



STEWARTS CARE Ltd.

Implementation of the
Strategic Plan 2013–2016

Incorporating

Stewarts Care Ltd.

Statement of Purpose.



30th September 2013
- Revision 1 -

This plan will also be provided in Plain English and Easy Read / Pictorial format with assistance from the Speech and Language Therapy Department, and will be subject to consultation with the members of the Service User Council at Stewarts Care.

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Introduction

Stewarts Care Ltd in 2013 is operating in a very challenging and fast-paced environment. Many, if not most, of the patterns and practices the organisation has relied on in the past have changed or are rapidly changing. The financial model for our organisation is moving from block annual budgets issued by the Health Service Executive (HSE) to more individualised funding against a background of shrinkage in available funds. The model of care is moving rapidly towards individualised services in which service users will be able to select services from a range of providers. Stewarts is committed to a person-centred approach to delivery of services, whereby the service user is at the focal point, and all service provision supports the person's development to his/her full potential, in consultation with family and friends, staff and advocates.

There is also a drive away from congregated settings, which poses major challenges for Stewarts Care, given its service user profile. While Stewarts Care is a national organisation, the local demographics for the catchment area it serves have evolved over recent years and the area itself may change in the near future. Additionally, new standards of accountability and new legislation affect how we operate. We have less financial and staffing resources available against greater demands and expectations around service delivery.

This Strategy¹ Implementation document outlines the Statement of Purpose, which describes Stewarts Care aims and objectives, and details the services provided. It then captures and identifies the primary forces affecting our organisation and sets out the high-level responses to these forces, in the form of strategic goals. These responses will translate into specific programmes of action, designed to achieve such goals, creating meaningful outcomes for service users. This document will be translated into an easy-read version by the Speech and Language Therapy team, and be subject to consultation with the Service User Council. It has been agreed with senior management and ratified by our Board of Directors. The Strategy Implementation will be made available to the people using our services, their families and advocates, and presented to all staff in the organisation. Implementation of the various actions will be achieved through the Team-Based Performance Management process, which is already embedded in Stewarts Care.

The strategy has five key objectives:

- ✓ Objective 1: Promote Person-Centred Supports
- ✓ Objective 2: Foster a Holistic Approach to Care
- ✓ Objective 3: Ensure Effective Services, providing Value for Money
- ✓ Objective 4: Take steps to ensure Staffing Excellence
- ✓ Objective 5: Ensure Effective Governance of the Organisation.

The strategy and implementation documents are dynamic instruments. They will not remain static over a long period. They are subject to revision, review and adjustment. It will be the responsibility of senior management to lead the understanding and implementation of the strategy in a coherent and inspiring manner, and to mentor the implementation by all levels of management and all members of staff. This will not be a 'top down' process. It will require a team effort, in which organisation members are inspired and believe in the programme of action we follow, and in which all our people feel involved and valued. The driving force behind this effort is to create opportunities for a better life for the service users at Stewarts Care.

¹ In management theory, the Chandler definition [of strategy] is typical: "... the determination of the basic long-term goals and objectives of an enterprise, and the adoption of courses of action and the allocation of resources necessary for carrying out these goals" (Mintzberg, 1978).

A: Stewarts Statement of Purpose and Function

1. The Aims, Objectives and Ethos of Stewarts Care are reflected in its Vision, Mission and Values

Stewarts Care Ltd is a voluntary organisation, which has provided services for adults and children with an intellectual disability, on a non-denominational basis, since its foundation in 1869.

Stewarts Care is committed to providing service users with the services that they require, irrespective of their level of need. Person-centred services will be provided, taking cognisance of the person's dignity and rights, and based on an assessment of need² and the services requested. Above all, it is a core principle of Stewarts Care that each service user is safe in our care and that their welfare is promoted.

1.1 Restructuring of Services

The organisation is restructuring and modernising its services along the following lines, to ensure a more focused approach to supporting the individual service user and to implement planned service objectives more effectively:

- Children Service
- Adult Service
- Education, Training and Social Enterprise Services
- Health Service.

1.2 Registration Details

Name of Service:	Stewarts Care Ltd.
Chief Executive:	Mr. Gerry Mulholland
Address of Service:	Mill Lane, Palmerstown, Dublin 20
Phone Number:	(01) 6264444
Additional Sites	Rossecourt Resource Centre, Balgaddy Stewarts of Kilcloon, Co. Meath Residential Sites in Kildare and West Dublin Social Enterprises in greater Palmerstown area

Registration Number: _____

Registration Date: _____

Registration Expiry Date: _____

Conditions Attached: _____

² Assessment of need is determined using information from the National Intellectual Disability Database (NIDD) and appropriate needs assessment tools. More formal needs assessment tools are currently being used and developed for use with the service user, such as SIS, SUSSI Inter-Rai, RAZ and FACE as appropriate. Consultation about these formal assessment tools is undertaken with the HSE and National Rehabilitation Board (NRB), etc on an ongoing basis.

1.3 Stewarts Care Vision

Stewarts Care aims to facilitate and support the person with an intellectual disability to live the life of their choice with dignity and respect as an equal and valued citizen.

1.4 Stewarts Care Mission

To support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, his/her family, and community and statutory authorities, including advocates.

1.5 Stewarts Care Ethos and Core Values

The ethos and core values that underpin our Mission and Vision and that inform our practice are as follows:

- Promotion of a culture of *person-centredness* that maximises the person's quality of life
- *Inclusion and participation* of the person with an intellectual disability and his/her family in delivery of his/her service
- Respect for and promotion of the *rights and responsibilities* of the person with an intellectual disability
- Promotion of *community inclusion and integration*
- *Protection and welfare* of persons with an intellectual disability
- *Open and transparent* service delivery
- Promotion of a *positive and healthy lifestyle*
- *Empowerment* through education, training, work and social inclusion
- *Compliance* with all relevant regulation and legislative requirements, in particular the Health Act 2007.

Best practice will be ensured through peer auditing, policy development, the work of a Quality Steering Committee, and the efforts and energy of frontline staff at Stewarts Care.

1.6 Culture of our Organisation

The culture of Stewarts Care is evolving toward greater emphasis on supporting the person, using their Personal Support Plan (PSP) to identify their goals and aspirations and to take steps toward the realisation of those goals and aspirations. The organisation and its staff are undergoing the necessary attitudinal change – from a culture emphasising dependency (*doing for*) to a culture emphasising strengths (*doing with*).

