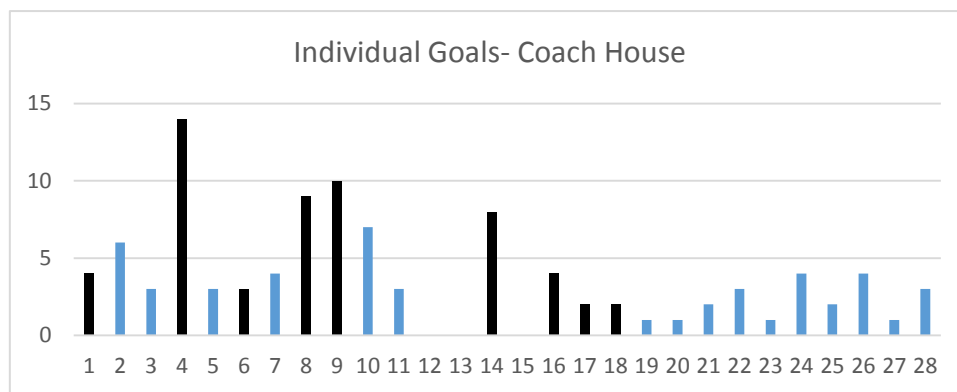


- There was evidence of all Service Users having a plan in the form of a folder. Folders included personal information, some identified key workers, contained goals, records of key worker meetings and other miscellaneous information such as art work and photographs of outings (1.5.1, 1.5.2).
- Some information for Service Users personalised plan is kept on SURA, this is not updated regularly. SURA use is very poor in the Coach House and Café staff stated that they did not always have the time to update SURA due to a lack of staffing throughout 2016. The areas used by Day Service staff are; Day Service Progress Notes, Communication notes, Social Dev/ Community Access Goals. Staff are unaware of what areas in SURA they should/ could be filling in and all other documentation is done on paper and kept in folders in the Coach House (1.5.1, 1.5.2). Staff in Clarkeville regularly update SURA for those that attend the flower shop.
- Key workers were unable to show any family involvement in the development of the Service Users plan in relation to this Day Service programme (1.5.9).
- All Service Users had a key worker. This was recorded in 20 out of 28 personal folders (1.5.7).
- 89% of Service Users in the Coach House have goals set as part of an individualised plan (1.7.1, 1.7.2). Some goals are set on SURA, some goals are set in key worker meetings that are recorded on key worker sheets and kept in personalised folders and some goals have been set through the PATH process over the past 2 years. There is no consistency for setting goals across the Service.

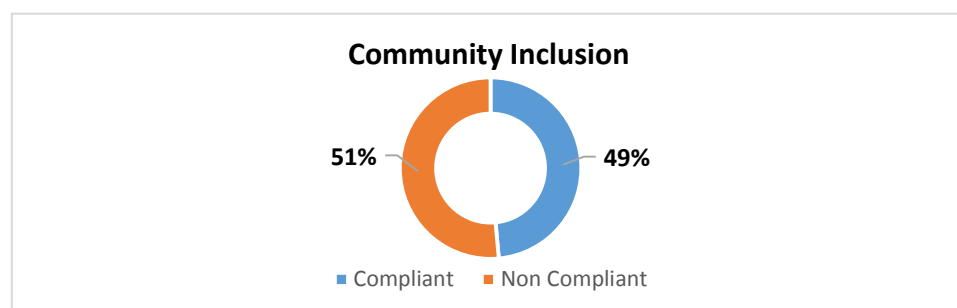
Goals- Coach House



- The individual goals graph below shows the number of goals each Service User had set. Those in Black have goals set through a PATH. The average Service User has 3/4 goals set in a year (1.7.1, 1.7.2).



- 71% of goals set were social and interpersonal goals in relation to going on more community inclusive outings. New skills in the working area was also a popular goal. Money Management was only a goal for 6 people (2.1.1, 2.1.2).
- There was evidence of life skills education being provided to 23 out of 28 Service Users through a variety of means- food prep, hygiene and new cooking skills being tried by those working in the Café and life skills discussions in the education centre. These life skills are not always documented and are often informal (2.5.2).
- 27 Service Users had an individualised timetable. These were displayed on the café wall and on the education centre walls (2.5.5).
- 75% of Service Users attending the Coach House participate in *activities that promote positive health and well-being* as part of the Day Service, this is through the use of Stewarts gym and swimming pool. A lot of Coach House Service Users got involved in Operation Transformation. This activity is not always referenced on SURA. For those in the education centre this information is in all personal folders (2.8.1, 2.8.3).
- Healthy eating posters were not displayed in the Coach House at the time of the Audit (2.8.2)
- There has been transitions for 8 Service Users as they have come from other Day Service programmes- Beehive, Café Kaizen, JASS, and Clarkeville. There is 19 Service Users who have been in the Coach House for a long period of time and there was no evidence that they had been given the opportunity to transition/ progress to another Day Service (1.8.1, 1.8.2).
- Everyone is given a choice in activities that they can participate in within the limitations of working in a Café, Florist and the resources available in the education centre (1.4.3, 1.4.4).



- Community inclusion as part of the Coach House was limited in 2016. The Café closed down in summer 2016 for refurbishments and 2 weeks of group outings were organised. Community inclusion evidenced was- Liffey Valley, Viking Splash, Collins Barracks, Cinema (1.6.1, 1.6.5).

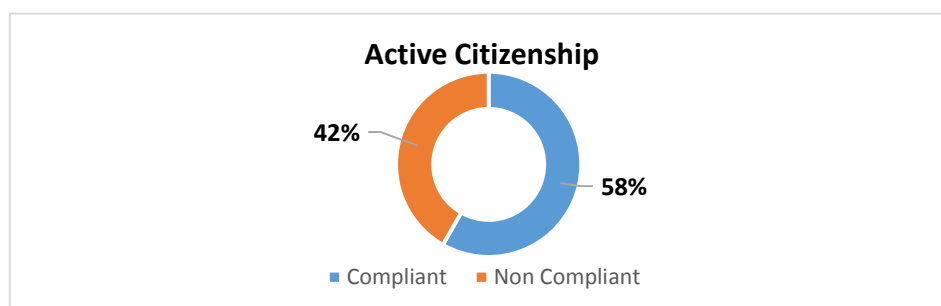
Community inclusion was not documented for every Service User on SURA (1.6.1, 1.6.5).
All community inclusion was group based and not individualised (1.6.1, 1.6.5)

- 46% of Service Users attending the Coach House, as a Day Service, use public transport to get there and 64% travel independently whilst in the community. There is 5 people that staff consider eligible to be trained to travel independently, these Service Users are currently using Stewarts Transport to get to and from this Day Service. Travelling independently would not be applicable for 10 Service Users due to safety and location of residence (2.5.1, 2.5.4).
- Key workers knew of 12 out of 28 Services Users also attending a club in the local community. These clubs range from, The Arch Club, Island Bridge Club and Special Olympics Clubs (2.1.1, 2.1.3).

This information is not referenced in people's personalised plans and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.

- 29% of Service Users engage in a community inclusive agencies for education/ training. These agencies are Ballyfermot Adult Literacy, Lucan Library and Crosscare (2.9.1, 2.9.3, 2.10.1).
- 14 out of 28 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and previously attending school outside of Stewarts (1.6.5).

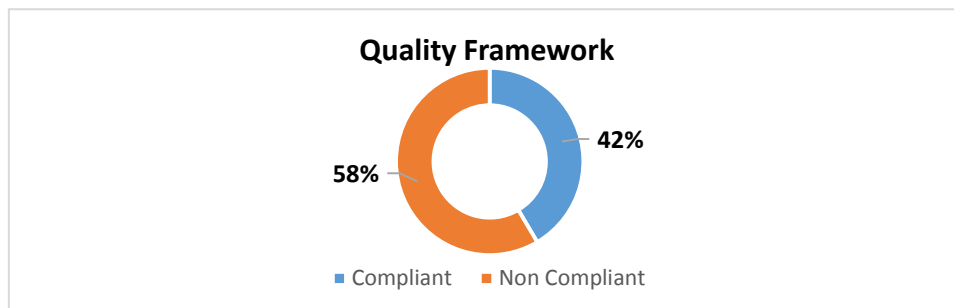
The other 14 would engage solely with friends made through attending Stewarts Care and family friends.



- 15 out of 28 Service Users received at least one monthly key worker meeting in 2016. These are Service Users attending the education centre in The Coach House. Those in the Café had **not** been receiving monthly meetings with a key worker in 2016. Key worker meetings were recorded on key worker meetings forms that are kept in the Service Users folders (1.3).
- 2 Service Users from the Coach House are members of the Service User Council and they communicate any information they receive back to the Coach House. (2.2.2).
Issues that the Coach House Service Users have brought forward are- *More outings and more furniture.*
- All Service Users in the Coach House have some input into the daily structure as they are given the opportunity to decide whether they would like to attend the Stewarts gym. Some have also decided what days they will and won't attend the Coach House (2.1.2, 2.1.4).
- Currently there is **no** evidence of training on advocacy for any Service Users attending the Coach. 2 Service Users actively went and found their own advocates outside of Stewarts Care (1.4.5, 3.1.4).

There is no evidence of a facility to access advocacy services. Staff are unsure of their role in regards to advocacy (1.4.5, 3.1.4).

- Currently 2 Service Users have a communication passport that staff are aware of and more are in progress although these Service Users do not necessarily have special communication needs, staff are in the progress of preparing a communication passport for all Service Users (1.3.2).
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident in all programmes except for 1 (1.9.3, 1.9.4, 1.9.5, 1.9.6).
2 Service Users have made a complaint in the past year.
 - These complaints had been resolved at the time of the audit
- There is family input into Day Service decisions from 71% of Service Users in the Coach House. This was contact with some family members through telephone calls, these are sometimes recorded in Day Progress Notes and informal chats when family come into the Coach House for food. This information is not being recorded effectively at present (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in all areas of the Coach House (1.3.9, 2.2.1).
- All key workers confirmed that Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).



- There was evidence of 3 meetings between key workers and a Service Users family in the past year (2.4.4, 2.5.6).
- 86% of Service Users have had a new opportunity in the past year. These varied between social outings, engaging in courses outside of the Coach House and a massage course arranged by the Coach House (2.1.1, 2.1.4).
- There was an individualised fire risk assessments done for 18 Service Users but they were out of date. Those working in the Cafe did not have individualised risk assessments an overall fire risk assessment for the Coach House was done.
There was evidence of 3 slip trip and falls risk assessments and a behaviour risk assessment (2.5.3, 3.1.3). Staff knowledge on risk assessments was limited.
- All key workers confirmed that if they suspected any abuse they would contact the manager and the designated person and fill out the relevant forms (3.1.8, 3.1.9 3.1.10, 3.1.11).
- Staff explained that not all Service Users have been involved in regular fire drills as they have been happening early in the morning before Service Users have arrived (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).

All programmes within the Coach House spoke of ongoing location specific health and safety training that they provide to Service Users daily however this is not documented (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).

- Currently only the files kept in Clarkeville are locked away. The Café and the Education Centre have them out for Service Users to access the files (1.2.3). There is 0 Service Users currently taking daily medication whilst attending the Coach House.

There was 8 Service Users who a PRN for medication, all had an out of date Kardex at the time of the Audit (2.8.6).

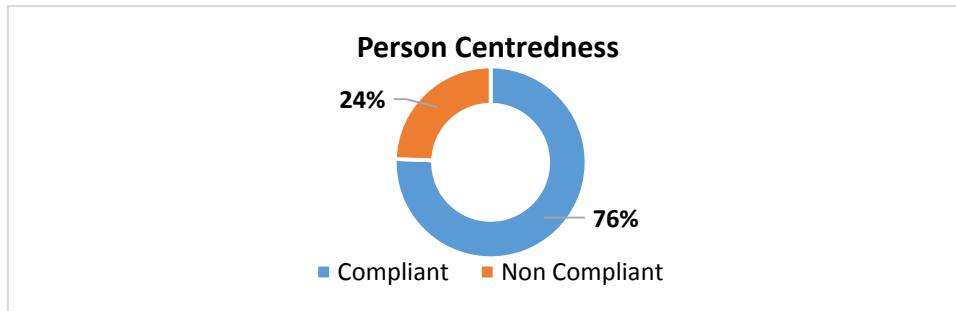
- 8 of 28 Service Users that attend The Coach House have been discussed at the Adult Service Meetings in the past year, 4 key workers attended the meeting of a Service User (2.8.4)
- Evidence of 1 Positive Behaviour Support plans was seen, family were not involved in the development of this plans.

Staff believe 4 other Service Users could benefit from a positive behaviour support plan, staff knowledge on behaviour support plans is limited (3.2.1, 3.2.6, 3.2.7, 3.2.8)

Café Kaizen

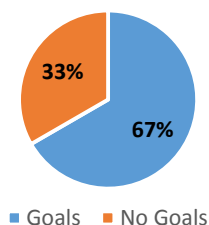
Area name:	Café Kaizen
Address:	Mill Lane, Palmerstown, Dublin 20
Programme Manager:	Heather Curran
Senior Managers:	N/A
Senior Team Members:	Eamonn McGowan
Team Members:	3
Care Staff:	0
Agency Staff:	0
Students:	0
Service Users Audited:	15
Key workers:	3 Team Members Eamonn McGowan(STM) does not preform the role of key worker
Programme Objective:	Café Kaizen is a Day Service programme used to facilitate the training of Service Users in a fast paced catering environment. Café Kaizen serves food Monday- Friday, to people working in Stewart's main building, members of the public and to Service Users.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	30 th January 2017

Café Kaizen	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users have a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had a recorded key worker 	<ul style="list-style-type: none"> Encourage family involvement Introduce key worker and family meetings Record any contact with family on SURA
<ul style="list-style-type: none"> 93% engagement in gym/swim 	<ul style="list-style-type: none"> Meaningful goals are required for all Service Users, recorded on SURA
<ul style="list-style-type: none"> Evidence of Right of the Month and Charter of Rights education 	<ul style="list-style-type: none"> Record evidence of life skills education
<ul style="list-style-type: none"> Evidence of Coffee Morning in 2016 	<ul style="list-style-type: none"> All Service Users require a timetable, recorded on SURA
<ul style="list-style-type: none"> Lots of transitions and progression for Service Users 	<ul style="list-style-type: none"> Improve community inclusion and record on SURA Encourage participation in community inclusive agencies for education/ training Reference outside club participation in Service Users PSPs
<ul style="list-style-type: none"> Files are locked away 	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
<ul style="list-style-type: none"> Lots of choice in structure 	<ul style="list-style-type: none"> Document all communication with Service User Council
	<ul style="list-style-type: none"> Record all Health and Safety training on SURA
	<ul style="list-style-type: none"> Improve staff involvement in MDT meetings
	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
	<ul style="list-style-type: none"> Staff training required on risk assessments and where to find them on SURA including PBSP
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months

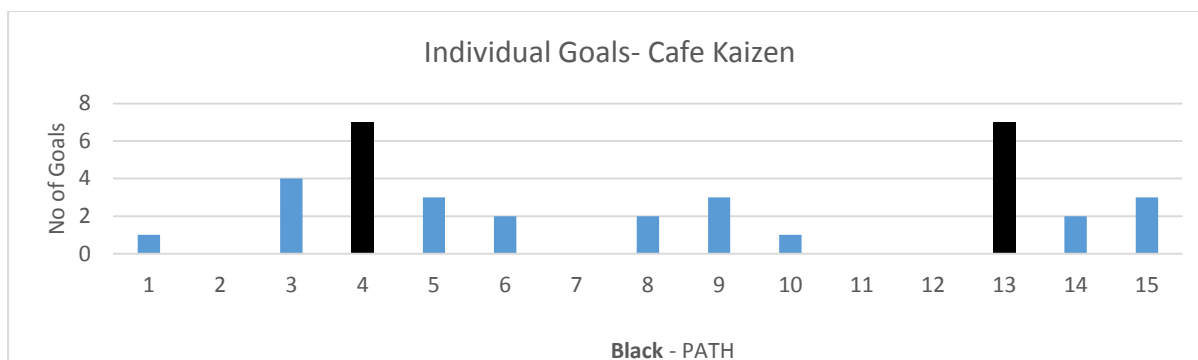


- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included personal information, identified key workers, some contained timetable, some contained goals, there was no set structure or consistency of documented information (1.5.1, 1.5.2).
- Some information for personal plans is kept on SURA, this is **not** updated regularly and the main areas used by Café Kaizen staff are; Family Inclusion, Social Dev/ Community Access, Day Service Progress Notes, Communication Notes. SURA has not been regularly updated by Café Kaizen key workers as staff were covering in different areas throughout 2016 and were not always based in Café Kaizen (1.5.1, 1.5.2).
- Café Kaizen had very little evidence of family involvement in developing personalised plans, 2 Service Users families had been involved in the development of a personalised plan one of which was family involvement at a PATH meeting (1.5.9).
- All Service Users had a key worker, all key workers were recorded in the personalised folder and also on the Service User Noticeboard in Café Kaizen (1.5.7).
- 67% of Service Users have goals set as part of an individualised plan (1.7.1, 1.7.2). Some goals have been set on SURA by the key worker, some are set in folders kept in Café Kaizen.