This change has been facilitated and directed by Stewarts' **Care Strategy Steering Committee (CSSC)** at the request of the Chief Executive.

This strategy coincides with the completion of a joint research project with Trinity College Dublin, titled 'A Collaborative Initiative to Implement Person-Centred Practice'. The research work was launched on 4th November 2013 and the work will continue to be progressed under the auspices of the Stewarts Care *Person-Centredness Implementation Committee*.

2 Description of Service

2.1 Demographics

Stewarts Care Ltd is a national organisation, providing Residential, Day, Respite and Clinical Support services for 775 adults and children with an intellectual disability, in accordance with its Vision, Mission and Core Values. While Stewarts Care remains a national organisation, these services are predominantly provided in the Dublin and Mid-Leinster region, in particular in the Dublin West and North Kildare Health Service Executive (HSE) areas. These structures for children are currently being reviewed by the HSE in consultation with Stewarts and other service providers. The current population of the area is around 290,000 people. There are 1,350 people registered with disabilities in the region, 20% of whom are over 55 years old (National Intellectual Disability Database – NIDD).

Table 2.1: Residential and Day Services – Places

Residential Services

289 service users	Adults	281	Children	8
Age range	from	10 years	to	88 years
Gender	Male	161	Female	128
Own room	Own Room	75%	Sharing	25%

Day Services (including all adult service users in residence)

775 service users	Adults	599	Children	176
Age range	from	18 months	to	88 years

Detailed classification as follows:	Persons
Number of Residential places x 7 nights	282
Number of Residential places x 5 nights	7
Number of Adult respite places	125
Number of Child respite places	39
Number of Adult Day Services places	599
Number of Child Day Services places	176

For full details, refer to the Register of Residents

2.2 Residential Accommodation Provided

Stewarts Care residential accommodation for children and adults currently consists of 27 homes in community settings and 24 homes in the Palmerstown complex. All admissions are in line with Admission, Discharge and Transfer Policy. This includes a prioritisation system, based on a multidisciplinary assessment, and the Wait-list.

Stewarts Care is encountering great difficulty with Emergency Admissions, which occasionally arise due to family stress and pressures as well as curtailment of service provision. Stewarts Care is currently in discussion with the HSE on the development of a protocol for emergency admissions.

With due regard to the *Report of the Working Group on Congregated Settings, (2011)* and the *National Housing Strategy for People with Disabilities 2011–2016*, Stewarts Care will continue to develop community housing initiatives and work with the Local Authority Housing Services to assist service users to live in the community setting of their choice where practical and possible.

Recent innovations in housing strategy that evidence this fact are:

- **Supported Independent Living at Roseville:** 10 single apartments have been developed on the periphery of the Palmerstown complex to support 10 service users in their move toward community living.
- **Supported Independent Living at Adamstown:** Five two-bedroom apartments and one single apartment were secured by Stewarts Care through the Clúid Housing Association to facilitate 11 service users moving to their own homes in the community. This initiative has been supported by funding and training from Genio. Assessment and training have been supported using Supports Intensity Scale (SIS), SUSSI and other assessment tools.
- **Rossecourt Training Apartment:** A training apartment was designed and set up at Rossecourt Resource Centre to facilitate the training of service users for living in supported and independent accommodation in the community. Implemented by Adamstown Project Development Team.
- **Lucan Training Apartment:** A single training apartment was developed in Lucan village to support service users in having an overnight experience of living on their own. This initiative has been developed by Stewarts with Clanmil Housing Association and South Dublin County Council.
- **Development of residential accommodation** on the Stewarts Care complex for residents with more significant disabilities: Recent works undertaken have resulted in 38 service users getting their own single room; 97 residents have benefited from improved living accommodation and space, and 95 residents from the development of accessible and usable gardens.

Stewarts Care recognises that some residents will continue for the foreseeable future to live in accommodation that is not ideal for their needs (Woodlands). The organisation will continue to work with the HSE, the Department of Health and other statutory agencies to improve these conditions.

2.3 Day Services

New Directions, Review of HSE Day Services and Implementation Plan 2012–2016 recommends significant changes in how Day Services are operated, with particular emphasis on alignment with the interests and aspirations of the person's life, and on building capabilities and competencies in a community-based environment. It outlines the requirement for a "widescale cultural change process that taps into the creativity and energy of the people who will be involved in bringing about the change" – that is, the entire staff of Stewarts Care.

In its efforts to improve its approach to Day Services provision, Stewarts Care has reconfigured its programme to include an 'individualised home-based' programme for residents as well as a 'centre-based' programme for those living at home and in the community. Further developments in Day Services shall involve consideration of the New Directions policy document and the associated issues arising from this.

2.4 Health

Stewarts Care is committed to supporting the service user to live a healthy life by providing access to appropriate health information, education and health services. In providing this support, we take into account the individual's holistic needs and wishes.

2.5 Other Services Provided by Stewarts Care

Table 2.2: List of Other Services

Service	Children	Adults
Residential Services Campus/ Community		
Full-time	✓	✓
Shared care	✓	✓
Community-based homes	✓	✓
Campus-based residential facilities	✓	✓
Supported independent living		✓
Respite Care		
Residential respite services in community	✓	✓
... and on campus	✓	✓
Family Support Services including after-school services and Saturday Club	✓	
Developing Host Family initiative as part of range of Respite Services	✓	
Early Services		
Early assessment / early Intervention	✓	
Home liaison	✓	
On-site special pre-school service on campus	✓	
Community-based integrated preschool	✓	
Special School – ages 5-18	✓	
After-hours service	✓	
Day Services		
Social enterprises	□	✓
Day activation services – Senior Citizens Clubs		✓
Multi-sensory Centre and Garden	✓	✓
Adult rehabilitative training and educational service	□	✓
Job Advocacy Support Scheme (JASS)		✓
Therapeutic work services (grounds, etc)		✓
Sports and recreation		✓
o Special Olympics		✓
o Swimming		✓
o Dance		✓
o Art		✓
Holiday Kinvara and others		✓
Community-based social and recreational Activities		✓
Community inclusion – evening & weekend		
Clinical Services		
Psychology	✓	✓
Psychiatry	✓	✓
Social Work	✓	✓
Speech and Language Therapy	✓	✓
Occupational Therapy	✓	✓
Physiotherapy	✓	✓
Dietician	✓	✓
Paediatrician	✓	

Health Services – Specialist Support Groups

Health Promotion – Fitness and Exercise	✓	✓
General Practitioner (GP) Services	✓	✓
Mental Health Service	✓	✓
Challenging Behaviour	✓	✓
Medication Safety and Therapeutics Committee	✓	✓
Safe Administration of Medication for Nurses	✓	✓
Safe Administration of Medication for Non-Nurses	✓	✓
Dental Services	✓	✓
Optician Services	✓	✓
Audiology Services	✓	✓
Chiropody Services	✓	✓
Nutrition, Hydration and Dietetics Services	✓	✓
Annual Health Screening for over 40s	✓	✓
Autism Services		
<i>Stewarts Care does not currently provide autism-specific programmes, although many of the adult service users are on the autistic spectrum. It is envisaged that specific actions may be developed as part of this strategy in consultation with the HSE and the DoHC. Stewarts Care provides a diagnostic service for children attending the service on the autism spectrum, which will continue under this strategy.</i>		
	✓	

2.6 Staffing

A flexible and dedicated staff will be focused on providing person-centred supports so that the people using our services may achieve their goals and aspirations. The service will be managed by a visionary team, willing to push boundaries and make things happen.

Staff are allocated on the basis of assessed level of need of service users, and will be guided by detailed job specifications and Stewarts Care policies, procedures and guidelines. All members of staff are registered with their appropriate professional bodies and a detail of their registration is maintained in the Employee Database.

Staff members have job descriptions and are aware of their responsibilities and whom they are accountable to. Every single member of staff has complied with the requirement to be Garda vetted. A schedule of Core Competency Training includes Abuse Awareness, Manual Handling, and CPI Training. Additionally, many Care Staff have undertaken and successfully completed FETAC Level 5 Education. The Stewarts Care Training and Education Department maintains up-to-date records of all staff training.

Table 2.3: Staffing Complement

Category	No. of Staff (whole-time equivalent)
Medical / Dental	2.34
Nursing	134.06
Health & Social Care Professional	27.78
Management / Administration	46.33
General Support Services	72.17
Other Service User Care	412.35
Total	695.03

Agency Nurses

There is a checking process in place for agency nurses to ensure that their PIN, registration and Garda vetting details are in order.

Volunteers

A policy and information booklet is available that outlines details concerning the Volunteer Programme.

2.7 Specialised Facilities Provided

Table 2.4: List of Specialised Facilities

Facilities provided on Palmerstown complex
24 Residential Homes
Sports Centre: Adapted Physical Activity (APA) Centre, Swimming Pool and Gymnasium
Catering Services – Central Kitchen, Staff Canteen / Café Kaizen
Specialised Preschool
Junior School
Waterstown Centre for Clinical Services
The Orchard Holistic Centre and Sensory Garden:
<ul style="list-style-type: none">Dentist, Dental Hygienist, Optician, Audiology Service managed, Beauty, Sensory Assessment and Activities Service
Conference Centre
Education and Training Centre for staff
Therapeutic work – Horticulture
Mill Lane Training Centre
Facilities provided outside of Palmerstown complex
27 offsite residential facilities including Respite
10 Roseville Apartments
Coach House Restaurant
Rossecourt Resource Centre:
<ul style="list-style-type: none">HSE Primary Care, Job Advocacy Support Service (JASS), Rossecourt Restaurant, Rossecourt Textiles and Crafts, Adult Education, Ronanstown Community Training & Education, FÁS programme, Hair & Beauty, Textiles & Weaving
Balgaddy:
<ul style="list-style-type: none">Senior SchoolTherapeutic Work and Horticulture Training
Family Support Service, Balgaddy and Rossecourt
Kilcloon Equestrian Centre:
<ul style="list-style-type: none">Horse Riding, Adult Education Programme, Horticulture, Pottery, Small Animal Husbandry, Restaurant, Respite House
Community Services
Social Enterprise Facilities:
<ul style="list-style-type: none">Clarkeville Flower Shop, Beehive Restaurant, Coach House, Le Blu Bakery (in development)Kinvara – Holiday Home for residents and other service users

3 Effective Leadership and Management

3.1 Governance

Stewarts Care Ltd is a voluntary organisation, managed by an executive team reporting to a voluntary Board of Directors through the Chief Executive Officer. Governance in Stewarts Care is guided by provisions of Irish and European legislation and national policy documents, including the Health Act (2007); the Value for Money and Policy Review of Disability Services in Ireland; Time to Move on from Congregated Settings; New Directions, Review of HSE Day Services and Implementation Plan 2012–2016, Personal Support Services for Adults with Disabilities, the HIQA: National Standards for Residential Services for Children and Adults with Disabilities, and The Governance Code, among others.

There are clear lines of reporting and accountability. Results are accomplished through clear and effective delegation to line managers, applying good business practices, objectivity, accountability and integrity. See Organisation Chart in Appendix A.

Arrangements are in place for any absence of the Person in Charge. The Chief Executive Officer will nominate an executive of the organisation in his absence.

A recent Corporate Governance Review was undertaken by the organisation based on best practice and legislative requirements. This has resulted in a transformed structure and business systems. Specific improvements were made in the area of:

- Requirements of Board meetings
- Terms of office of Board members
- Appointment of Board members
- Succession Planning
- Number and type of board committees, most notably:
 - Policies Procedures and Guidelines Committee
 - Audit, Risk and Finance Committee
 - Nominations and Remuneration Committee.

The leadership of the organisation ensures that robust policies and procedures are in place to ensure that the organisation fulfils its Statement of Purpose and achieves its objectives, through:

- Documenting a coherent strategy on how to effect the necessary changes
- Communicating the strategy to all stakeholders
- Ensuring roles, systems and culture are aligned to achieve the best possible outcomes for the service users
- Deploying the necessary resources within the overall resources available
- Ensuring all staff are trained and developed to meet the requirements of the strategy
- Building internal capacity at staff and systems levels
- Constantly reviewing updated legislative and regulatory requirements
- Carrying out regular audits to ensure compliance with all relevant legislation and standards and with best practice

-
- Implementing risk management systems, including identification of risks, prioritisation of risks, The Designated Person / Team process, fire precautions and associated emergency procedures
 - Continuously improving services in consultation with service users, their families and advocates.

The Chief Executive's monthly report to the Board includes the views of the Service User Council on how services are being provided, as well as input from the Family Network Group.

The Corporate Affairs Department ensures that Stewarts Service is adequately insured.

3.2 Key Policies that Inform our Practices

The suite of key policies that inform Stewarts Care practices is available on the intranet and in hard copy. Relevant policies, procedures and guidelines are also available locally to support and guide activities.