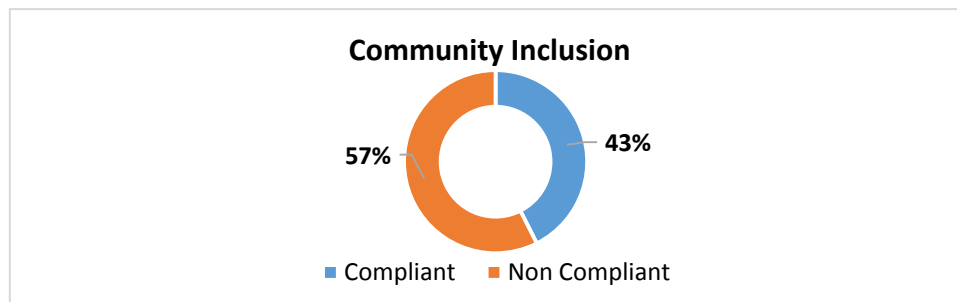
Cafe Kaizen- Goals



- The individual goals graph below shows the number of goals each Service User has. Those in black have goals set through the PATH process. The average Service User has 2/3 goals set (1.7.1, 1.7.2).



- 53% of goals related to training for work or work experience whilst in Café Kaizen. New skills and household/ cooking activities within the bounds of Café Kaizen are also popular goals examples of goals documented; make an egg salad, order the bread for delivery, place dinners in the oven. A request for more social outings was also a goal for 40%. Money Management was only a goal for one person (2.1.1, 2.1.2).
- As all Service Users in Café Kaizen work in a catering environment life skills in relation to dress, hygiene and timekeeping are addressed daily (2.5.2). These life skills are not documented.
- Not everyone in Café Kaizen had an up to date current timetable 5 out of 15 were missing a timetable at the time of the audit. Timetables viewed were individualised to the person (2.5.5).
- 93% of Service Users in Café Kaizen participate in *activities that promote positive health and well-being*, as part of the Day Service through the use of Stewarts gym and swimming pool. This activity is referenced in Service User timetables and encouraged by staff (2.8.1, 2.8.3).
- There are healthy eating posters displayed in Café Kaizen (2.8.2)
- There is a lot of transition between Day Services within Stewarts for Service Users working in Café Kaizen. 14 Service Users go between Café Kaizen and another Day Service on a weekly basis. 1 person who also attends Mill Lane and grounds has voiced his desire to attend grounds full time as he is no longer happy working in Kaizen this has been documented on SURA.
- Everyone is given choice in what activities they can participate in within the limitations of working in a busy café environment.
Each person also decides whether they will participate in the gym/ swim programme offered by Stewarts Care.
93% have chosen to split their weekly timetable between two or more Day Service programmes which gives them more variety of activities (1.4.3, 1.4.4)



- Community inclusion as part of Café Kaizen has been very minimal in the past 12 months due to limited staffing and time available to leave Kaizen to facilitate community inclusion. The only community inclusion documented was the Café Kaizen Christmas outing, some participation in the Taxi Man outing and walks to the Coach House for coffee. 3 Service Users community inclusion comes from working in the community as part of the JASS programme (1.6.1, 1.6.5).

There is very limited evidence of community inclusion being referenced in the personalised plans and in some cases the community inclusion referenced on SURA is from another Day Service that the person attends.

- 67% use public transport independently to get to Day Services and also whilst in the Community.

There are 4 Service Users that could potentially be trained to travel independently to and from this Day Service and only one person that independent travelling would not be applicable for due to safety (2.5.1, 2.5.4).

- 9 out of 15 Service Users who attend Café Kaizen as a Day Service also attend a club in the local community. These clubs range from, The Arch Club, Island Bridge Club, Basketball Clubs and Special Olympics Clubs (2.1.1, 2.1.3).

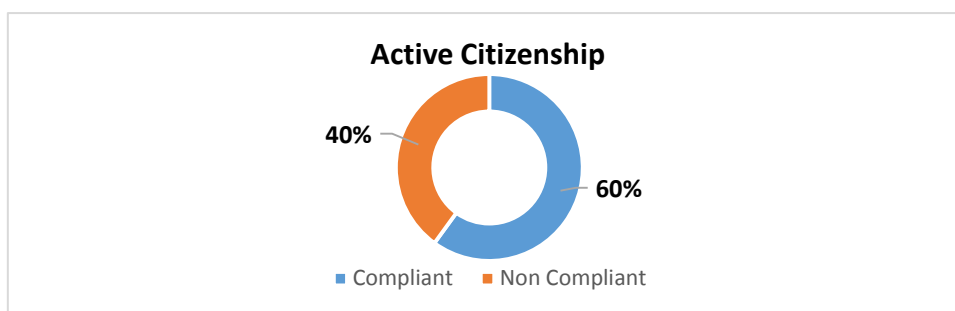
This information is not referenced anywhere in personalised plans and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.

- 27% engage in a community inclusive agencies, 2 are completing a computer course and 2 work in the community in paid employment (2.9.1, 2.9.3, 2.10.1).

- 6 out of 15 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and through working in the community (1.6.5).

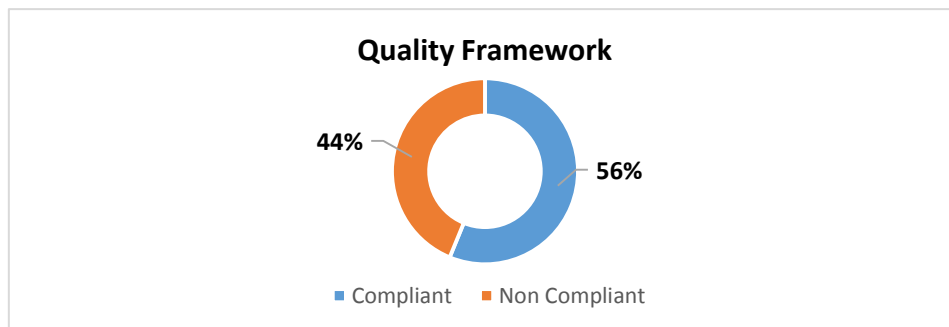
The other 9 would engage solely with friends made through attending Stewarts Care and family friends.

The lack of community friendships (60% do not have friends outside of Stewarts Care) corresponds with the shortage of meaningful community inclusion, and a 27% engagement in community inclusive agencies (1.6.5).



- Monthly key worker meetings have **not** been taking place for the majority of Service Users in Café Kaizen, key workers explained that they regularly speak to Service Users but this has not been recorded in the past due to a lack of staffing and time constraints in Café Kaizen (1.3).
- Two Service Users from Café Kaizen are members of the Service User Council and they communicate the information back to other Service Users however this communication was not evidenced (2.2.2).
Minutes of meetings are sent to Café Kaizen which staff also discuss with Service Users.
- All Service Users in Café Kaizen have input into the daily activities as they get to pick what jobs they will participate in (2.1.2, 2.1.4).
Service Users daily structure is decided by them, the majority of Service Users attend more than one Day Service which they have decided, they also have input into whether they want to attend an exercise programme in the Stewarts Care gym (2.1.2, 2.1.4).
- Currently there is **no** evidence of training on advocacy for any Service Users attending Café Kaizen (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. Staff are unaware of their role in relation to advocacy (1.4.5, 3.1.4).
- Currently only one Service User has a communication passport, one member of staff has done Communication Passport training and has begun developing communication passports for Service Users however non currently have special communication needs (1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary.
An accessible version of the Stewarts Care complaints procedure was evident on the Service User noticeboard.
2 Service Users have made complaints in the past year.
 - One complaint was in reference to the Service User lunches being served in Café Kaizen, the Service User is happy with the outcome of this complaint.
 - The second complaint was made by a Service User who is unhappy with attending Café Kaizen as a Day Service, this complaint was forwarded to Management but is yet to be resolved.
- There is family input into Day Service decisions for 53% of Service Users in Café Kaizen. Café Kaizen held a coffee morning in July 2016 and several family members attended. There is contact with some family members through telephone calls, these are usually recorded on SURA in the family inclusion tab.
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in Café Kaizen on the Service User Noticeboard and it is discussed with Service Users on a Monthly basis (1.3.9, 2.2.1).

- Key workers confirmed that all Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or want something changed (3.2.2).

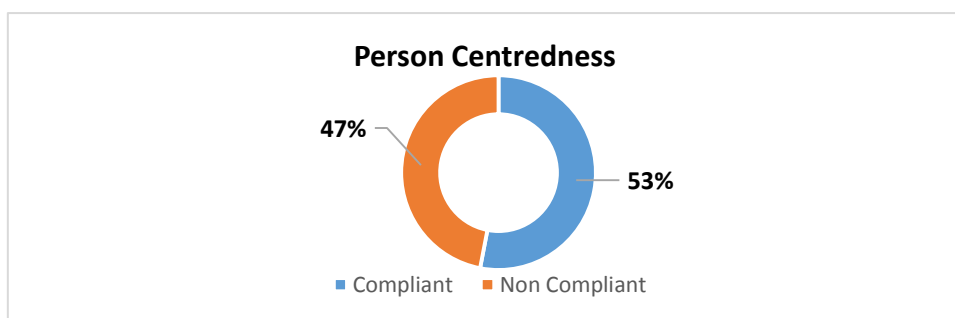


- 6 Service Users families attended the Café Kaizen Coffee Morning in July 2016. There were no other documented meetings between key workers and family members in the past year (2.4.4, 2.5.6).
- 73% of Service Users working in Café Kaizen have had the chance for new opportunities in the past year. The majority of these new opportunities were through trying out new Day Service programmes e.g. Kilcloon, Coach House, Beehive, Mill Lane (2.1.1, 2.1.4).
The Service Users that did not try anything new in the past year were due to- offered to try a new Day Service but refused, poor health and lack of attendance.
- There was evidence of 13 out of 15 individualised fire risk assessments
1 key worker stated that a slips, trips and falls risk assessment for a Service User may be necessary and that there is a need for behaviour risk assessment for another Service User.
- All key workers confirmed that without hesitation they would report any suspected abuse to a manager and would follow the Stewarts Care Adult Protection Policy.
- All Service Users attending Café Kaizen Day Service receive regular ongoing Health and Safety education through this Day Service, this is primarily through verbal demonstration and constant monitoring. There is also hand hygiene education provided to all Service Users (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- All Service Users files are locked away in a cupboard in Café Kaizen.
- There is one Service User currently taking daily medication whilst attending Café Kaizen, this person Kardex needed to be updated at the time of Audit.
There was 2 Service Users with a PRN for medication both had an out of date Kardex at the time of the Audit.
- 7 Service Users that attend Café Kaizen have been discussed at the Adult Services Clinic Meetings, no Day Service key workers attended these meetings (2.8.4)
- Currently nobody who attends Café Kaizen has a behaviour support plan.
Staff do feel that 3 of the Service Users could benefit from having a Positive Behaviour Support Plan in place (3.2.6, 3.2.7)
Staff knowledge of where behaviour plans, where they are kept on SURA and how to go about suggesting one for a Service User is limited.

The Old Beehive Restaurant

Area name:	Beehive
Address:	Old Lucan Road, Palmerstown, Dublin 20
Programme Manager:	Heather Curran
Senior Managers:	N/A
Senior Team Members:	Eamonn McGowan
Team Members:	6
Care Staff:	1
Agency Staff:	0
Students:	0
Service Users Audited:	23
Key workers:	6 Team Members, 1 Care Staff Eamonn McGowan(STM) does not preform the role of key worker
Programme Objective:	The Old Beehive Restaurant is a Day Service programme used to facilitate the training of Service Users in a catering environment. The restaurant serves breakfast and lunch, Monday- Friday, to members of the community and to Service Users. The Beehive also includes a bakery that makes fresh bread that is delivered to Stewarts catering areas daily. The bakery is a Day Service programme that is often used to provide Service Users with training and education in an alternative catering environment.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	31 st January 2017

The Old Beehive Restaurant	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> Most Service Users have a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA inputting needs to be regular and completed by all staff including chefs
<ul style="list-style-type: none"> 82% gym participation 	<ul style="list-style-type: none"> All key workers must be recorded
<ul style="list-style-type: none"> Lots of transition and progression for Service Users 	<ul style="list-style-type: none"> Encourage family involvement Introduce key worker and family meetings Record any contact with family on SURA
<ul style="list-style-type: none"> Files are locked away 	<ul style="list-style-type: none"> All Service Users require meaningful goals, recorded on SURA
<ul style="list-style-type: none"> Good use of Service User council 	<ul style="list-style-type: none"> Document any life skills education
<ul style="list-style-type: none"> Right of the Month discussed and displayed 	<ul style="list-style-type: none"> All Service Users require a timetable, recorded on SURA
<ul style="list-style-type: none"> Evidence of ongoing Health and Safety Training 	<ul style="list-style-type: none"> Improve community inclusion and record on SURA Encourage participation in community inclusive agencies for education/ training Reference outside club participation in Service Users PSPs
<ul style="list-style-type: none"> Most have had new opportunities 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
	<ul style="list-style-type: none"> All Service Users require an individualised fire risk assessment even those that do not attend full time Staff training required on risk assessments including PBSP
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months
	<ul style="list-style-type: none"> Improve staff involvement in MDT meetings

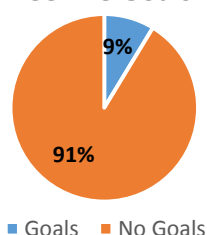


- There was evidence of all full time Service Users having a personalised plan in the form of a folder. Folders included personal information, contained Service Users timetable and other miscellaneous person specific documents, folders had no set structure or consistency of documented information (1.5.1, 1.5.2). 5 part time Service Users did not have any PSPs.
- Some information for Service Users personal plan is kept on SURA, this is **not** updated regularly and the main area used by Beehive staff is; Day Service Progress Notes and Communication Notes. Some Beehive key workers expressed a need for further training and guidance on what information they should be inputting into SURA (1.5.1, 1.5.2). Not all key workers in the Beehive currently update SURA. Chefs stated that they don't update SURA as they don't always have the time.

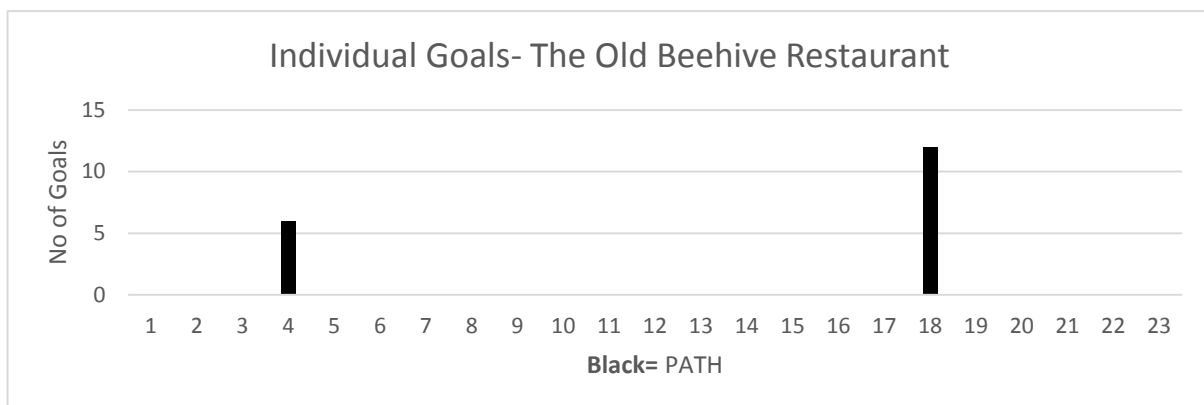
There were no plans for 5 part time/ work experience Service Users who only attended The Beehive (Bakery) for 1-2 days per week. This resulted in them having no goals, timetables or evidence of risk assessments.

- The Beehive had very little evidence of family involvement in developing personalised plans, 1 Service Users families had been involved in a personalised plan at a PATH meeting (1.5.9).
- Everyone had been assigned a ley worker however these were not evidenced in the personalised plans (1.5.7).
- 2 out of 23 Service Users in The Beehive have recorded goals set as part of an individualised plan (1.7.1, 1.7.2). The two people who have goals set had goals set through the PATH process.

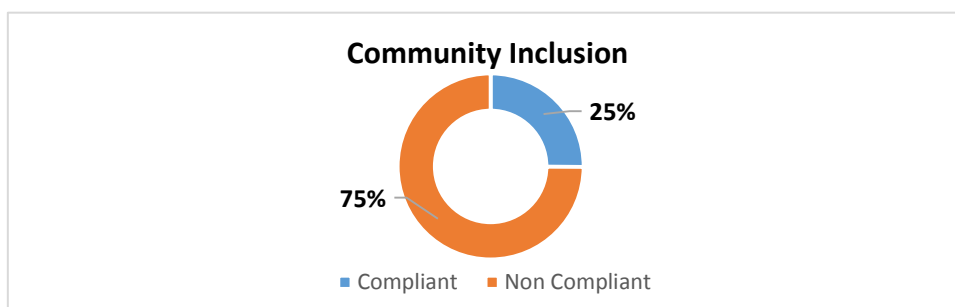
Beehive Goals



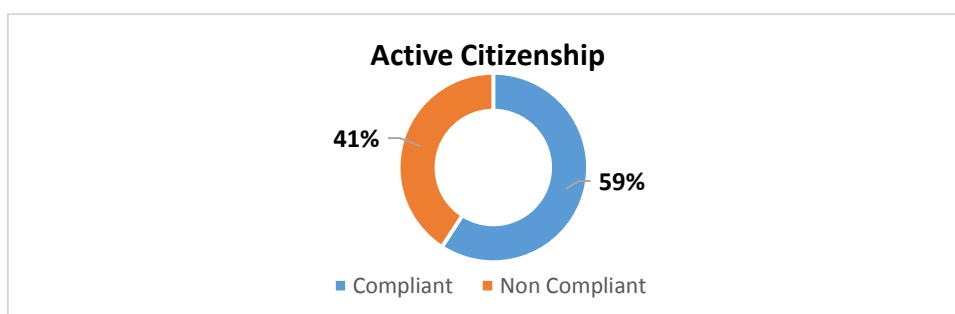
- The individual goals graph below shows the number of goals each Service User has. Those in black have goals set through the PATH process. The average Service User has no goals set in the Beehive (1.7.1, 1.7.2).



- Goals observed were self-care and health goals and social interpersonal goals. Staff from the Beehive attended one of these PATH meeting (2.1.1, 2.1.2).
- As all Service Users in The Beehive work in a catering environment, life skills in relation to cleanliness and tidiness of uniforms, hygiene and timekeeping are also addressed daily (2.5.2). These life skills are not currently being documented.
- 17 Service Users in The Beehive had an up to date current timetable 6 were missing a timetable at the time of the audit. Timetables viewed were individualised to the person and kept in personal folders (2.5.5).
- 83% of Service Users in The Beehive participate in *activities that promote positive health and well-being*, as part of the Day Service through the use of Stewarts gym and swimming pool. This activity is referenced in Service User timetable and encouraged by staff (2.8.1, 2.8.3). The other 4 Service Users choose not to go because of busy timetables and a dislike for exercise.
- There is healthy eating posters displayed in The Beehive on the Service User noticeboard (2.8.2)
- There is a lot of transition between Day Services within Stewarts for Service Users working in The Beehive. 14 Service Users have transitioned to The Beehive from other Day Service programmes; Rossecourt, JASS. Others go between The Beehive and another Stewarts Care Day Service on a weekly basis (1.8.1, 1.8.2).
- Everyone is given choice in what activities they participate in within the limitations of working in a busy restaurant environment.
Each person also decides whether they will participate in the gym/ swim programme offered by Stewarts Care.
15 out of 23 Service Users have chosen to split their weekly timetable between The Beehive another Day Service areas or outside employment which gives them more variety of activities (1.4.3, 1.4.4)



- Community inclusion as part of The Beehive has been neglected in the past 12 months due to limited staffing and time available to leave The Beehive Restaurant to facilitate community inclusion. The only community inclusion referenced is from Service Users who have jobs outside of The Beehive as part of the JASS programme. (1.6.1, 1.6.5).
As a result of this there is no community inclusion being referenced in the personal plans as part of their time in The Beehive.
- 70% of Service Users use public transport to get to Day Services and also whilst in the Community. There are 4 Service Users that could potentially be trained to travel independently to and from the Day Service and 3 people that independent travelling would not be applicable for due to safety (2.5.1, 2.5.4).
- 15 Service Users who attend The Beehive as a Day Service also attend a club in the local community. These clubs range from, The Arch Club, Island Bridge Club, Sports Clubs, Special Olympics Clubs (2.1.1, 2.1.3).
This information is not referenced anywhere in personal plans and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.
- 22% of Service Users engage in a community inclusive agency, 3 are completing courses with outside agencies (Cookery, Politics, Literacy) and 2 work in the community in paid employment (2.9.1, 2.9.3, 2.10.1).
- 39% of Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and through working in the community (1.6.5).
The other 14 Service Users would engage solely with friends made through attending Stewarts Care and family friends.
The lack of community friendships (61% don't have friends outside of Stewarts) corresponds with the shortage of meaningful community inclusion, and a 22% engagement in community inclusive agencies (1.6.5).



- Monthly key worker meetings have **not** been taking place for the majority of Service Users in the Beehive, key workers explained that this has not been taking place due to a lack of

knowledge surrounding staff obligations, where to record them, what to record and how often they should be conducted. Chefs also stated that they found it very hard due to time constraints to sit down and do key worker meetings or record documentation as their schedule is different to the Service Users (1.3).

- Two Service Users who attend The Beehive are part of the Service User Council. Key workers explained how both these Service Users very actively participate in the SU council and always discuss meetings they've had with the rest of the Service Users in The Beehive. Staff in The Beehive insure that everyone sits down and listens to what has been spoken about at any Service User Council meetings.

The Beehive Service Users have brought the following issues forward to the Service User Council – *More outings, Dislike the continuous staff changes in The Beehive, and want their own break area* (2.2.1, 2.2.2, 2.2.3, 2.2.4).

- All Service Users in The Beehive have input into the daily activities as they get to pick what jobs they will participate in on a daily basis (2.1.2, 2.1.4).

Service User structure is decided by them, 65% of Service Users attend more than one Day Service which has been discussed with them, they also have input into whether they want to attend an exercise programme (2.1.2, 2.1.4).

- Currently there is **no** evidence of training on advocacy for any Service Users attending The Beehive (1.4.5, 3.1.4).

There is no evidence of a facility to access advocacy services. Staff are unaware of their role in relation to advocacy past discussing the Right of the Month with Service Users (1.4.5, 3.1.4). The advocacy Right of the Month and what is printed on the poster is all that has been discussed with Service Users.

- Currently only one Service User has a communication passport and there is one other Service User who staff feel could benefit from having a communication passport. Currently there is nobody else attending The Beehive that has a special communication needs (1.3.2)

- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).

An accessible version of the Stewarts Care complaints procedure was evident on the Service User noticeboard (1.9.3, 1.9.4, 1.9.5, 1.9.6).

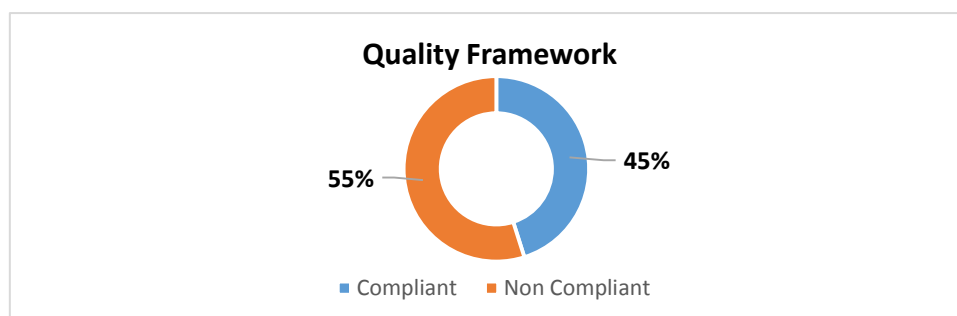
- 1 Service Users has made a complaint in the past year.
 - One complaint was in reference to a potential move to the Coach House which a family member was not happy about.

- There is family input into Day Service decisions from 52% of Service Users family in The Beehive. This contact with family members is usually through telephone calls, these are sometimes recorded on SURA in the communication notes. Other family involvement is through informal chats with staff when Service Users are being dropped off and collected by a family member (1.5.9, 3.1.7).

- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)

The Right of the Month is on display in The Beehive on the Service User Noticeboard and it is discussed with Service Users on a Monthly basis (1.3.9, 2.2.1).

- Key workers confirmed that all Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).

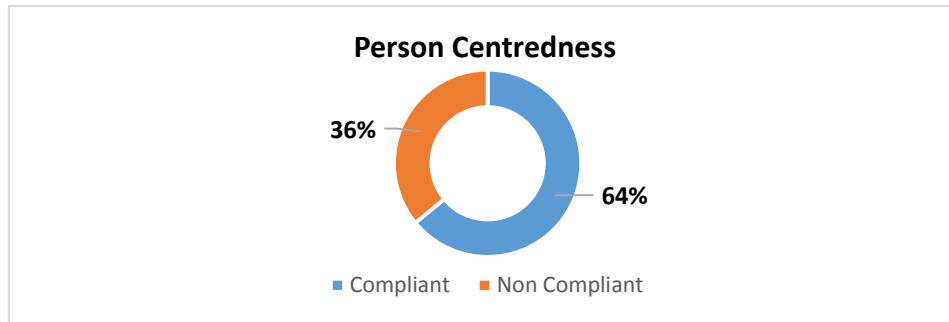


- There was evidence of one meeting between a key workers and a Service Users family in 2016. There has been no other official meetings between key workers and family members in the past year (2.4.4, 2.5.6).
- 61% of Service Users working in The Beehive have had the chance for new opportunities in the past year. The majority of these new opportunities were through trying out new Day Service programmes e.g. Sports Centre, Kilcloon, Café Kaizen. Other new opportunities involved dance classes, educational courses and trying new catering activities within The Beehive (2.1.1, 2.1.4).
- There were 9 Service Users that did not try anything new in the past year, reasons given for this were; offered to try a new Day Service but refused, unwillingness to deviate from their routine.
- There was evidence of 20 individualised fire risk assessments (2.5.3, 3.1.3)
Key workers confirmed that no other risk assessments are currently required in The Beehive, however staff showed limited knowledge of risk assessments.
- All key workers confirmed that they would follow the correct procedures and contact a manager as soon as any allegation of abuse was disclosed to them (3.1.8, 3.1.9, 3.1.10, 3.1.11).
- All Service Users attending The Beehive as a Day Service receive regular ongoing Health and Safety education, this is provided daily through verbal demonstration and constant monitoring. There was also evidence of hand hygiene education, manual handling and chemical training provided to all Service Users (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- All files are locked away in the staff office in The Beehive Restaurant (1.2.3).
- There is no Service Users currently taking daily medication whilst attending The Beehive (2.8.6). All Service Users who have a PRN for medication had an up to date Kardex at the time of the audit.
- 5 Service Users that attend The Beehive have been discussed at the Adult Services Clinic Meetings, 1 key worker attended the meeting for a Service User (2.8.4)
- Currently nobody who attends The Beehive has a behaviour support plan that staff are aware of. Staff do feel that 4 of the Service Users could benefit from having a behaviour plan in place (3.2.6, 3.2.7). Staff knowledge of where behaviour plans are kept on SURA and how to go about suggesting one for a Service User requires further training.

Day Attenders

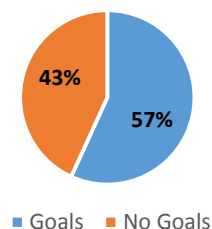
Area name:	Day Attenders- Rossecourt
Address:	Rosse Ct Ave, Balgaddy, Lucan, Co. Dublin
Programme Manager:	Heather Curran
Senior Managers:	Mary Priestly
Senior Team Members:	Emer McPherson
Team Members:	4
Care Staff:	5
Agency Staff:	9
Students:	0
Service Users Audited:	44
Key workers:	4 Team Members, 5 Care Staff Emer McPherson (STM) does not preform the role of key worker
Programmes Objective:	The Day Attenders group is split into 3 rooms. Classroom 1 is predominantly wheelchair users, Classroom 5 consists of Service Users with no/ little mobility issues. Textiles Room has 9 Day attenders in it mixed in with Rehabilitative Trainees. The Day Attenders Group was set up for those with Mild to Moderate Intellectual Disabilities who have finished the 4 year RT Training Programme in Rossecourt. The main aim for the group is day activation through social outings and class based activities.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	9 th January 2017 + 10 th January 2017

Day Attenders	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users have a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had a recorded key worker 	<ul style="list-style-type: none"> Encourage family involvement Introduce key worker and family meetings Record any contact with family on SURA
<ul style="list-style-type: none"> 80% participation in gym/ swim/ exercise 	<ul style="list-style-type: none"> All Service Users require meaningful goals recorded on SURA
<ul style="list-style-type: none"> Lots of community inclusion evidenced 	<ul style="list-style-type: none"> Individualised timetables for all Service Users
<ul style="list-style-type: none"> Charter of rights and right of the month displayed and discussed monthly 	<ul style="list-style-type: none"> Improve the transitions and progression for people attending the same groups for long periods of time
<ul style="list-style-type: none"> All have individualised fire risk assessments 	<ul style="list-style-type: none"> Textiles group require more community inclusion
<ul style="list-style-type: none"> Health and Safety education and life skills education evidenced 	<ul style="list-style-type: none"> Encourage participation in community inclusive agencies for education/ training Reference outside club participation in Service Users PSPs
	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
	<ul style="list-style-type: none"> Improve engagement with Service User Council
	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
	<ul style="list-style-type: none"> Make sure all risk assessments are up to date Staff training required on risk assessments to include PBSP
	<ul style="list-style-type: none"> All files should be locked away
	<ul style="list-style-type: none"> Improve key worker involvement at MDT meetings
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months

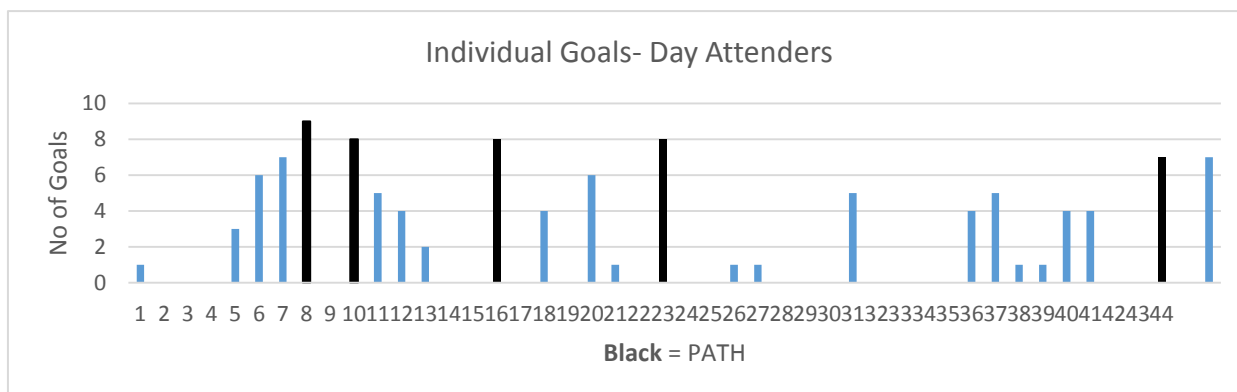


- There was evidence of all Service Users having a personal plan in the form of a folder. Folders included personal information, identified key workers, some contained goals, records of key worker meetings, photographic evidence of outings, art work, certificates received (1.5.1, 1.5.2). There was no consistency of information recorded across the Day Attender groups. Staff explained that they were unsure of what to put into folders.
- Some information for Service Users personalised plan is kept on SURA, this is updated intermittently and the main areas used by the Day Attenders staff are; Day Service Progress Notes, Health and Health Promotion (used by Nurse), Behaviour Records. Day Service Progress Notes are usually updated weekly by Day Attenders key workers (1.5.1, 1.5.2). Staff have confirmed that they don't know how to use SURA properly and only really use Day Service Progress Notes as this is what they were told to do when they joined the group. Staff expressed concerns about documentation of evidence as they felt there was no clear guidelines or timeframes.
- Day Attenders had very little evidence of family involvement in developing Service Users personalised plans, three person's families had been involved in the development of a personalised plan at a PATH meeting (1.5.9).
- All Service Users had a key worker, all key workers were recorded in the personalised folder. In Classroom 1 this was also displayed on the Classroom wall for all Service Users to see (1.5.7).
- 57% of Service Users in the Day Attenders group have goals set as part of an individualised plan (1.7.1, 1.7.2). These goals have been set during key worker meetings and are in the personalised folders kept in Day Attenders Classrooms, they are not recorded on SURA.

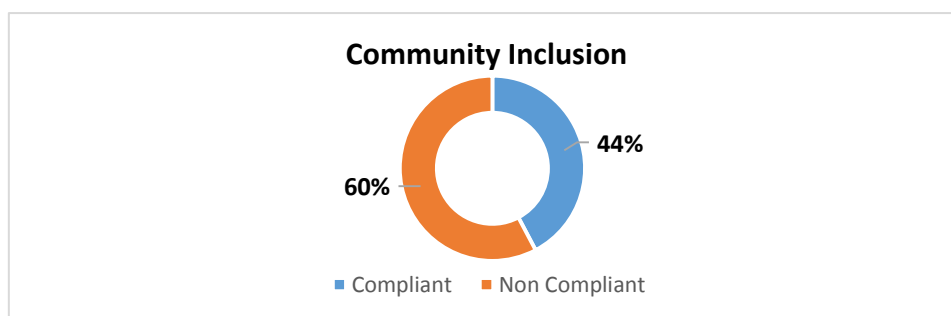
Day Attenders- Goals



- The individual goals graph below shows the number of goals each Service User has set. Those in black have goals set through the PATH process. The average Service User has 2/3 goals set (1.7.1, 1.7.2).



- 50% of goals set are new skills, self-care and health and social interpersonal goals in connection with outings. Training for work is also a popular goal e.g. of goals documented; go on more outings, go to the gym, take part in Special Olympics, get work experience. Money Management was only a goal for 5 people (2.1.1, 2.1.2).
- There was evidence of 77% of Day Attenders being involved in life skills education. Some Service Users took part in a dental hygiene talk and hand hygiene course. The Health and Beauty room is used by Classroom 1 every second week for those who want a massage or their hair washed (2.5.2). Other life skills such as hygiene are discussed with Service Users but are not always documented.
- Everyone in the Day Attenders groups had an up to date current timetable. Timetables viewed were **not** always individualised to the person and were mainly classroom timetables as most activities are done as a group (2.5.5).
- 80% of Service Users in the Day Attenders group participate in *activities that promote positive health and well-being*, as part of the Day Service some do this through the use of Stewarts gym and swimming pool, some access the Moto med in Rossecourt and some take part in Drama. (2.8.1, 2.8.3).
All have been offered the choice to attend the gym or Drama but some choose not to participate in either. Those who don't attend the gym often do not come in on the allocated gym day.
- There was healthy eating posters evident in The Day Attenders Hub and also in the Rossecourt Restaurant (2.8.2)
- There is evidence of transition for 12 Service Users in the Day Attenders Group. Most of this transition is within Rossecourt, some Service Users who graduated from the RCTEC group moved into the Day Attenders group, 1 Service Users works in Kaizen twice a week and one attends JASS.
Staff stated that the remaining Service Users have not been asked if they would like to try anywhere else with some being involved in the Textiles Group for a long period of time. Staff raised concerns about progression of Service Users as they felt there was a lot more that could be done for these groups (1.8.1, 1.8.2).
- Everyone is given choice in what activities they participate in within the limitations of the classroom. Funding and transport sometimes hindered the ability to meet everyone's choices. Each Service User also decides whether they will participate in the gym/ swim programme offered by Stewarts Care (1.4.3, 1.4.4)



- Classroom 1 and Classroom 5 both engage in regular community inclusion by way of group outings. Community inclusion is referenced in Day Service Progress Notes and photo evidence is often kept in personalised folders (1.6.1, 1.6.5).
2 Service Users don't participate in the majority of outings but are always offered the choice to participate.