All new policies being developed and reviewed are presented by the author to the senior management team through the Chief Executive Officer. Following review, they are presented to the Policies Review and Development Sub-Committee, chaired by a member of the Board of Management and made up of a cross-section of management and staff from across the organisation. Once agreed, they are returned to the Chief Executive for discussion with the senior management team and then forwarded to the Board of Directors for final approval. (See *Policies Review & Development Sub-Committee Flowchart*, Appendix B.)

List of Key Policies, Procedures and Guidelines

Abuse: Prevention, Detection and Response incorporating:

- Child Protection Policy (being developed)
- Implementation of Trust in Care Policy
- Inter-Client Abuse Policy
- Designated Support Person / Team
- Intimate Care Policy
- Policies and Procedures for Investigating Allegations of Abuse.

Complaints Policy, including:

- Complaints Officers
- Reporting Procedures.

Safety Policies, incorporating:

- Organisation Health and Safety Statement
- Risk Assessment Policies
- Fire Safety and Evacuation Policies and Procedures
- Missing Persons
- Challenging Behaviour Support Policy (for ratification)
- Use of Restrictive Procedures and Physical Restraint (for ratification)
- Medication Management
- Serious Incidents / Adverse Events Policy (being developed), including notification procedure for HIQA
- Garda Vetting Policy
- Infection Control Policy
- Food Safety.

General Policies:

- Admissions, Discharge and Transfers (for ratification)
- Temporary Absence and Discharge of Residents (being developed)
- Consent Policy (for ratification)
- Rights Policy / Charter of Rights and Rights Review Committee (for ratification)
- Residents' Personal Property and Possessions (being developed)
- Service User Funds (for ratification)
- Communications Policy³ (to be developed)
- Palliative Care and End-of-Life Care (being developed)
- Visitor Policy (being developed)
- Staff Training and Development
- Nutritional / Hydration Policies (for ratification)
- Provision of Information to Residents on Admission (being developed), including Individual Service Agreement
- Creation of, Access to, Retention of and Destruction of Records (being developed)
- Service User Record Application (SURA) (substantially implemented)
- Education, Training and Development Quality Assurance Policy (for Staff)
- CCTV Policy
- Advocacy Policy
- Pastoral Care Policy
- Managing Attendance Policy.

3.3 Service-Level Agreements

3.3.1 Service-Level Agreement with HSE

Provision of services at Stewarts Care is subject to a Service-Level Agreement (SLA) with the Health Service Executive (HSE) on an annual basis. This SLA defines the reporting, monitoring, review and oversight arrangements in place between Stewarts Care and the HSE, including expectations as regards compliance with relevant legislation, national policy and relevant quality standards, systems and measures.

3.3.2 Individual Service-Level Agreements

Stewarts Care intends to prepare an individual service agreement for each person who uses the service as part of its policy development on person-centredness. All such individualised service agreements will be presented as part of the Service User Information Booklet.

3.3.3 Information Booklet for Service Users

An information booklet to support this strategy is being developed. Initially the booklet will be provided to new admissions; over time it is intended to provide it to all service users.

The booklet will include information on:

³ While some service users have no or limited ability to communicate verbally, there are many other ways of communicating: e.g. through non-verbal expression, signs and gestures, using objects of reference or visual augmentative / alternative communication.

Admissions
Advocacy
Assessment of Capacity
Complaints
Finances and Charges

Health
Health Promotion
Personal Possessions
Personal Safety
Personal Support Plans

Privacy
Religious Services
Service User Council
Visitors

The individualised SLA will form part of this booklet.

An Easy Read version of the booklet will be developed in due course.

3.4 Residents' Wellbeing and Safety

3.4.1 The Resident's Personal Support Plan

Each service user has a Personal Support Plan (PSP). This details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.

The Service User Records Application (SURA) is being used to electronically record all such plans. Personal Support Plans are reviewed regularly and at least every six months.

3.4.2 Therapeutic Techniques.

The range of therapeutic techniques used at Stewarts Care is detailed in Section 2.5. This includes both Clinical Services, under the direction of The Director of Clinical Services and the range of complimentary services provided through The Orchard.

3.4.3 Privacy and Dignity of Service Users

Stewarts Care strives to ensure that systems and structures are in place to enhance the privacy and dignity of every service user. This is evidenced by ongoing efforts to provide service users with their own room and by improvements to bathrooms. The Intimate Care Policy and good practices (such as knocking on doors before entering rooms) contribute toward high standards in this area.

3.4.4 Service User Rights

Stewarts Care commitment to service user rights is supported through the Rights Policy, Charter of Rights and Rights Committee, to ensure that all service users are informed of their rights, are supported in understanding their rights and facilitated in exercising their rights.

3.4.5 Social Activities, Hobbies and Leisure Interests

Service users at Stewarts Care are supported and encouraged to exercise choice over a broad range of activities, in the community, centre based and home based. Details of their chosen social activities, hobbies and interests are recorded in an activities programme in their Personal Support Plan and on SURA. Key workers and day-service staff provide the supports required for the service user to complete these activities.

3.4.6 Education, Training and Employment

Children attending Early Intervention and Preschool Programmes have access to Stewarts Special School at school going age and subject to their individual needs. School leavers of Stewarts Special School at age 18 years, again subject to individual needs, are referred on to Adult Education, Rehabilitative Training and Day Activation programmes. All of these programmes are reviewed regularly to ensure their appropriateness for the individual service user. Policies on access to these programmes are currently being documented.

In line with the HSE policy *New Directions*, Stewarts Care constantly seeks out suitable opportunities for service users to participate in meaningful employment through social enterprise or mainstream business environment. Government employment initiatives such as JobBridge (the National Internship Scheme) are actively implemented.

3.4.7 Consultation and Participation in Running Stewarts Care

Stewarts Care, in consultation with service users, has developed a Service User Council Forum. This advocacy group meets regularly with the Director of Care and the Chief Executive, and the group is facilitated and supported by staff.

Stewarts Care has relied on key workers to advocate on behalf of service users to date. However, as part of this strategic plan, Stewarts Care has begun using an independent advocacy service – the National Advocacy Service for People with Disabilities – in such committees as our Restraints Committee, as well as for individuals who request or are in need of such support. A formal policy has been documented in relation to advocacy.

3.4.8 Pastoral Care

Religious services are provided for several denominations, under the direction of the Pastoral Care Committee and as documented in the Pastoral Care Policy.