Examples of outings in the past year include

Classroom 1- Oktoberfest, Wax Museum, Botanic Gardens, Pantomine, Aquatic Centre

Classroom 5- Train trip to Portlaoise, Weekly trip to the cinema, Phoenix Park, Dublinia, Joels Restaurant.

- Community inclusion is more limited for the Textiles group due to a lack of staffing and needs of the Service Users. In the past 12 months the only recorded outing was to see a Pantomine
- 16% of Service Users use public transport to get to Day Services and 32% travel independently whilst in the community, some that travel independently in the community get Stewarts Transport to the Day Service because of ease.

There is 14 Service Users that could potentially be trained to travel independently to and from this Day Service and 23 people that independent travelling would not be applicable for due to mobility and safety (2.5.1, 2.5.4).

- 41% of Service Users in the Day Attenders groups also attend a club in the local community. These clubs range from, Slimming World, Order of Malta, Irish Wheelchair Association and Football Clubs (2.1.1, 2.1.3).

This information is very rarely referenced anywhere in personalised plans unless there is a PATH in place and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.

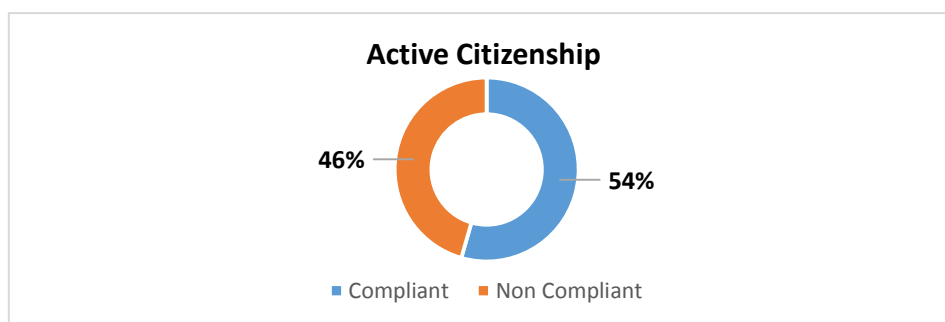
- 48% Service Users engage in a community inclusive agency at present, the majority of these engage with agencies that come into Rossecourt for Literacy and Mindfulness education. 7% attend outside agencies for education- 2 Service Users attend Crosscare courses and 1 attends Crumlin College (2.9.1, 2.9.3, 2.10.1).

Staff explained that they find it difficult to find community inclusive agencies that have wheelchair accessibility.

- 21 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs, from living in the community and from school (1.6.5).

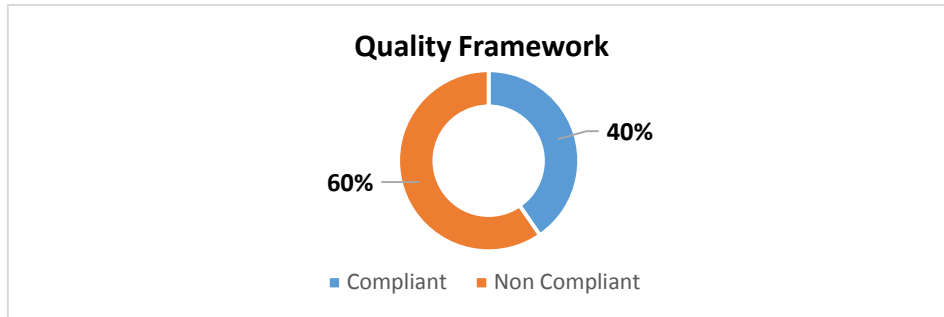
The other 23 would engage solely with friends made through attending Stewarts Care and family friends.

The lack of community friendships (only 47% have friends outside of Stewarts) corresponds with the shortage of engagement in community inclusive agencies (1.6.5).



- Key worker meetings have **not** been taking place monthly for the Day Attenders Groups. Most key workers have been having meetings every 3 months as per management instruction. These are recorded in the personalised folders on key worker meeting forms. Staff questioned if there was specific information should be recorded in these meetings and if meeting every 3 months was suitable (1.3).
- Day Attenders staff confirmed that no Service User Council member currently comes into them and communicates what was spoken about at Service User Council meetings (2.2.2). Minutes of meetings are sometimes sent to Day Attenders groups the last record they had was minutes from February 2016.
- All Service Users in the Day Attenders Groups have input into the daily activities as they get to choose what activities they will participate in within the classroom timetable (2.1.2, 2.1.4). Service Users also help to pick the schedule of outings for the class. All Service Users have input into whether they want to attend drama or an exercise programme (2.1.2, 2.1.4).
- Currently there is **no** evidence of training on advocacy for any Service Users in the Day Attenders Groups (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. Staff have not been trained in are unaware of their role in relation to this and some questioned what advocacy meant (1.4.5, 3.1.4).
- Currently no Service User in the Day Attenders groups have a communication passport and staff feel that 4 people with special communication needs could do with one at present. (1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident on the Service User noticeboard (1.9.3, 1.9.4, 1.9.5, 1.9.6).
1 Service User has made a complaint in the past year this has since been resolved and she is happy with the outcome.
- There is family input into Day Service decisions from 43% of Service Users in Day Attenders Groups. There is contact with some family members through telephone calls, these are often recorded on SURA in Day Progress Notes. Some contact is informal when family members are collecting Service Users from this Day Service, this contact is not recorded (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users in all groups (1.3.9, 2.2.1)
The Right of the Month is on display in each Day Attender room and it is discussed with Service Users on a Monthly basis (1.3.9, 2.2.1).

- Key workers confirmed that all Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2).

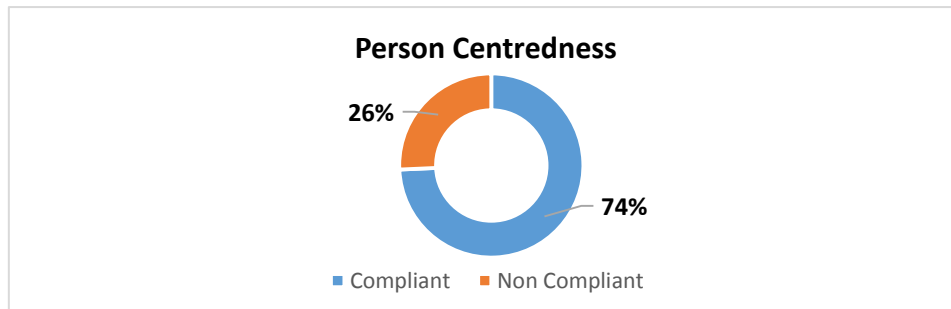


- There was evidence of 2 meetings between a key workers and a Service Users family in the past year, this was a PATH meeting. There has been no other official meetings between key workers and family members in the past year (2.4.4, 2.5.6).
- 95% of Service Users in the Day Attenders groups have had the chance for new opportunities in the past year. The majority of these new opportunities were through a variety of group social outings, meeting PATH goals, the introduction of a Home Economics slot for Classroom 1 and Mindfulness classes for Classroom 5 (2.1.1, 2.1.4).
There is 2 Service Users that did not try anything new in the past year, reasons given for this were- offered new opportunities but refused.
- There was evidence of 44 individualised fire risk assessments, however 12 had not been reviewed since 2015.
There was 15 up to date Manual Handling risk assessments and 3 Behaviour Support Assessments (2.5.3, 3.1.3). Staff knowledge of risk assessments was limited and staff were not always aware if a Service User had a risk assessment.
- All key workers confirmed that they would report any suspected abuse to a manager and document all information they had received (3.1.8, 3.1.9 3.1.10, 3.1.11).
- The only Health and Safety education documented is fire safety which is provided by way of regular fire drills. There is also Classroom Rules displayed in classes, verbal demonstration and constant monitoring is provided when using machinery in the Textiles room and any equipment in the Home Economics room but this is not documented (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- Day Attenders files are currently not locked away but are kept out on shelves in the classrooms (1.2.3)
- Currently 5 Service Users take medication whilst attending this Day Service and 3 were out of date at the time of the audit (2.8.6).
- 24 Service Users that attend Day Attenders Groups have been discussed at the Rossecourt Clinic Meeting, no key workers attended these meetings (2.8.4).
- Currently no Service User in the Day Attenders Groups has a Positive Behaviour Plan.
Staff feel that three Service Users could benefit from a Positive Behaviour Support Plan at present (3.2.6, 3.2.7)
Staff knowledge of behaviour plans, where they are kept on SURA and how to go about suggesting one for a Service User is poor.

Adult Education

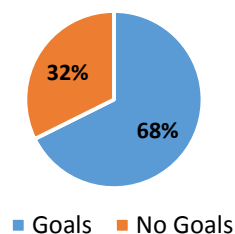
Area name:	Adult Education- Rossecourt
Address:	Rosse Ct Ave, Balgaddy, Lucan, Co. Dublin
Programme Manager:	Heather Curran
Senior Managers:	Mary Priestly
Senior Team Members:	Donnchadh Vaughan
Team Members:	8
Care Staff:	13
Agency Staff:	2
Students:	0
Service Users Audited:	69
Key workers:	8 Team Members, 11 Care Staff Donnchadh Vaughan (STM) does not preform the role of key worker
Programme Objective:	The Adult Education group is split into 5 rooms. Adult Education is made up of Service Users with mild to moderate Intellectual Disabilities who did not complete the Rehabilitative Training Programme in Rossecourt for various reasons. The main aim for these groups are day activation through recreational and educational activities.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	13 th , 16 th , 17 th , 18 th January 2017

Adult Education	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users had a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> Lots of family involvement evidenced Family and Service User input through annual review meetings 	<ul style="list-style-type: none"> All Service Users require goals recorded on SURA
<ul style="list-style-type: none"> All Service Users had a recorded key worker 	<ul style="list-style-type: none"> All Service Users require an up to date individualised timetable
<ul style="list-style-type: none"> Life skills documented 	<ul style="list-style-type: none"> Encourage transitions and progressions in line with Service Users needs
<ul style="list-style-type: none"> 79% involvement in gym/ swim/ exercise 	<ul style="list-style-type: none"> Improve engagement with community inclusive agencies for education and training Reference club participation in Service Users PSPs
<ul style="list-style-type: none"> Lots of community inclusion through social outings 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
<ul style="list-style-type: none"> Right of the Month discussed and displayed 	<ul style="list-style-type: none"> Improve interaction with Service User Council and document communication
	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
	<ul style="list-style-type: none"> Communication passports required for some Service Users
	<ul style="list-style-type: none"> Evidence any Health and Safety education
	<ul style="list-style-type: none"> Folders must be locked away
	<ul style="list-style-type: none"> All Kardex have to be updated every 6 months
	<ul style="list-style-type: none"> Improve key worker involvement at MDT meetings
	<ul style="list-style-type: none"> Up to date fire risk assessments required for all Service Users Staff training required for risk assessment to include PBSPs

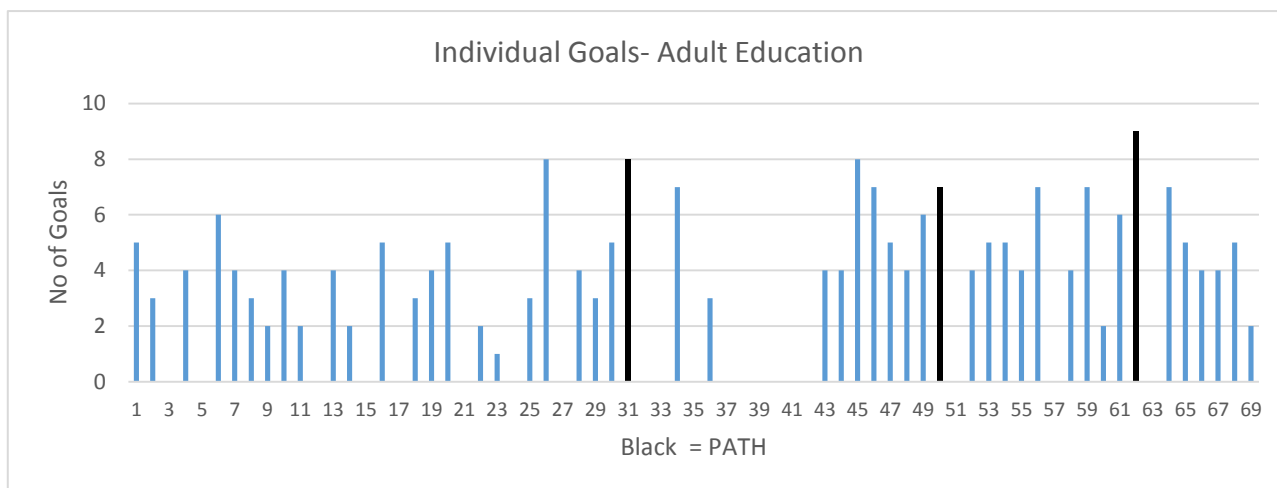


- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included personal information, identified key workers, contained timetables, majority contained goals, photo evidence of outings and taking part in various activities, art work and risk assessments, the structure of folders and documentation was inconsistent across Adult Education (1.5.1, 1.5.2).
- Some information for Service Users personalised plan is kept on SURA, this is not updated regularly by all Adult Education staff and the main areas used are; Day Service Progress Notes, Communication Notes, Health and Health Promotion (Nurse) Behaviour Records. Adult Education staff stated that SURA is not regularly updated as there is not a computer in every room making it more difficult to complete SURA. Some staff explained that they were unsure of SURA requirements and what should be included in it and they would like clearer guidelines (1.5.1, 1.5.2).
- Adult Education have a huge amount of family involvement through annual review meetings with the Service User, Parents, Key Workers and an STM. At these meetings progress and timetables are discussed along with any other issues that any of the parties have. There was evidence of 48 Service Users having an annual review in the last year (1.5.9).
- Only 1 person did not have a key worker as they had just joined Adult Education and had not yet been assigned a key worker. Majority of key workers were recorded in the personalised folder with only 3 missing this information (1.5.7).
- 68% of Service Users in Adult Education have goals set as part of an individualised plan (1.7.1, 1.7.2). Some goals are set as part of the PATH process some are set in key worker meetings that are recorded on key worker sheets and kept in personalised folders. One Service Users PATH was drawn up in 2016 but had not been handed over at the time of the audit.

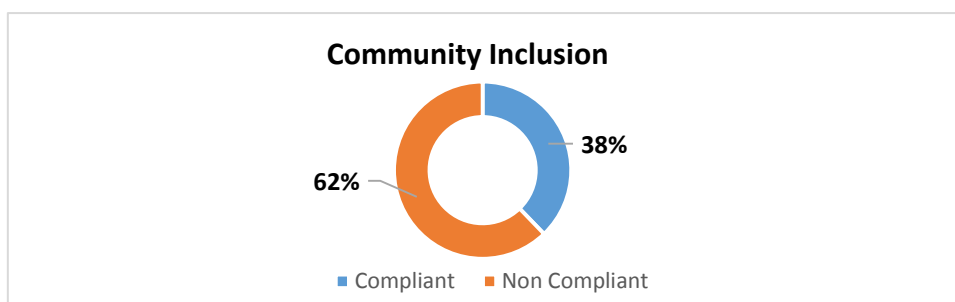
Adult Education -Goals



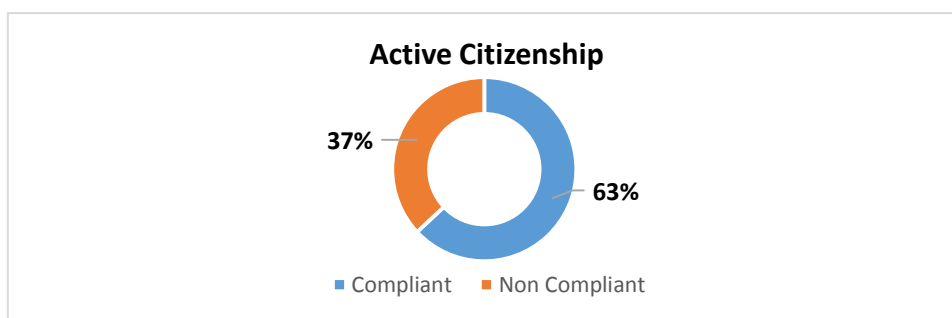
- The individual goals graph below shows the number of goals each Service User has set. Those in black have goals set through the PATH process. The average Service User has 3/4 goals set (1.7.1, 1.7.2).



- 65% of goals were social interpersonal goals and new skills goals. Self-Care and Health and Education were also popular goals. Money management was only a goal for 5 people (2.1.1, 2.1.2).
- There was evidence of life skills education being provided to 67% of Service Users through a variety of means- hand hygiene, accessing the health and beauty room, cooking in the training apartment, being involved in the Adult Education kitchen duties, the recording of these duties is not consistent (2.5.2).
- Everyone in Adult Education had an up to date current timetable kept in a personal folder. Timetables viewed were mostly class timetables not individualised and only 3 Service Users did not have a current up to date timetable (2.5.5).
- 79% of Service Users in Adult Education participate in *activities that promote positive health and well-being*, as part of the Day Service through the use of Stewarts gym and swimming pool, regular walks with staff and sports organised by Adult Education staff. This activity is often referenced in timetables (2.8.1, 2.8.3).
- Healthy eating posters are displayed in the Adult Education kitchen and also in the Rossecourt Restaurant (2.8.2)
- There has been transitions for some between Stewarts School and Adult Education however staff confirmed that 38 Service Users had been attending Adult Education for a long period of time with no evidence of progression or transition to another Day Service. (1.8.1, 1.8.2).
- Everyone is given a choice between activities that they can participate in within the limitations of the classroom and the resources available. Service Users usually get to pick between two choices depending on the day (1.4.3, 1.4.4). Some Service Users also have the choice to participate in exercise as part of this Day Service

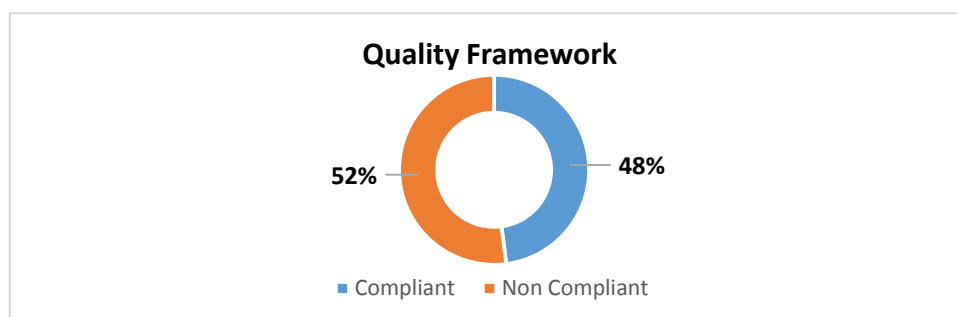


- Adult Education try to include community inclusion as part of the Day Service. Community inclusion evidenced was similar across the classrooms and examples of outings included; Collins Barracks, Botanic Gardens, Cinema, Parks, Going for Lunch, Liffey Valley, Zoo, Library (1.6.1, 1.6.5).
Community inclusion was usually referenced on SURA by the key worker (1.6.1, 1.6.5).
Staff explained that behaviours and transport availability hindered the ability to include community inclusion for all Service Users.
Majority of community inclusion evidenced is group based and not individualised (1.6.1, 1.6.5)
- 0 Service Users attending Adult Education as a Day Service use public transport to get there and 0 travel independently whilst in the Community. There is 20 people that staff believe could benefit from being educated in independent travelling and road safety. Travelling independently would not be applicable for 49 Service Users due to safety and location of residence (2.5.1, 2.5.4).
- 43% of Service Users who attend Adult Education as a Day Service also attend a club in the local community. These clubs range from, The Arch Club, Thursday Club, Down Syndrome Ireland, Saturday Club, Basketball Clubs and Special Olympics Clubs (2.1.1, 2.1.3).
This information is not referenced in Service Users personalised plans and key workers know this information through talking to Service Users on a daily basis. All community club participation happens outside of Day Service hours.
- 36% of Service Users engage in a community inclusive agency. All of these agencies come into Rossecourt to engage with the Service Users. These include a computer education course and Kings Hospital School (2.9.1, 2.9.3, 2.10.1). No Service Users currently engage in community inclusive agencies outside of Rossecourt for education or training.
- 15 out of 69 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. These are friends made from engagement in community clubs and through working in the community (1.6.5).
The other 54 would engage solely with friends made through attending Stewarts Care and family friends. This low number (only 22% have friendships outside of Stewarts) corresponds with the lack of engagement with outside agencies for education and training.



- Monthly key worker meetings have **not** been taking place for the majority of Service Users. There has been no set time/ schedule for when or how often they should take place. The majority of Service Users have had three meetings in the past year, as per management instruction, these were all recorded on key worker forms that are kept in Service Users folders in Rossecourt (1.3).
- Majority of classes stated that they had no communication from the Service User council apart from minutes emailed to the class from the STM (2.2.2).
One class has a Service User Council member and he will inform the class of what was discussed at the meetings, this communication is not documented.
Issues that Adult Education have brought forward are- *lack of resources for classes, computers for classes, food choices in the restaurant, more social outings and a literacy/ numeracy class.*
- All Service Users in Adult Education have input into the daily classroom activities, they get to pick what activities they will participate in and timetables are discussed with Service Users at annual review meetings (2.1.2, 2.1.4).
- Currently there is **no** evidence of training on advocacy for any Service Users attending Adult Education (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. Staff are unsure of their role in regards to advocacy (1.4.5, 3.1.4).
- Currently 10 Service Users have a communication passport that staff are aware of (1.3.2)
Staff stated that 21 other Service Users could benefit from having a communication passport put in place. 38 do not have any special communication needs and so communication passports are not required at present.
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident on the Service User noticeboard (1.9.3, 1.9.4, 1.9.5, 1.9.6).
11 Service Users made a complaints in the past year regarding an issue with the Rossecourt Restaurant.
 - This has since been resolved.
- There is family input into Day Service decisions for 87% of Service Users in Adult Education. There is contact with some family members through telephone calls, these are recorded in Day Progress Notes, informal chats when Service Users are being dropped into the Day Service and for the majority contact was made at annual review meetings (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in all classrooms in Adult Education (1.3.9, 2.2.1).
- Key workers confirmed that all Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or

wanted something changed (3.2.2). Only one key worker felt that a Service User was not able to express his preferences.

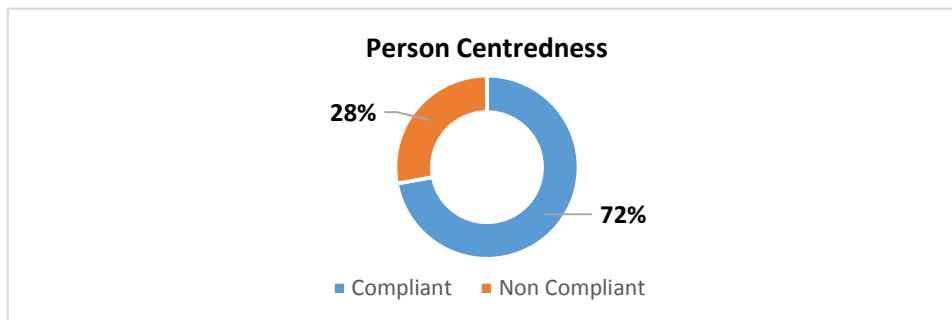


- 48 Service Users families attended the annual review meetings with the Service User, the key worker and an STM (2.4.4, 2.5.6).
- 94% of Service Users in Adult Education have had the chance for new opportunities in the past year. These new opportunities were mainly all based around the variety of social outings that Service Users got to go on (2.1.1, 2.1.4).
There is 5 Service Users that did not try anything new in the past year, reasons given for this were- illness, offered but refused, behavioural issues.
- There was an individualised fire risk assessments done for everyone in Adult Education. However some must be reviewed as they were out of date.
9 Service Users had in date Manual handling risk assessments (2.5.3, 3.1.3).
There was 3 Behavioural risk assessment and staff felt that 4 other Service Users could benefit from a behavioural risk assessment.
Staff knowledge of risk assessment, who should have one and where they are recorded was very limited.
- All key workers confirmed that they would report any suspected abuse to an STM or the designated person straight away (3.1.8, 3.1.9 3.1.10, 3.1.11).
- The only evidence of Health and Safety education provided in Adult Education is from Fire Safety which is evidenced through regular fire drills. (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- Currently only one classroom locks away Service Users folders the rest are kept out in the classroom (1.2.3).
- There are 7 Service Users currently taking daily medication whilst attending Adult Education these Kardex were up to date at the time of Audit.
There was 8 Service Users who had a PRN for medication which had an out of date Kardex.
- 35 Service Users that attend Adult Education have been discussed at the Rossecourt Clinic Meetings in the past year, 3 key workers attended the meeting of a Service User (2.8.4)
- Evidence of 7 Positive Behaviour Support Plans was seen, staff were unaware of family involvement in the development of these plans. Staff knowledge of behaviour plans was very poor (3.21, 3.2.6, 3.2.7, 3.28)

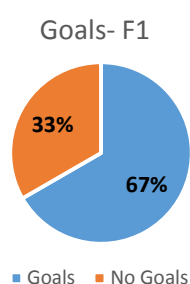
F1

Area name:	F1
Address:	Stewarts Care, Main Building, Palmerstown, Dublin 20
Programme Manager:	Pat Sheeran
Senior Managers:	
Senior Team Members:	Jean McGarty
Team Members:	2
Care Staff:	9.5
Agency Staff:	0
Students:	9
Service Users Audited:	12
Key workers:	2 Team Members, 10 Care Staff Jean McGarty (STM) does not perform the role of key worker
Programme Objective:	F1 comprises of 2 rooms; Multi-Sensory Room and Activity Room The objective for both rooms is Day Activation and Service Users are placed in the rooms based on needs abilities and choice.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	15 th , 16 th February 2017

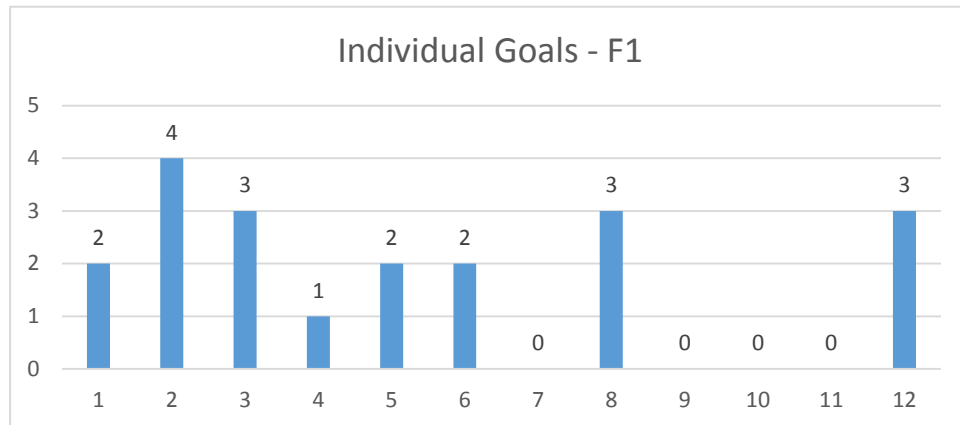
F1	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users had a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> Goals are documented on SURA 	<ul style="list-style-type: none"> Improve engagement with Community Inclusive agencies for education and training
<ul style="list-style-type: none"> All Service Users had an individualised timetable 	<ul style="list-style-type: none"> Document life skills education relevant to needs and abilities
<ul style="list-style-type: none"> All Service Users engage in Community inclusion through group outings 	<ul style="list-style-type: none"> Encourage family involvement Introduce family and key worker meetings
<ul style="list-style-type: none"> All files were locked away 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
<ul style="list-style-type: none"> All Kardex were up to date 	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
	<ul style="list-style-type: none"> Individualised fire risk assessments required for all Service Users
	<ul style="list-style-type: none"> Document any Health and Safety education provided
	<ul style="list-style-type: none"> Improve Staff involvement in MDT meetings
	<ul style="list-style-type: none"> Staff training required on risk assessment and PBSPs



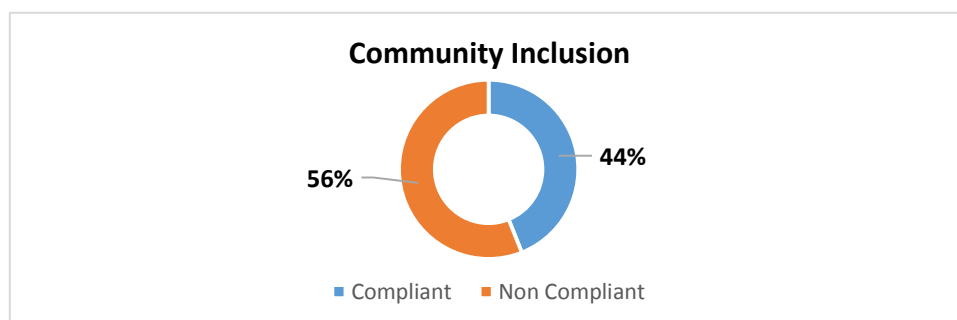
- There was evidence of all Service Users having a personalised plan in the form of a folder. Folders included personal information, evidence of key worker and miscellaneous information such as art work and photographs and paper versions of information kept on SURA (1.5.1, 1.5.2).
- Majority of information for each Service Users personalised plan is kept on SURA, this is updated regularly. The areas used by Day Service staff are; Communication notes, Social Dev/ Community Access Goals, Family Inclusion and behaviour records. The level of information provided varies between staff (1.5.1, 1.5.2). Staff stated that they followed other staff member's instructions regarding what areas of SURA to fill in.
- Key workers explained that the majority of families were involved and had input into the Day Service however there was little evidence that they helped to develop the Service Users personal plans (1.5.9).
- All Service Users had a key worker. This was recorded in 11 out of 12 personal folders (1.5.7).
- 67% of Service Users had goals set as part of a personalised plan for 2016 (1.7.1, 1.7.2). Goals and progress towards goals are recorded on SURA. Some Service Users were new to F1 at the end of 2016 and that is why there was no goals in 2016. A lot of goals that were documented on SURA were set up in the days leading up to the audit.



- The individual goals graph below shows the number of goals each Service User had set (1.7.1, 1.7.2).

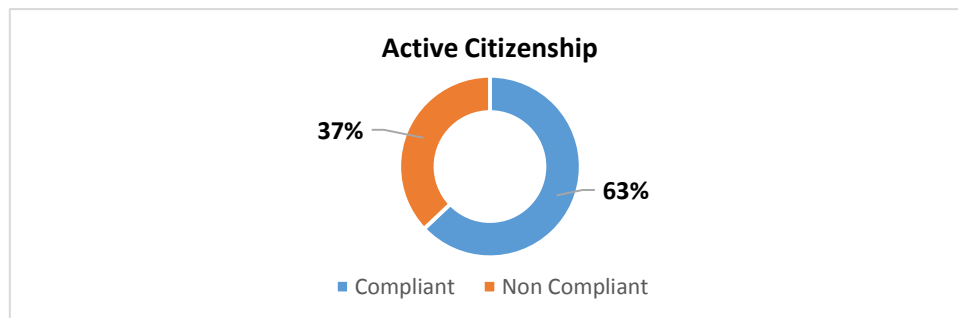


- All Service Users had a social/ interpersonal goal as all Service Users liked to go out on outings. Training for Work and Work Experience goals were not applicable for the Service Users on this floor.
- There was evidence of life skills education being provided to 3 out of 12 Service Users through new skills they were learning in Day Services (2.5.2).
- 92% of Service Users had an individualised timetable. These were displayed on the classroom walls (2.5.5).
- 33% of Service Users attending F1 participate in *activities that promote positive health and well-being* as part of the Day Service, this is through the use of Stewarts swimming pool. 2 more Service Users are hoping to begin swimming in the coming months. Swim/ gym is not applicable for 2 Service Users at this point in time due to illness (2.8.1, 2.8.3).
- Healthy eating posters were not displayed in F1 at the time of the Audit (2.8.2)
- There have been transitions for all Service Users in the past few years as majority have recently come from school to Stewarts Day Services (1.8.1, 1.8.2).
- Everyone is given a choice in activities that they can participate in within the limitations of the F1 classrooms. Staff explained that for 3 Service Users these choices are made for them as they are not able to make their own (1.4.3, 1.4.4).



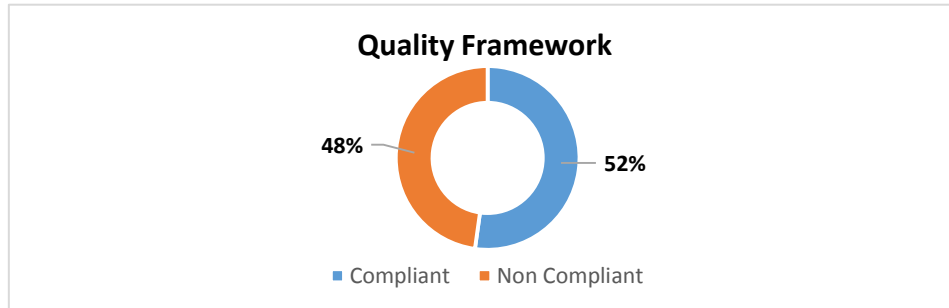
- Community inclusion was evidenced for 11 Service Users. One Service User does not get the same opportunities due to health.
Community inclusion evidenced was- Bray, Bowling, Liffey Valley, McDonalds, Panto, Collins Barracks (1.6.1, 1.6.5).
Community inclusion was always referenced on SURA and was usually group outings (1.6.1, 1.6.5).
- Being an independent traveller is not applicable for the majority of Service Users attending F1 due to mobility and the level of needs. (2.5.1, 2.5.4).

- Key workers did not know of any Service Users being involved in outside clubs in the community (2.1.1, 2.1.3).
- All Service Users engage in a music session run by an outside agency that comes into Stewarts to engage with Service Users, there is no evidence of Service Users going out to engage in Community Inclusive agencies (2.9.1, 2.9.3, 2.10.1).
- 1 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members. (1.6.5).
The other 11 would engage solely with friends made through attending Stewarts Care and family friends.



- Monthly key worker meetings were not taking place in 2016 in F1 (1.3). Staff stated that it is something that they are going to begin this year.
- There is no evidence of communication from the Service User Council to F1
The only involvement they have is through minutes that are emailed to them and staff also encourage Service Users to vote during elections.
- All Service Users attending F1 are discussed when deciding on the daily activities and structure and needs and abilities are always taken into consideration (2.1.2, 2.1.4).
- Currently there is no evidence of training on advocacy for any Service Users attending F1 apart from 1 Service Users who has received this training outside of Stewarts (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. Staff are unsure of their role in regards to advocacy (1.4.5, 3.1.4).
- Currently 10 Service Users have a communication passport that staff are aware of and 2 more are in progress (1.3.2). These communication passports came from previous schools or community houses.
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was not evident in F1 (1.9.3, 1.9.4, 1.9.5, 1.9.6).
0 Service User has made a complaint in the past year.
- There is family input into Day Service decisions from 10 Service Users in F1. There is contact with some family members through telephone calls, these are sometimes recorded in Communication Notes and sometimes in Family Inclusion Records but recording of this evidence is not consistent (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in F1 and is discussed with Service Users (1.3.9, 2.2.1).