Regular Services are provided for Anglicans, Roman Catholics, Methodists, Presbyterians and people of any other religious persuasion, as requested by the service user, their family or representative.

3.4.9 Family, Friends and Representatives of the Community

Service users are afforded privacy while receiving visits from family, friends or representatives of the community. Special efforts are made on occasions such as Family Day and Open Day. Many residents are supported in visiting home for a short stay, where practical and appropriate. Visits typically take place during the summer and/or at Christmas.

Visits are restricted only in exceptional cases following the completion of a risk assessment (see Visitor Policy).

3.4.10 Complaints

Stewarts Care recognises complaints as opportunities to improve. The Complaints Policy outlines an open and transparent process for recording, investigating and processing complaints in a timely, supportive and effective manner. Two complaints officers have been appointed and complaints and their outcomes are logged in detail.

All complaints and progress toward resolving complaints are reported to the HSE on a quarterly basis in accordance with the SLA. A communication briefing on the Complaints Process is being developed for all stakeholders (service users, families, staff).

3.4.11 General Safety, Fire and Emergency Procedures

Stewarts Care promotes the safety of people living in residential services through assessing risk, learning from adverse events, and implementing policies and procedures designed to protect people with disabilities. Mandatory training on Abuse Prevention has been delivered to all staff. This is supported by a suite of policies, including:

- Management of investigations, including maintenance of records (being developed)
- Organisational and local health and safety statements
- Risk assessments:
 - Personal
 - Safe Lifting
 - Behaviour
 - Environmental
- Fire evacuation records, audits and reviews
- Service contract for all fire protection equipment
- Staff training for Fire Marshals
- Safe medication and pharmaceuticals
- Missing person on/off complex
- Designated Person / Team structure
- Management of adverse events and incidents.

Maps showing the location and physical layout of the Stewarts Care service are available in the following appendices:

- Appendix C1: Stewarts Care, Palmerstown Complex
- Appendix C2: Stewarts Care Locations in Palmerstown Village
- Appendix C3: Stewarts Care Satellite Locations.

3.5 Acknowledgements

We thank the service users who have chosen to live at Stewarts Care and/or to attend school, day activities, employment or training. We hope that your needs and wants are being met and that you feel safe here.

We thank families, friends and advocates for working with us to provide the best outcomes for service users.

We thank our professional and dedicated staff for their focus on the needs of service users and to our volunteers for their support.

B: OBJECTIVES

Objective 1: Promote Person-Centred Supports

The right supports are provided at the right time to enable people with disabilities to lead the life of their choosing as an equal citizen. This is done in a partnership model that ensures that the service user is supported to live a full life, to the maximum of their potential, and free from prejudice and fear. Decisions on aspects of service that directly affect the lives of service users and their families are all made in a way that is informed by the knowledge, experience and wishes of the service user, their families, other carers and advocates, and staff.

1.1 Communication / Supports / Influence

- The service user has a voice and has an opportunity to influence decision-making and to self determination
- The Service User Council is further developed and referred to for key decisions
- Key workers carry particular responsibility for an individual, liaising directly with them and coordinating their health and social care needs
- Friends and family are included in the decision-making process
- Advocacy is person-centred and adequately resourced
- The Rights Policy and Charter of Rights are supported by a Rights Committee.

1.2 Choice

- There is a mechanism for determining the person's capacity to make decisions or provide informed consent – see Consent Policy
- Facilitate access to housing, and to the appropriate range of housing options and related support services, delivered in an integrated and sustainable manner, which promotes equality of opportunity, individual choice and independent living
- Maximum number of residents who choose to share accommodation
- Provide Therapeutic Work / Sheltered Employment / Job Support / Further Education Supports / Choice of Activities
- Consultation is carried out with service users, individually, through the Service User Council and through feedback surveys.

1.3 Health and social care provision, delivered as an integrated package

- A system is in place to assess the person's level of dependency (currently in discussion with NDA)
- General Health Services, including Health Promotion, Fitness and Exercise, and General Practitioner Services
- Mental Health Services are provided (see Appendix D)
- Clinical Services, including Psychology, Physiotherapy, Occupational Therapy, Social Work, Speech and Language Therapy, Dietetics
- Residential Services including Respite and Family Support
- Special Care Needs including Palliative Care, Dementia Care, Epileptology
- Health Needs including Audiology, Dental
- Pastoral Care is provided
- Education / Adult Education, including meaningful work activities in line with HSE Policy, *New Directions*.

1.4 Community inclusion supports

- Specific initiatives are taken to encourage community involvement, i.e. bringing the community in as well as visiting community facilities
- Strategy and policy are developed for using volunteers to assist with community integration.

1.5 Implementing the art of Person-Centered Planning.

- Implementation of findings of the joint TCD / Stewarts Care research project into 'A Collaborative Initiative to Implement Person-Centred Practice' (2013)
- An evidence-based Personal Support Plan, setting out individual goals and needs and how it is proposed to address them, is completed, reviewed and delivered, and owned by and available to the service user
- All goals and aspirations are set out in the Personal Support Plan
- A Team-Based Performance Management System is developed for setting goals and timeframes and for measuring outcomes.

1.6 The individual's finances

- Accounts are reconciled monthly
- Audits of files and client accounts are carried out
- A Policy on Service User Funds is developed
- An Independent Advocacy / Best Interest Group Process will be developed to ensure transparency as to the preference of the service user.

1.7 Rights

- The Policy on Rights to be ratified
- The Charter of Rights to be finalised and communicated
- A Rights Committee, with terms of reference, is established
- Individualised Service Agreement or equivalent, outlining the terms and conditions of service for service users on admission to Stewarts Residential Services to be implemented.

1.8 Safety

- Service user welfare and protection policies are developed
- An organisational Health and Safety Statement is available and kept up to date
- A local Health and Safety Statement is available and kept up to date
- Fire drills are completed and recorded
- Safe Medication Management practices are documented and practised
- Notification of any adverse incidents is given as required.

1.9 Complaints

- The Complaints Procedures are documented and operated in an open and transparent manner
- An Easy Read version of the Complaints Procedures to be completed
- Report to statutory body as documented in Service Level Agreement
- A mechanism to be developed to inform service user and families about the Complaints Procedures and Policy. This will be deployed in consultation with the Service User Council.