- Key workers confirmed that 10 out of 12 Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2). In the case of 2 Service Users staff used their knowledge of the Service User and Family input to make decisions based on Service Users likes and dislikes

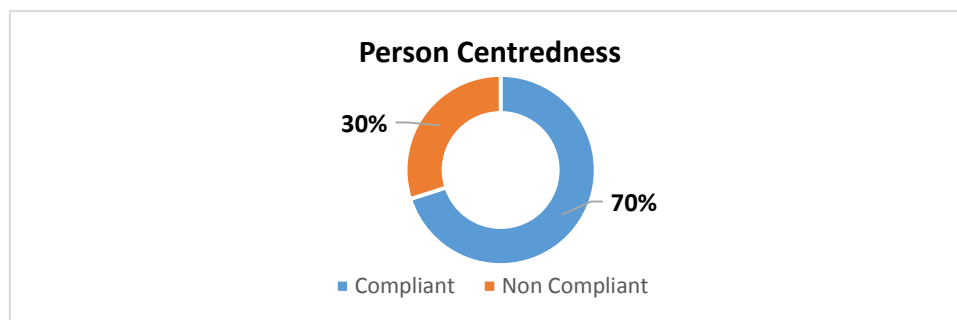


- There was documented evidence of 2 meetings between key workers and the Service Users family in the past year (2.4.4, 2.5.6).
- 75% of Service Users have had a new opportunity in the past year. These varied between social outings, trying new food, swimming, going on public transport with staff (2.1.1, 2.1.4). The other 3 did not have the same opportunities due to health.
- There was an individualised fire risk assessments done for 12 Service Users however these were completed on the SURA fire risk assessments and not all were fully completed as they did not have dates or created by fields completed. These were all done the days before the Audit took place. 3 other fire risk assessments observed were out of date
There was evidence of 11 Manual handling or slip trip and falls risk assessments and 6 of these were out of date (2.5.3, 3.1.3).
Staff knowledge of risk assessments was limited and training is required.
- All key workers confirmed that they would record any information they had on suspected abuse and would contact the STM immediately and follow the Stewarts policy (3.1.8, 3.1.9 3.1.10, 3.1.11).
- There was no evidence of Health and Safety training for 10 Service Users. One Service User is involved in a daily health and safety check of the floor set up by his key worker as part of his daily routine (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- All files were locked away in F1 (1.2.3).
- There is 4 Service Users currently taking daily medication whilst attending F1. All Service Users had an up to date Kardex at the time of the Audit (2.8.6).
- 3 Service Users that attend Adult Education have been discussed at the Adult Service Meetings in the past year and 0 key workers attended these meetings (2.8.4).
- Staff feel that 4 Service Users could do with a Positive Behaviour Support Plan but at present there is none. One Service User has one from Stewarts School and one from the CRC from previous attendance (3.2.1, 3.2.6, 3.2.7, 3.2.8).
Staff displayed poor knowledge of PBSPs and where they could find them on SURA.

F2

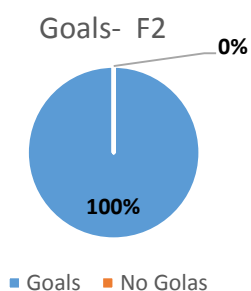
Area name:	F2
Address:	Stewarts Care, Main Building, Palmerstown, Dublin 20
Programme Manager:	Pat Sheeran
Senior Managers:	
Senior Team Members:	Helena Walsh, Carmel Hogan
Team Members:	4
Care Staff:	13
Agency Staff:	1
Students:	7
Service Users Audited:	26
Key workers:	1 STM, 4 Team Members, 13 Care Staff, 1 Agency Staff
Programme Objective:	<p>F2 comprises of 4 rooms;</p> <p>Garden Group, Rainbow Group, Superhero Group and Seniors</p> <p>The objective for all groups is Day Activation and Service Users are placed in the rooms based on needs abilities and choice.</p>
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	14 th , 15 th , 16 th February 2017

F2	
Good Practice	Areas for Improvement
<ul style="list-style-type: none"> • All Service Users had a personal folder 	<ul style="list-style-type: none"> • Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> • Goals are documented on SURA 	<ul style="list-style-type: none"> • Improve engagement with Community Inclusive agencies for education and training
<ul style="list-style-type: none"> • Life skills education was documented 	<ul style="list-style-type: none"> • Ensure all key workers are recorded
<ul style="list-style-type: none"> • All Service Users engage in community inclusion through group outings 	<ul style="list-style-type: none"> • Encourage family involvement • Introduce family and key worker meetings
<ul style="list-style-type: none"> • All files were locked away 	<ul style="list-style-type: none"> • Monthly key worker meetings to be provided to all Service Users
<ul style="list-style-type: none"> • All Service Users had an individualised fire risk assessment 	<ul style="list-style-type: none"> • Introduce advocacy training for all Service Users
	<ul style="list-style-type: none"> • Introduce Health and Safety education
	<ul style="list-style-type: none"> • Improve Staff involvement in MDT meetings
	<ul style="list-style-type: none"> • Staff training required on risk assessment and PBSPs
	<ul style="list-style-type: none"> • All Kardex have to be updated every 6 months

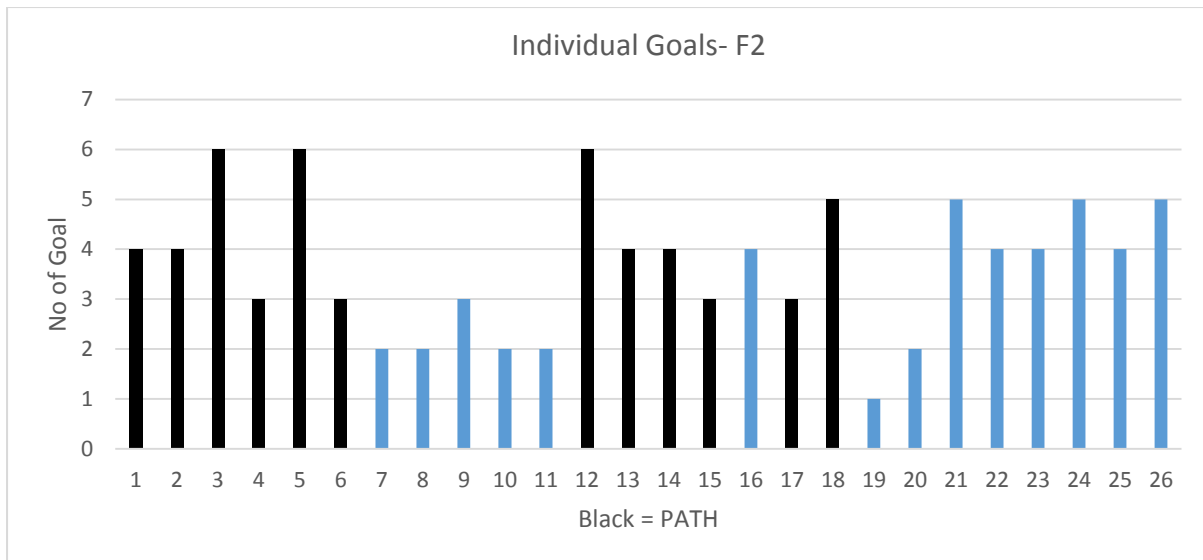


- There was evidence of all Service Users having a plan in the form of a folder. Folders included personal information, identified key workers, goals and other miscellaneous information such as art work and photographs of outings. Each group had different documentation in the personal folders, there was no set structure across F2 (1.5.1, 1.5.2).
- Some information for person's personalised plan is kept on SURA, this is updated regularly. However information kept on SURA varies between groups and there is no consistency of documentation evidenced. The areas used by Day Service staff are; Day Service Progress Notes, Communication notes, Social Dev/ Community Access Goals, My Diary (used by Seniors Group). Staff are unaware of what areas in SURA they should be filling in and for the most part are following direction of other staff members, all other documentation is done on paper and kept in folders (1.5.1, 1.5.2).
- Key workers stated that 17 families were involved in the development of personal plans as they would be regularly informed of goals but this was usually done informally and it is not documented (1.5.9).
- All Service Users had a key worker, this was recorded in 23 out of 26 personal folders (1.5.7).
- All Service Users in F2 had goals set as part of the personal plans (1.7.1, 1.7.2). Some goals are set on SURA, some goals are set in key worker meetings and some were displayed in the classrooms.

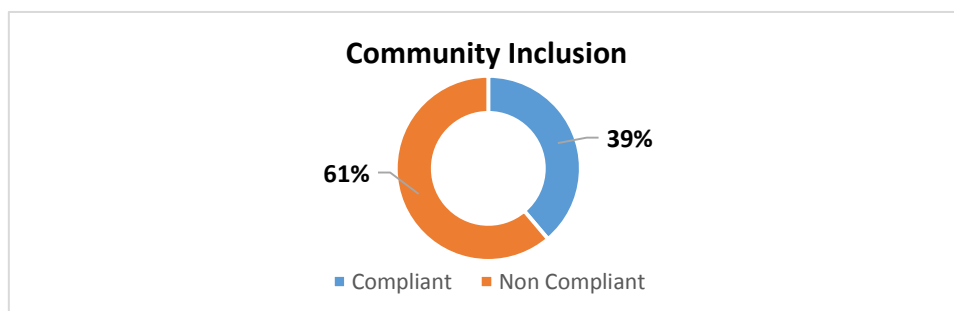
Some goals seen were group goals and not person centred.



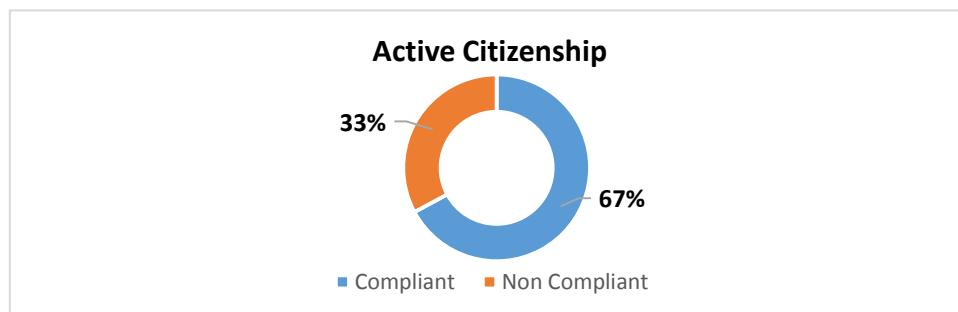
- The individual goals graph below shows the number of goals each Service User had set. The average Service User has 3/4 goals set in a year (1.7.1, 1.7.2).



- All Service Users had a social interpersonal goal, training for work and work experience would not be applicable to some Service Users in F2 due to the level of needs and abilities (2.1.1, 2.1.2).
- There was evidence of life skills education being provided to 13 out of 26 Service Users through hand hygiene talks and involvement in cookery. These life skills are usually documented on SURA (2.5.2).
- 26 Service Users had a timetable however in the Seniors Group this was a class timetable with options that the Service User picks on the day. These were in Service Users folders, displayed in the rooms and some were uploaded onto SURA, depending on the group (2.5.5).
- 58% of Service Users attending F2 participate in *activities that promote positive health and well-being* as part of the Day Service, this is through the use of Stewarts Care swimming pool. (2.8.1, 2.8.3). The other 9 chose not to go or don't attend due to health.
- Healthy eating posters were not displayed in F2 at the time of the Audit (2.8.2)
- There have been transitions for 20 Service Users as they have come from Stewarts School or another Day Service programmes e.g. Kilcoon. There is 6 Service Users who have been in F2 for a long period of time and staff feel could benefit from a transition elsewhere (1.8.1, 1.8.2).
- Everyone is given a choice in activities that they can participate in within the limitations of the group they are attending. Those in the Rainbow group are not always able to make their own choices so staff do this based on knowledge of the Service User and through family involvement (1.4.3, 1.4.4).



- There is lots of evidence of community inclusion in F2. The Rainbow Group staff discussed that they find it harder to get out into the community, due to the health of the group they always require a Nurse on outings. As all Service Users are wheelchair users transport is not always available for them.
Community inclusion evidenced was- Liffey Valley, Skerries Dun Laoghaire, Zoo, Pantomine, Bowling, Going to Restaurants (1.6.1, 1.6.5).
Community inclusion was referenced for every Service User on SURA (1.6.1, 1.6.5).
Often community inclusion is group based (1.6.1, 1.6.5)
- Independent travelling on public transport is not applicable for Service Users currently attending F2 due to mobility and health (2.5.1, 2.5.4).
- Key workers knew of 9 out of 26 Services Users also attending a club in the local community. This mainly referred to the Stewarts Care Saturday Club (2.1.1, 2.1.3).
This information is not referenced in people's personalised plans and key workers know this information through talking to Service Users and families. All community club participation happens outside of Day Service hours.
- 58% of Service Users engage in a community inclusive agency that comes into Stewarts to provide different types of training e.g. yoga, music and dog therapy (2.9.1, 2.9.3, 2.10.1). Currently there is no Service Users that go out to a community inclusive agency for education or training.
- 2 out of 26 Service Users have spoken of friends to a key worker who aren't part of Stewarts Care and are not family members (1.6.5).
The other 24 would engage solely with friends made through attending Stewarts Care and family friends.



- Monthly key worker meetings were **not** taking place for Service Users in 2016 (1.3).
- There is a Service User Council Facilitator in F2 who tries to encourage Service User engagement with the Service User Council.
One Service User discusses Service User Council meetings she has been involved in with the Seniors group.
Issues brought forward from F2 in the past were; *Potholes in Tarmac, Wi-Fi, Seniors room needs to be painted.*
- All Service Users are discussed when deciding on the daily activities and structure and needs, abilities and likes and dislikes are all taken into consideration (2.1.2, 2.1.4).
- Currently there is no evidence of training on advocacy for any Service Users attending F2 (1.4.5, 3.1.4).

There is no evidence of a facility to access advocacy services. Staff are unsure of their role in regards to advocacy (1.4.5, 3.1.4).

- Currently 23 Service Users have a communication passport that staff are aware of 3 Service Users require a Communication passport at present(1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).

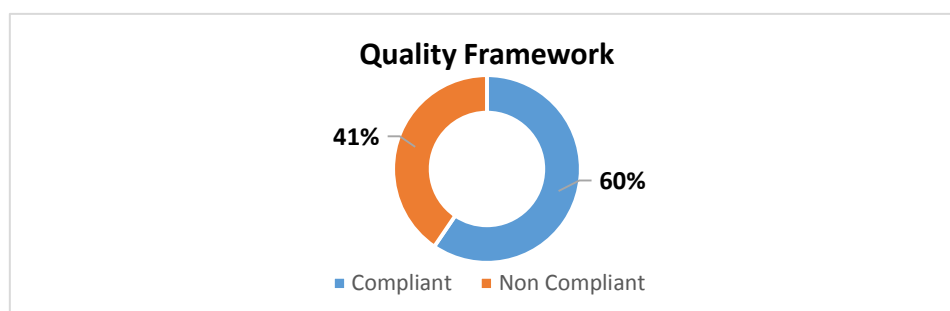
An accessible version of the Stewarts Care complaints procedure was evident in all rooms except for 1 (1.9.3, 1.9.4, 1.9.5, 1.9.6).

3 Service User has made a complaint in the past year.

- 2 of these complaints had been resolved at the time of the audit
- 1 was still unresolved at the time of Audit
- There is family input from 65% of Service Users on F2. There is contact with some family members through telephone calls, these are sometimes recorded in Communication Notes. This is not being recorded consistently across all groups at present (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)

The Right of the Month is on display in all rooms in F2 (1.3.9, 2.2.1).

- Key workers confirmed that most Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2). Those who couldn't relied on staff knowledge and family involvement to help them make choices.



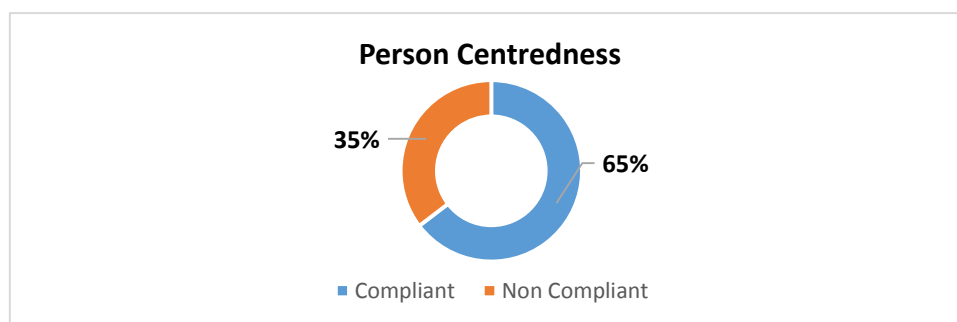
- There was evidence of 6 meetings between the key worker and the Service Users family in the past year (2.4.4, 2.5.6).
- 88% of Service Users have had a new opportunity in the past year. These varied between social outings, starting yoga and balance classes and moving to F2 from another programme (2.1.1, 2.1.4). All Service Users are offered new opportunities but not all want to take part.
- There was an individualised fire risk assessments done for all Service Users except one 11 Manual Handling risk assessments were evidenced. In the case of 3 Service Users staff explained that they follow the house risk assessment as the Service User do not have a risk assessment related to this Day Service
There was also evidence of 1 restrictive practice assessment, 1 behaviour support plan and 1 travel risk assessment (2.5.3, 3.1.3). Staff knowledge on risk assessments was limited.
- All key workers confirmed that if they suspected any abuse they would contact the manager and the designated person and fill out the relevant forms and let parents know (3.1.8, 3.1.9 3.1.10, 3.1.11).
- There was evidence of Health and Safety awareness for 12 Service Users through fire drills and road safety awareness (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- Currently all files kept in F2 are locked away (1.2.3).

- There is 9 Service Users currently taking daily medication whilst attending F2.
There was 1 Service User with a PRN for medication, the Kardex for this PRN was out of date at the time of the Audit (2.8.6).
- 9 out of 26 Service Users that attend F2 have been discussed at the Adult Services Clinic Meetings in the past year and key workers attended 3 of these meetings (2.8.4)
- Evidence of 5 Behaviour Support plans were seen, family were not always involved in the development of these plans.
Staff believe 1 other Service Users could benefit from a positive behaviour support plan, staff knowledge on behaviour support plans is poor and training is required on this (3.2.1, 3.2.6, 3.2.7, 3.2.8)

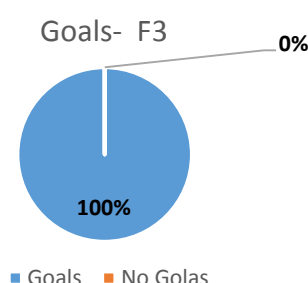
F 3

Area name:	F3
Address:	Stewarts Care, Main Building, Palmerstown, Dublin 20
Programme Manager:	Pat Sheeran
Senior Managers:	
Senior Team Members:	Owen Hanratty
Team Members:	3
Care Staff:	10
Agency Staff:	1
Students:	1
Service Users Audited:	24
Key workers:	3 Team Members, 10 Care Staff Owen Hanratty (STM) does not perform the role of key worker
Programme Objective:	F3 comprises of 4 groups; The L Group, The K Group, The O Group and The Canteen The objective for all groups is Day Activation and Service Users are placed in the rooms based on needs abilities and choice.
Audit conducted by:	Rachel O'Kelly (Internal Staff)
Date of Audit:	17 th February 2017

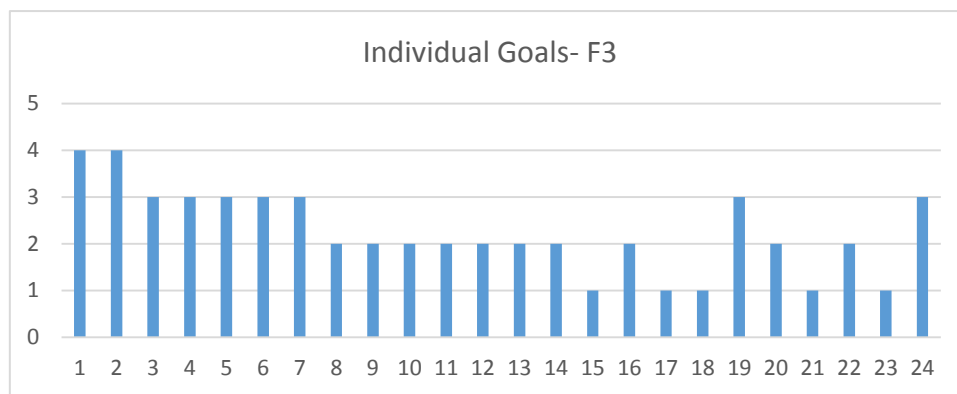
F3	
Good Practice	Areas to Improve
<ul style="list-style-type: none"> All Service Users had a personal folder 	<ul style="list-style-type: none"> Frequency of documentation- SURA input needs to be regular and in line with Stewarts guidelines
<ul style="list-style-type: none"> All Service Users had a recorded key worker 	<ul style="list-style-type: none"> Improve engagement with Community Inclusive agencies for education and training
<ul style="list-style-type: none"> All Service Users had goals documented on SURA 	<ul style="list-style-type: none"> Encourage family involvement Introduce key worker and family meetings Record any contact with family on SURA
<ul style="list-style-type: none"> All Service Users engage in community inclusion through group outings 	<ul style="list-style-type: none"> Monthly key worker meetings to be provided to all Service Users
<ul style="list-style-type: none"> All Service Users had a timetable 	<ul style="list-style-type: none"> Introduce advocacy training for all Service Users
<ul style="list-style-type: none"> All Service Users had an up to date Kardex 	<ul style="list-style-type: none"> Document all Health and Safety education
<ul style="list-style-type: none"> All Service Users had an individualised fire risk assessment 	<ul style="list-style-type: none"> Improve Staff involvement in MDT meetings
	<ul style="list-style-type: none"> Staff training required on risk assessment and PBSPs
	<ul style="list-style-type: none"> Improve life skills education and document
	<ul style="list-style-type: none"> Encourage transitions and progressions for those attending the Service for a long period of time
	<ul style="list-style-type: none"> Improve engagement with Service User Council
	<ul style="list-style-type: none"> Files should be locked away
	<ul style="list-style-type: none"> Staff training required on risk assessments, including PBSPs



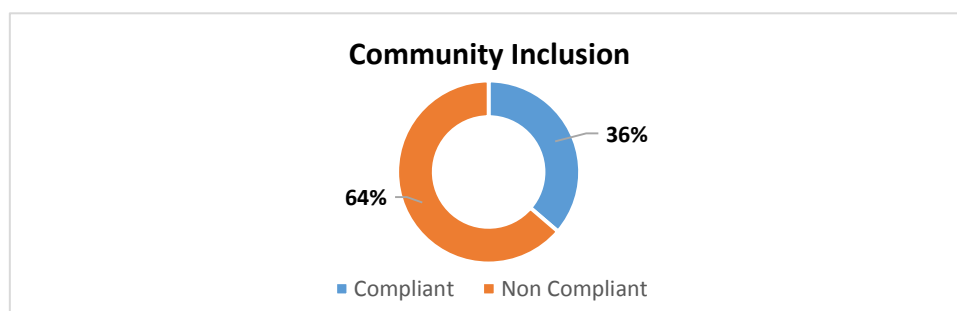
- There was evidence of all Service Users having a plan in the form of a folder. Folders included personal information, identified key workers and contained print outs of information recorded on SURA (1.5.1, 1.5.2).
- Most information for person's personalised plan is kept on SURA, this is updated regularly. However information kept on SURA varies between groups and there is no consistency of documentation evidenced. The areas used by Day Service staff are; Communication notes, Social Dev/ Community Access Goals. Staff are unaware of what areas in SURA they should be filling in and for the most part are following direction of other staff members (1.5.1, 1.5.2).
- Key workers stated that 12 families were involved in the development of personal plans as they would be regularly informed of goals but this was usually done informally and it is not always documented (1.5.9).
- All Service Users had a key worker, this was recorded in all personal folders (1.5.7).
- All Service Users in F3 had goals set as part of a personal plan (1.7.1, 1.7.2). Goals are set on SURA and for most the goal was to engage in more social outings. For a lot of Service Users these were group goals and not individual/ person centred (1.7.1, 1.7.2).



- The individual goals graph below shows the number of goals each Service User has set. The majority of Service Users had 2/3 goals set in the past year.

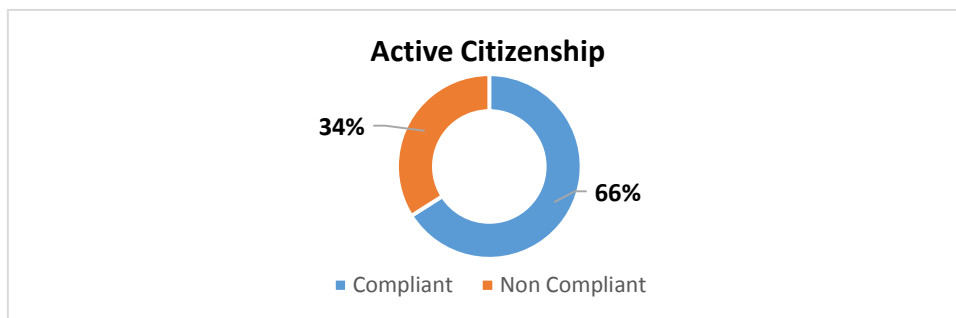


- All Service Users had a social interpersonal goal set. Training for work and work experience would not be applicable to some Service Users in F3 due to the level of needs and abilities (2.1.1, 2.1.2).
- There was evidence of life skills education being provided to 29% of Service Users through a variety of means- hand hygiene, working in the canteen. These life skills are usually documented on SURA (2.5.2).
- All Service Users except one had an up to date timetable these were kept in personal folders (2.5.5).
- 88% of Service Users attending F3 participate in *activities that promote positive health and well-being* as part of the Day Service, this is through the use of Stewarts Care gym/ swimming pool and regular walks with staff. (2.8.1, 2.8.3). There is 3 Service Users who choose not to participate in these activities
- Healthy eating posters were not displayed in F3 at the time of the Audit (2.8.2)
- There have been transitions for 8 Service Users as they have come from school or another Day Service areas e.g. Grounds. The other 16 Service Users have been part of F3 for a long period of time and there was no evidence of transition or progression to another Day Service (1.8.1, 1.8.2).
- Everyone is given a choice in activities that they can participate in within the limitations of the group they are attending (1.4.3, 1.4.4). Staff explained that often a lack of staffing hinders the choices they can provide.



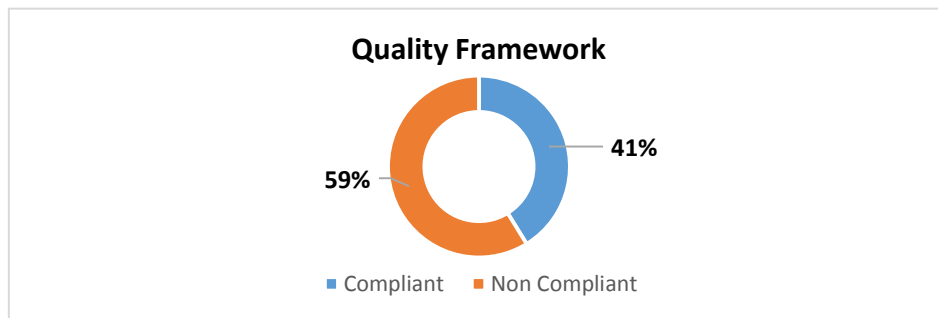
- There is lots of evidence for community inclusion in F3. 2 Service Users choose not to go on outings but all the others go out into the community regularly. Community inclusion evidenced was in 2016- Phoenix park, Rathwood, Belfast, Shopping trips in Town, Liffey Valley Cinema, Palmerstown House, Beach (1.6.1, 1.6.5). Community inclusion was referenced for every Service User on SURA, often community inclusion is group based and not person centred (1.6.1, 1.6.5)

- Independent travelling on public transport is not applicable for Service Users currently attending F3 (2.5.1, 2.5.4).
- Key workers knew of 13 out of 24 Services Users also attending a club in the local community. This mainly referred to the Stewarts Care Saturday Club (2.1.1, 2.1.3).
This information is not referenced in Service Users personalised plans and key workers know this information through talking to Service Users and families. All community club participation happens outside of Day Service hours.
- 33% of Service Users engage in a community inclusive agencies that come into Stewarts to provide different types of training e.g. art and music (2.9.1, 2.9.3, 2.10.1). This is done on a rotation so not everybody can participate in these workshops. There is no evidence of Service Users going out into the community to engage in community inclusive agencies for education and training.
- 5 Service Users have spoken of friends to a key worker who are not part of Stewarts Care and are not family members (1.6.5).
The other 19 would engage solely with friends made through attending Stewarts Care and family friends.



- Monthly key worker meetings were not taking place in 2016 for those attending F3 (1.3). Staff spoke of a plan to begin key worker meetings in 2017.
- One Service User from F3 is on the Service User Council but often chooses not to attend meetings. When she does attend she relays the information back to staff who then discuss it with the other Service Users. There is no documented evidence of this communication (2.2.2).
- All Service Users are discussed when deciding on the daily activities and structure and Service Users needs, abilities and likes and dislikes are all taken into consideration before any plans are made (2.1.2, 2.1.4).
- Currently there is no evidence of training on advocacy for any Service Users attending F2 (1.4.5, 3.1.4).
There is no evidence of a facility to access advocacy services. Staff are unsure of their role in regards to advocacy (1.4.5, 3.1.4).
- Currently 12 Service Users have a communication passport that staff are aware of and staff said that 5 more Service Users require a communication passport at present (1.3.2)
- All key workers showed a clear understanding of how to support Service Users to make a complaint if necessary (1.9.3, 1.9.4, 1.9.5, 1.9.6).
An accessible version of the Stewarts Care complaints procedure was evident in all rooms except for 1 (1.9.3, 1.9.4, 1.9.5, 1.9.6).
1 Service User has made a complaint in the past year.
 - This complaint had been resolved at the time of the audit

- There is family input into Day Service decisions from 50% of Service Users families. This is contact with family members through telephone calls, these are sometimes recorded on SURA. This is not being recorded effectively or consistently across all groups at present (1.5.9, 3.1.7).
- There is an accessible version of the Charter of Rights available for all Service Users (1.3.9, 2.2.1)
The Right of the Month is on display in all areas of F3 (1.3.9, 2.2.1).
- Key workers confirmed that most Service Users could express themselves and their preferences and that they would always make it clear to a member of staff if they were not happy or wanted something changed (3.2.2). Those who could not relied on staff knowledge and family involvement to help them make choices.



- There was documented evidence of 3 meetings between the key worker and the Service Users family in the past year (2.4.4, 2.5.6).
- 21 Service Users have had a new opportunity in the past year. These varied between social outings, starting aqua aerobics, trying new foods, going on public transport with staff (2.1.1, 2.1.4).
- There was an individualised fire risk assessments done for all Service Users these had all been reviewed on the week of the Audit so were all up to date.
2 Manual handling risk assessments were evidenced.
There was evidence of 1 restrictive practice assessment and 15 behaviour support plans these were all in personal folders but staff knowledge of risk assessments was very limited and guidance is required on this (2.5.3, 3.1.3).
- All key workers confirmed that they would contact the STM or Manager and report any suspected abuse immediately (3.1.8, 3.1.9 3.1.10, 3.1.11).
- There was no evidence of Health and Safety education for Service Users in 2016 and staff stated that it is not something they had been discussing with Service Users (2.8.1, 2.8.2, 2.8.3, 2.8.7, 5.4.5).
- Currently no files in F3 are locked away (1.2.3).
- There is 5 Service Users currently taking daily medication whilst attending F3. All Kardex were in date at the time of the Audit (2.8.6).
- 5 Service Users that attend F3 have been discussed at the Adult Services Clinic Meetings in the past year, key workers attended 3 of these meetings (2.8.4)
- Evidence of 14 Positive Behaviour Support Plans was seen, family were involved in the development of 4 of these plans.
Staff believe that 1 other Service Users could benefit from a Positive Behaviour Support Plan, staff knowledge on behaviour support plans is poor (3.2.1, 3.2.6, 3.2.7, 3.2.8)

Appendix 1

Audit Questions and corresponding New Direction Standards

Person Centredness

- Q. 1- Does the person have an Individualised Personal Plan?
- Q. 2- Is there evidence of family involvement in developing Personal Plan
- Q. 3- Does the person have an allocated key worker?
- Q. 4- Is the allocated key worker recorded in his/her Personal Plan?

Theme 1: Individualised Services and Supports

Standard 1.5 Each person has a personal plan that includes the services and supports to be provided to them to achieve a good quality of life and to realise their goals.

Features of a service meeting this standard are likely to include:

1.5.1. The service provider uses a person-centred approach to provide effective facilitation of a personal planning process to each person.

1.5.2. Each person's personal plan may include services and supports which are provided directly by the service provider, as well as other services and supports which are outside the service. The service provider works in partnership with the person and other stakeholders where appropriate, to enable services and supports available outside the service to be put in place. Services provided directly by the service provider may include supports:

- for making choices and plans
- for transition and progression
- for inclusion in the local community
- to access education and formal learning
- for maximising independence
- for personal and social development
- for health and wellbeing
- for accessing bridging programmes to vocational training
- for accessing vocational training and work opportunities
- for personal expression and creativity
- for having valued social roles
- for influencing service policy and practice

1.5.3. Each person's personal plan takes into account:

- their life stage
- their age
- their particular needs, abilities, skills and wishes
- other specific plans such as health plans, risk management plans, intimate support plans.

Where a person uses other services, such as residential services, there is a cooperative, integrated approach to supporting the development and implementation of their personal plan.

1.5.7. The service provider appoints a Key worker in agreement with each person and/or their representatives, whose primary responsibilities are to support the person, in accordance with their needs and wishes, in developing their personal plan and to oversee its implementation. Other key professionals, family members, friends and advocates participate in the planning process in line with the person's needs and wishes.

1.5.9. Service providers work with families and others, where appropriate, in developing and supporting the person's personal plan, in line with the person's needs and wishes.

Q. 5- Have goals been set in the person's Personal Plan?

Theme 1: Individualised Services and Supports

Standard 1.7 Each person makes progress towards achieving their goals and aspirations and tries new experiences, in line with their choices, needs and abilities.

Features of a service meeting this standard are likely to include:

1.7.1. Each person is supported to plan for a developmental progression in their learning and their life, in line with their choices, needs and abilities.

1.7.2. Each person is encouraged and supported to try new experiences and do new things, in line with their choices, needs and abilities.

Theme 2: Effective Services and Supports

Standard 2.1 Each person receives services and supports that are responsive to their individual choices, needs and abilities, in line with the service provider's statement of purpose

2.1.1. Services and supports are provided that reflect the goals set out in each person's personal plan, including supports to access opportunities that may not be provided by the service provider.

2.1.2. Each person's participation in any programme is designed, monitored and evaluated on an individual basis to help them to progress and to achieve the particular goals they have chosen.