Objective 2: Foster a Holistic Approach to Care

Our traditional model of Day, Community and Residential services is reconfigured into a more relevant model of Services for Children, Services for Adults, Education, Training and Social Enterprise, and Health Services. The service user is supported in his/her own home and community where possible, and admission to residential service takes place only when absolutely necessary. Each service user will have a Personal Support Plan, tailored to meet the person's needs, and this will be developed on the SURA system.

2.1 Children

- Residential services on campus and in the community
- Early Assessment / Early Intervention
- Home Liaison – Partnership with Families
- On-site special preschool and outreach service to mainstream school
- Special School Services
- Senior School
- Junior School
- In community setting as well as on campus; integrated with the Department of Education and Skills, for under 18s
- After-School and Saturday Leisure Club
- Respite and Family Support, including host families
- Health Services Programme for Children
- Specialist Care: Palliative Care / End-of-Life Care / High-Dependency Care.

2.2 Adults

- Residential services – on campus and in community
- Supported living options
- Respite and Family Support
- Sport and Games – Special Olympics
- Extensive Holiday Programme, including Kinvara
- Community Integration Programme, including cinema / theatre, sports events and concerts
- Shared care – partly at home, partly in Stewarts Care
- Individualised supports – Orchard, including sensory stimulation, massage
- Health Services Programme for Adults
- Specialist Care: Dementia Care, Palliative Care, End-of-Life Care, High-Dependency Care / Challenging Behaviour
- Social Day Activation, including senior citizens – providing training and education, recreation and social interaction.

2.3 Education, training & social enterprise

- Aligned with each resident's Personal Support Plan, supporting them in achieving their goals and aspirations
- QQI certification to be sought for all planned programmes
- Day Activation service provided
- Centre-based
- Residential-based personal programmes:
 - Including art, music, dance, sports & recreation (e.g. swimming, Special Olympics, community outings)
 - Rehabilitative Training and Education at Rossecourt.

-
- Social Enterprises and Job Advocacy programmes, providing meaningful employment opportunities in mainstream businesses as well as social enterprises, managed in line with HSE policy – *New Directions*
 - JobBridge programme / other government-led employment initiatives.

2.4 Autism

Continue to provide and develop services for people on the autistic spectrum, with diagnostic service available for children.

Working group involving Stewarts Care and HSE to be established to recommend the way forward for supporting people with autism, both within the organisation and for external referrals.

Objective 3: Ensure Effective Service, providing Value for Money

There will be accountability for funding, and the necessary systems and protocols will be put in place to ensure full accountability and transparency on a standardised basis.

3.1 Effective services

- Implementation Group on the joint TCD / Stewarts Care research project into 'A Collaborative Initiative to Implement Person-Centred Practice' (2013)
- Personal Support Plan that details the person's individual needs and promotes their goals and aspirations – available as required on SURA
- Each person has access to the supports that they need
- Service provision promotes the privacy, dignity and welfare of each person
- The individual's choice is respected in the provision of services
- Protection and welfare of service users.

3.2 Systems put in place to ensure accountability for funding

- Process to determine individualised costing for service user
- Devolved budgetary responsibilities
- Development of an internal audit system.

3.3 Programme of cost management (pay and non-pay)

- Analysis of spending
- Opportunities Register
- Quarterly Action Plan.

3.4 Systems in place to manage finances

- Financial management system to be implemented
 - including an electronic procurement module
- Sign-off limits / Budgets per area / Reporting on budgetary performance
- Track and analyse allocations and expenditure and compare with best practice.

3.5 Asset Register

- A comprehensive Asset Register is established
- Individual Asset Register for Service Users.

3.6 Purchasing

- Compliance with public procurement obligations
- Tendering process for purchases > €10,000 p.a.
- Minimum of 3 quotations and decision on the basis of tender criteria
- Review mechanism implemented and adhered to.

3.7 Staffing

- Review current roster arrangements using 24-hour clock analysis
- Carry out activities as outlined in the Haddington Road Agreement
- Make focused effort to reduce absenteeism
- Review skill-mix having regard to changing needs
- Provide staffing whole-time equivalent appropriate to assessed needs of the service users, within resources available.

Objective 4: Take Steps to ensure Staffing Excellence

Deliver the appropriate mix of staff, suitably skilled, registered and assigned according to an assessment of the service users' needs (SIS, SUSSI, InterRai, FACE).

4.1 Staff possess the required competencies to manage and deliver effective services

- Skills audit to determine the required competencies in each department
- Gap Analysis and Learning Plan to address deficits.

4.2 Competency-based recruitment practices

- Induction linked to interview process and probation
- Involve the service user in a meaningful way, to include consultation as to what constitutes a good staff member working in Stewarts Care.

4.3 Supervision at all levels throughout the organisation

- Individual performance appraisals are held at least annually with all staff
- Staff receive regular supervision, understand their roles and responsibilities, and are accountable for their performance
- Written records are maintained of all supervision, support and performance appraisals.

4.4 Training and Education is provided for all staff to improve the outcomes for service users

- Departmental review of Core Competency Training status and completion of required courses to ensure compliance
- Review of specific training requirements and programme in place to fulfil requirements
- Records of staff training maintained and accurate
- All training is aligned with Vision and Ethics and addresses findings from audits, reviews and gap analysis.

4.5 Garda vetting completed for all employees and volunteers

- All staff have applied for Garda vetting
- HR audits on a regular basis to confirm compliance with relevant standards and legislation
- All staff returning from long-term leave complete Garda vetting
- All new hires / volunteers complete Garda vetting
- Formal system for checking agency nurses and agency care staff.

4.6 Staff retention strategies

- Contributions of staff are valued and they are provided with an opportunity to influence decision-making in the organisation
- Succession planning strategies are agreed and implemented
- Harness exit Interview feedback as a learning opportunity.

4.7 Volunteers

- Implement a Volunteer Programme for the organisation
- Volunteers are appropriately recruited and vetted
- Programme is used to expand community-based activities and other social outlets
- Develop a system that recognises staff volunteerism.

Objective 5: Ensure Effective Governance of the Organisation.

Governance is the function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose. Our objective is to reassure current funders that their money is being managed by a well run organisation. Stewarts Care will operate in a transparent manner – in that everyone knows exactly how the organisation is being run. This will help the organisation to avoid bad risks. It will help Stewarts Care to achieve goals faster, and to reduce costs.

5.1 Statement of Purpose

- Implement Statement of Purpose (Part A of this document), incorporating:
 - Vision, Mission, Ethos and Core Values.

5.2 Audit of financial practices and controls, and service provision to be completed for all sectors of organisation

- Carried out by auditors trained to an approved standard
- Audit schedules are in place and follow a formal documented process
- Infection control
- Financial practices and controls
- Compliance with all standards relevant to Stewarts Care
- Procedure in place to ensure that audit actions are effectively completed and improvements monitored over time
- Ensure compliance with all relevant standards/legislation and best international practice
- Open to independent outside scrutiny.

5.3 Standards

- Alignment and compliance with applicable legislation, standards and best practice
- Policies Procedures Guidelines – current, controlled, reviewed and in compliance with best practice
- Efficient and effective operation of the policy approval process
- Application of standards evident in day-to-day running of the organisation.
- Implementation of a Code of Conduct for staff.

5.4 Assessing and managing risk (likelihood of adverse events or outcomes)

- Systematic identification, evaluation and management of risk
- Records and controls maintained and up to date
- Complaints Policy and Procedures operated – transparency
- Incident reporting systems are efficient and effective, and incident reports are actioned
- A Risk Management Model that conforms to The Risk Management Standard is developed
- Risk Register is provided, with priorities identified.

5.5 Fit persons manage all locations

- All persons involved in managing the residential service are identified as fit persons, including all management grades, CNM1, CNM2
- Each person completes 'Fit Person Programme' or equivalent, and any other training / development deemed necessary
- Audit process is put in place to audit each fit person in Stewarts Care.

5.6 Records

- Directory of Service Users is maintained and kept up to date
- Evidence of records is completed to meet all statutory reporting requirements, in the event of any notifiable incidents
- Insurances are maintained at the appropriate levels
- Record Management Policy ensures that management, maintenance and destruction of records is managed in line with data protection requirements.

How we carry this out

Our modus operandi is as follows:

1. Evidence-Based Decision Making

- Information Framework: The strategic information requirements needed for the effective management of the service should be established, with systems and infrastructures used to deliver accurate and relevant information in a timely manner.

2. Team-Based Performance Management (TBPM)

- SMART(ER)⁴ Objectives
- Person-Centred Focus
- Performance Review Process
- Delivery of Results
- Team Performance.

3. Performance Appraisal System

- System to be designed, agreed and implemented
- Meetings with line managers to agree goals and targets
- Reporting of performance against targets and aligned with strategy.

4. Compliance with Regulatory Standards and Demonstration of Best Practice

- Compliance with the provisions of the Health Act 2007 and associated Statutory Instruments
- Compliance with HIQA National Standards for Residential Services for Children and Adults with Disabilities, January 2013
- Compliance with Health and Safety Standards.

5. Implementation of Care Strategy

- Quality Steering Committee, Care Strategy Steering Committee and Audit Group cooperate to ensure delivery of Stewarts Care strategy
- Standardisation of service user descriptor language throughout organisation.

6. Responsibility with Correlating Accountability

- Clear lines of personal, professional and collective accountability for the provision of safe and effective care
- Staff awareness of their responsibilities and the attendant accountability
- Awareness of Policies and Procedures to be followed at all times.

⁴ Specific, Measurable, Achievable, Realistic, Time-bound (Extending Capability, Recognised).

7. Quality Systems

- Meeting the assessed needs and expectations of the service user by ensuring the provision of efficient and effective management processes within the available resources
- Ensuring accuracy, completeness, legibility, relevance, reliability, timeliness and validity for all report writing, including SURA and Personal Support Plans
 - thus ensuring compliance with the Data Protection and Freedom of Information legislation
- Consideration may be given to implementing a formal Quality Assurance System during the lifetime of this strategy.

8. Stewarts Care Internet / Intranet Sites

- Update the information on the Internet / Intranet for improved communication and more effective operation.

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Glossary of Terms

APA	Adapted Physical Activity
CPI	Crisis Prevention Intervention
CSSC	Care Strategy Steering Committee
DoHC	Department of Health and Children
FETAC	Further Education and Training Awards Council
HSE	Health Service Executive
HIQA	Health Information and Quality Authority
HRB	Health Research Board
JASS	Job Advocacy Support Scheme
NIDD	National Intellectual Disability Database
NMBI	Nursing and Midwifery Board of Ireland
PIN	Personal Identification Number
PSA	Public Service Agreement
PSP	Personal Support Plan
QQI	Quality Qualifications Ireland
SIS	Supports Intensity Scale
SLA	Service-Level Agreement
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SMART(ER)	Specific, Measurable, Achievable, Realistic, Time-bound (Extending capability, Recognised)
SOLAS	Seirbhísí Oideachais Leanunaigh agus Scileanna
SURA	Service User Records Application.
TBPM	Team-Based Performance Management
TCD	Trinity College Dublin