Q. 10- Are Life Skills such as dress, hygiene timekeeping addressed in the person's Day Service?

Q. 11- Does the person have a current annual timetable of activities?

Theme 2: Effective Services and Supports

Standard 2.5 People develop skills to manage their own lives and maximise their independence in line with their choices, needs and abilities.

2.5.2. People are supported to identify and develop the life-skills they need to maximise their independence in line with their choices, needs and abilities.

2.5.5. Service providers work with the person to co-ordinate an integrated package of supports to meet each person's needs and ensure that there are appropriate links with home life and with other services that support people to develop and maintain their independence, in accordance with their needs and wishes.

Q. 12- Is there evidence that the person participates in exercise/ healthy eating?

Q. 13- Are there posters on healthy eating / lifestyle evident in the person's Day Service?

Theme 2: Effective Services and Supports

Standard 2.8 The health and wellbeing of each person is supported and promoted, in line with their choices, needs and abilities.

2.8.1. In partnership with families and other stakeholders where appropriate, people are equipped with information and knowledge to access their local health services, visit their general practitioner and use community sports facilities, in line with their needs and wishes.

2.8.2. People are supported to access appropriate health information and education both within the service and in the local community, including information on:

- diet and nutrition
- recreation, interests and activities
- the risks associated with smoking, alcohol and drug consumption
- exercise and physical activity
- sexual relationships and sexual health
- the importance of regular health check-ups

2.8.3. People are supported to actively engage in activities that promote positive health and well-being, in line with their choices, needs and abilities.

Q. 14- Has the person been supported in transition between Day Services?

Q. 15- Is person being supported in transition between Day Services if they wish?

Theme 1: Individualised Services and Supports

Standard 1.8 Each person is supported to make transitions between services and supports provided by disability and mainstream services in line with their choices, needs and abilities.

1.8.1. Service providers develop a transition plan in conjunction with the person that responds to the person's needs during the transition.

1.8.2. Each person is facilitated to try out a new environment, in line with their choices, to enable them to make a final decision on the transition.

Q. 16- Has the person been given choice in the activities they participate in?

Theme 1: Individualised Services and Supports

Standard 1.4 The right of each person to make decisions is supported and respected. Supports for decision-making, including access to advocacy services, are provided

1.4.3. Each person is presumed to have capacity to make their own decisions, and is supported to make them, where necessary. Only when all other supports have been exhausted should a decision be taken

on someone's behalf. Such a decision should be based on the best understanding of their will and preferences.

1.4.4. Each person is given clear information in a format and language they can best understand in order to help them make informed choices and decisions.

Community Inclusion

Q. 1- Is there evidence of community inclusion for this person?

Q. 2- Is this community inclusion referenced in the Personal Plan?

Theme 1: Individualised Services and Supports

Standard 1.6 Each person is supported to use local community facilities and to develop a range of relationships in their community, in line with their choices, needs and abilities.

1.6.1. In partnership with other stakeholders, service providers actively engage with community leaders to raise awareness about disability and to facilitate inclusion in community life and education.

1.6.5. In partnership with other stakeholders, service providers are pro-active in identifying and facilitating initiatives for:

- meaningful participation in the wider community
- developing friendships
- involvement in local social, educational and professional networks

Q. 3- Is the person able to use public transport to Day Services independently?

Q. 4- Is the person able to use public transport to community activities?

Theme 2: Effective Services and Supports

Standard 2.5 People develop skills to manage their own lives and maximise their independence in line with their choices, needs and abilities.

2.5.1. People explore what independence means for them and plan ways of securing that independence, through the personal planning process.

2.5.4. Service providers provide opportunities for the development of life skills which focus on experiential learning in real situations in the community.

Q. 5- Is the person a member of any club in the community e.g. Arch Club / Local Senior Citizens?

Q. 6- Is this community participation referenced in the Personal Plan?

Theme 2: Effective Services and Supports

Standard 2.1 Each person receives services and supports that are responsive to their individual choices, needs and abilities, in line with the service provider's statement of purpose.

2.1.1. Services and supports are provided that reflect the goals set out in each person's personal plan, including supports to access opportunities that may not be provided by the service provider.

2.1.2. Each person's participation in any programme is designed, monitored and evaluated on an individual basis to help them to progress and to achieve the particular goals they have chosen.

2.1.3. Flexible services and supports are provided, which may include offering supports in the evenings and at weekends.

Q. 12- Is the person supported to engage in community inclusive agencies for education, training or jobs?

Theme 2: Effective Services and Supports

Standard 2.9 People access formal education programmes, in line with their choices, needs and abilities.

2.9.1. In partnership with other stakeholders where appropriate, service providers work with community and mainstream educational providers to widen access for people with disabilities and maximise opportunities for people to access and participate in mainstream educational programmes.

2.9.2. People are supported to access mainstream education programmes as a first option.

2.9.3. Where appropriate, people are provided with functional literacy and numeracy programmes to support:

- independent living
- community inclusion and participation
- making choices and plans

Where possible, these should be provided in integrated educational settings.

Standard 2.10 People access bridging programmes to vocational training, in line with their choices, needs and abilities.

2.10.1. Service providers work with mainstream vocational training providers to jointly develop and provide bridging programmes to vocational training, in line with people's personal plans.

2.10.4. People take part in work experience as part of bridging programmes, which informs them about future training and employment choices.

Q. 13- Does the person have any friends in the community that are not family or associated with Stewarts Care Day Services?

Theme 1: Individualised Services and Supports

Standard 1.6 Each person is supported to use local community facilities and to develop a range of relationships in their community, in line with their choices, needs and abilities.

1.6.5. In partnership with other stakeholders, service providers are pro-active in identifying and facilitating initiatives for:

- meaningful participation in the wider community
- developing friendships
- involvement in local social, educational and professional networks

Active Citizenship

Q. 1- Is there evidence that the person have monthly key worker meeting?

Theme 1: Individualised Services and Supports

Standard 1.3 Each person has access to information to support them to make informed plans and choices, provided in a format that is accessible to their information and communication needs.

1.3.3. Information is provided at the earliest opportunity and as required thereafter to enable people to make informed plans and choices.

1.3.6. Each person is informed and consulted about developments in the service.

1.3.7. Each person is informed of day-to-day arrangements in the service, and whether any arrangements are subject to change.

Q. 2- Is there evidence that the people attending this Day Service have had a visit from the Service User Council Representative?

Q. 3- Is there evidence of Service User Meetings in the area?

Theme 2: Effective Services and Supports

Standard 2.2: People are meaningfully involved in the planning, design, delivery, monitoring and evaluation of services and supports.

2.2.1. People are provided with the information they need to enable them to contribute to the development and review of policies and practices which affect the services and supports they receive.

2.2.2. Supports and formal structures are in place to facilitate people with disabilities and their families and advocates, where appropriate, to contribute their views and participate in areas such as:

- relevant policy development
- exploration and review of good practice in service provision
- monitoring and evaluation of services
- preparation and review of service plans
- service change and transitions
- selection of service locations
- staff recruitment
- staff training and development
- peer training and development

2.2.3. Staff are trained to listen and respond to people's views and are equipped to work in services where the user is a partner in service rather than a recipient.

2.2.4. Service providers consult with representative organisations, where appropriate.

Q. 4- Confirm that EVERY Day Service User has been discussed / had input into daily activities / structure

Theme 2: Effective Services and Supports

Standard 2.1: Each person receives services and supports that are responsive to their individual choices, needs and abilities, in line with the service provider's statement of purpose.

2.1.2. Each person's participation in any programme is designed, monitored and evaluated on an individual basis to help them to progress and to achieve the particular goals they have chosen.

2.1.4. The services and supports provided respond to the changing needs and wishes of each person.

Q. 5- Is there evidence that the person attending Day Service has attended training on Advocacy?

Q. 13- Is there evidence of facility to access advocate/ advocacy services of choice?

Theme 1: Individualised Services and Supports

Standard 1.4: The right of each person to make decisions is supported and respected. Supports for decision-making, including access to advocacy services are provided.

1.4.5. Each person is facilitated and supported to access Citizen's Information Services, appropriate advocacy services or an advocate of their choice when making decisions, in accordance with their needs and wishes. When accessed, the effective engagement of Citizen's Information Services, appropriate advocacy services or advocates is supported and facilitated.

1.4.6. Self-advocacy is supported and facilitated, in line with each person's needs and wishes.

Theme 3: Safe Services and Supports

Standard 3.1 Each person is protected from abuse and their safety and welfare is promoted, while using services and supports.

3.1.4. Each person is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection, including self-advocacy, in line their needs and wishes.

Q. 6- For Day Service Users with special communication needs verify Communication Passport in place

Theme 1: Individualised Services and Supports

Standard 1.3 Each person has access to information to support them to make informed plans and choices, provided in a format that is accessible to their information and communication needs.

1.3.2. Assistance and support are provided to access information, to communicate with others through a variety of media and to make contact with other services and people in the community.

Q. 7- Discuss with the key worker their understanding of how to support the Service User to make a complaint

Q. 8- Is there an accessible version of the Complaints Process in the Day Service

Q. 9- For any Day Service User who made a complaint, check evidence that they are happy with the outcome of the process

Q. 15- Enter the number of complaints that have been made by the Service User and/or their family in the past twelve months.

Theme 1: Individualised Services and Supports

Standard 1.9 Each person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

1.9.3. Concerns are addressed immediately at local level and, where appropriate, without recourse to the formal complaints procedure, unless the person wishes otherwise.

1.9.4. There is a procedure for making formal complaints which is provided in a format that people can best understand. This procedure is consistent with relevant legislation and regulations, HSE protocols and takes account of good practice guidelines. People are given information about how to take complaints outside of the service for resolution.

1.9.5. Information on the complaints procedure is available and explained to people in a format and manner that they can best understand.

1.9.6. Responses to complaints are as timely as possible, taking account of the requirements to fully address the issues raised by the complainant and mindful of the communication needs of the person.

Q. 10- Is there evidence of the person's family having an input into decisions in relation to their family member in Day Services

Theme 1: Individualised Services and Supports

Standard 1.5 Each person has a personal plan that includes the services and supports to be provided to them to achieve a good quality of life and to realise their goals.

1.5.9. Service providers work with families and others, where appropriate, in developing and supporting the person's personal plan, in line with the person's needs and wishes.

Theme 3: Safe Services and Supports

Standard 3.1 Each person is protected from abuse and their safety and welfare is promoted, while using services and supports.

3.1.7. Staff work in partnership with each person and their family/representative where appropriate, to promote the person's safety and wellbeing, in accordance with their wishes.

Q. 11- Is there an accessible version of Charter of Rights in the Day Service

Q. 12- Is the Right of the Month on display in an accessible format in the Day Service

Theme 1: Individualised Services and Supports

Standard 1.3 Each person has access to information to support them to make informed plans and choices, provided in a format that is accessible to their information and communication needs.

1.3.9. Each person is supported to best understand the information provided to them, in line with their needs and wishes.

Theme 2: Effective Services and Supports

Standard 2.2 People are meaningfully involved in the planning, design, delivery, monitoring and evaluation of services and supports.

2.2.1. People are provided with the information they need to enable them to contribute to the development and review of policies and practices which affect the services and supports they receive.

Q. 14- Discuss with the key worker - Is the Service User able to express their preference if they want something changed?

Theme 3: Safe Services and Supports

Standard 3.2 Each person receives services and supports that promote positive behaviour and emotional well-being

3.2.2. People are supported to express their feelings and to deal with issues that impact on their emotional wellbeing in a way that best suits their needs.

Quality Framework

Q. 1- Has there been a meeting between the person's key worker and their family in the past year?

Theme 2: Effective Services and Supports

Standard 2.4 People develop their personal and social skills in line with their choices, needs and abilities, so that they can realise their goals and aspirations.

2.4.4. In line with each person's wishes, service providers link with other supports, including residential, respite and community staff and with parents, carers, and families as appropriate, so that integrated and responsive supports are provided.

Standard 2.5 People develop skills to manage their own lives and maximise their independence in line with their choices, needs and abilities.

2.5.6. Service providers encourage families to support and enable people to take as much responsibility as possible for their own lives, where appropriate.

Q. 2- Has the person had the chance for new opportunities in the past year?

Theme 2: Effective Services and Supports

Standard 2.1 Each person receives services and supports that are responsive to their individual choices, needs and abilities, in line with the service provider's statement of purpose

2.1.1. Services and supports are provided that reflect the goals set out in each person's personal plan, including supports to access opportunities that may not be provided by the service provider.

2.1.4. The services and supports provided respond to the changing needs and wishes of each person.

Standard 2.4 People develop their personal and social skills in line with their choices, needs and abilities, so that they can realise their goals and aspirations.

2.4.2. In partnership with other stakeholders, the service provider works to ensure that people can access opportunities for personal and social development in community settings as far as possible.

Q. 3- Is there a completed risk assessment relevant to the person's needs?

Theme 2: Effective Services and Supports

Standard 2.5 People develop skills to manage their own lives and maximise their independence in line with their choices, needs and abilities.

2.5.3. People are equipped to manage risk in a positive way, through risk-assessment procedures carried out in partnership with the person and their family, where appropriate, in line with the person's needs and wishes.

Standard 3.1 Each person is protected from abuse and their safety and welfare is promoted, while using services and supports.

3.1.3. In compliance with the HSE Safeguarding Policy and Procedures, risk assessment and management policies and procedures are in place which enable staff to support people to manage situations where they may be vulnerable. The approach to risk management supports positive risk

taking and informed decision making, as a means to enhancing the quality of life, competence, social skills, independence and community participation of people using the service.

Q. 4- Question to staff: What do you do if there is an allegation abuse. Write answer below

Theme 3: Safe Services and Supports

Standard 3.1 Each person is protected from abuse and their safety and welfare is promoted, while using services and supports.

3.1.8. All allegations of abuse are dealt with in an effective and timely manner, in accordance with the HSE Safeguarding Policy and Procedures

3.1.9. Where a concern arises for a person's safety, the service provider takes all reasonable and proportionate interim measures, using a safeguarding plan in line with the HSE Safeguarding Policy and Procedures.

3.1.10. Where there is an allegation of abuse or ill-treatment, this is reported in accordance with legislation, and the HSE Safeguarding Policy and Procedures.

3.1.11. Where there is a concern that a person may have been abused or ill-treated while using services and supports, the person is offered counselling and support. Where appropriate, and in accordance with the wishes of the person, their representative, family and professionals are involved in their support.

Q. 5- Is there evidence of Health and Safety education provided to the person, specific to their Day Service

Theme 2: Effective Services and Supports

Standard 2.8 The health and wellbeing of each person is supported and promoted, in line with their choices, needs and abilities.

2.8.1. In partnership with families and other stakeholders where appropriate, people are equipped with information and knowledge to access their local health services, visit their general practitioner and use community sports facilities, in line with their needs and wishes.

2.8.2. People are supported to access appropriate health information and education both within the service and in the local community, including information on:

- diet and nutrition
- recreation, interests and activities
- the risks associated with smoking, alcohol and drug consumption
- exercise and physical activity
- sexual relationships and sexual health
- the importance of regular health check-ups

2.8.3. People are supported to actively engage in activities that promote positive health and well-being, in line with their choices, needs and abilities.

2.8.7. Supports for health and wellbeing take account of:

- changing needs throughout a person's life cycle
- unique needs such as women's health needs or men's health needs
- health needs related to a particular disability
- appropriate engagement with a person's family, carer, representative or advocate, in line with the person's needs and wishes

Theme 5: Responsive Workforce

Standard 5.4 Training is provided to staff to improve outcomes for people using services and supports.

5.4.5. The service provider ensures that staff participate in mandatory health and safety education and training programmes.

Q. 6- Are the person's files kept private in a locked cabinet

Theme 1: Individualised Services and Supports

Standard 1.2 The dignity, privacy and autonomy of each person are respected and promoted.

1.2.3. Each person's personal information is respected at all times and protected in accordance with legislative, regulatory and good practice requirements.

Q. 7- Check the person's medication plan and verify that it is in date within 6 months or sooner if needs have changed?

Theme 2: Effective Services and Supports

Standard 2.8 The health and wellbeing of each person is supported and promoted, in line with their choices, needs and abilities.

2.8.6. The service provider has medication management policies and procedures in place that comply with legislative and professional regulatory requirements and good practice guidelines.

Q. 8- Has the person's case been discussed at a MDT Meeting in the past twelve months?

Q. 9- If ✓ confirm evidence that the key worker was in attendance at the meeting.

Theme 2: Effective Services and Supports

Standard 2.8 The health and wellbeing of each person is supported and promoted, in line with their choices, needs and abilities.

2.8.4. In partnership with families and other stakeholders where appropriate, people are supported to access multi-disciplinary team services to meet their identified, specialist and particular needs.

Q. 10- Is there evidence that family is included in developing plans relating to positive behaviour

Theme 3: Safe Services and Supports

Standard 3.2 Each person receives services and supports that promote positive behaviour and emotional well-being.

3.2.1. The service has a written policy on the provision of behavioural support to people using the service that is based on the principles of positive behaviour support and details how specialist and therapeutic interventions are implemented

3.2.6. Where a person has behaviour support needs, an assessment is carried out which outlines the needs and characteristics of the person and the contexts in which behaviour is likely to arise, in order to develop responsive strategies or draw up a positive behaviour support plan, where appropriate.

3.2.7. Where a person has a positive behaviour support plan, the plan includes ideas for adapting the environment, teaching skills and focused interventions which are designed to prevent behaviours that challenge or reduce the likelihood of their occurrence. The plan also includes non-aversive reactive strategies. The plan is monitored and evaluated regularly.

3.2.8. Staff consult family members, with the informed consent of each person, in order to develop a shared strategy and where appropriate, a behaviour support plan.