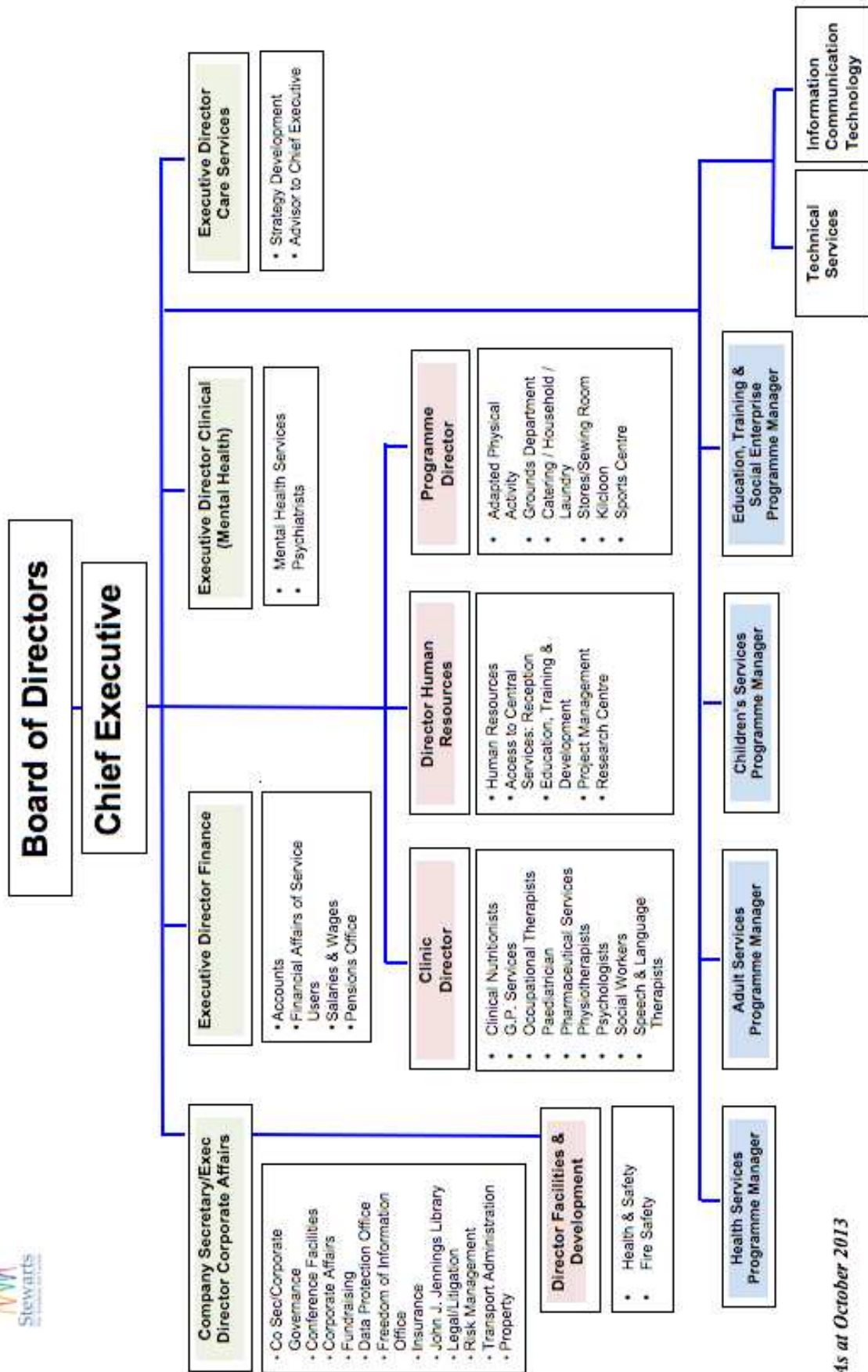
Revision Control

The first review of this document is planned for six months after initial release and at intervals of less than one year thereafter.

REVISION	Date of Review	Reviewer(s)	Brief Description of Change / Recommendation if Required.	Date Changes Completed	Approval
Draft	05/12/12	G. Mulholland	For comment	01/01/13	
Final Draft	04/06/13	G. Mulholland	For consultation with CSSC	28/06/13	
CSSC Review	16/7/2013	E. Denihan	CSSC Review and Comment	30/09/13	

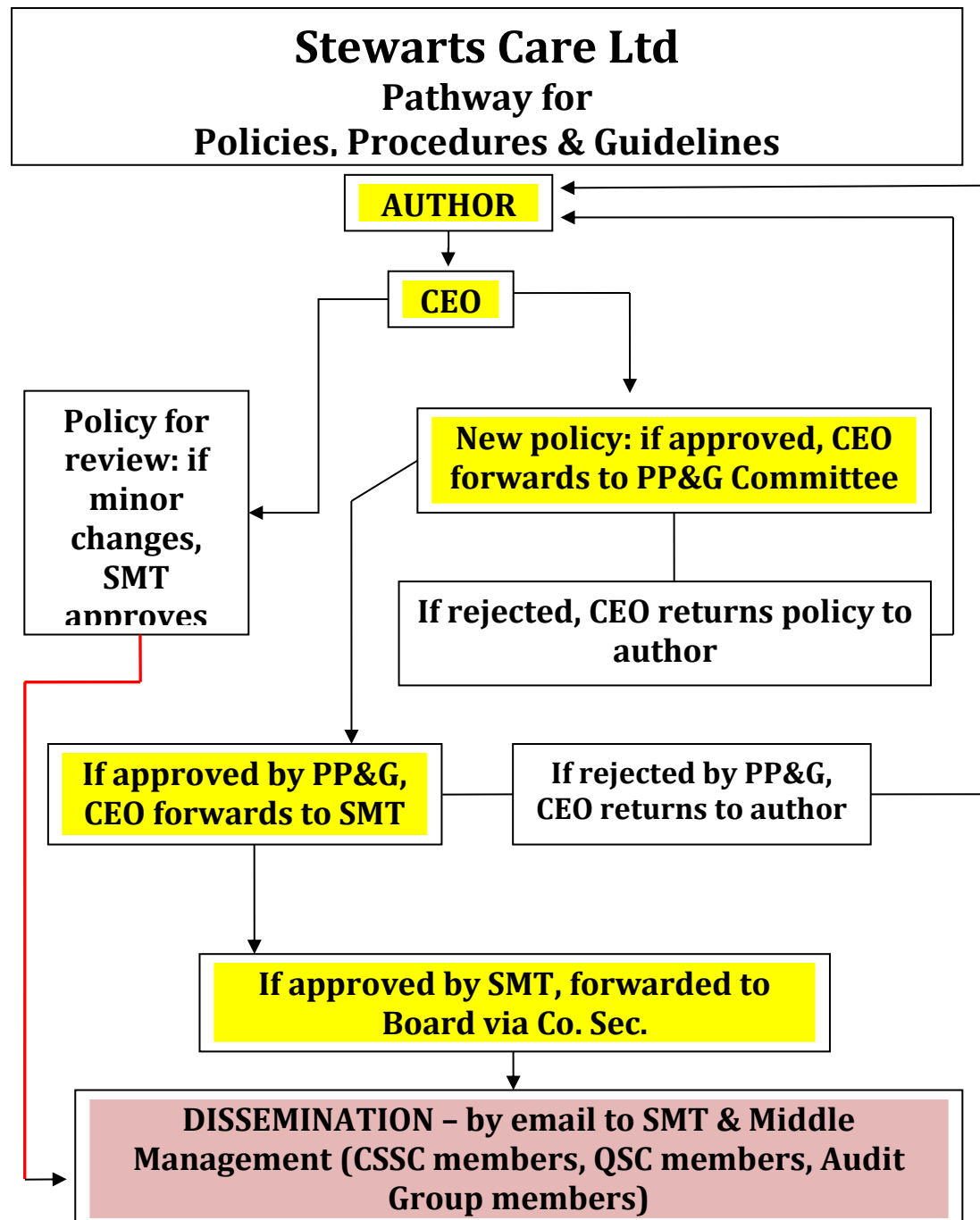
APPENDIX A: Organisation Chart

ORGANISATION CHART – STEWARTS CARE LTD.



As at October 2013

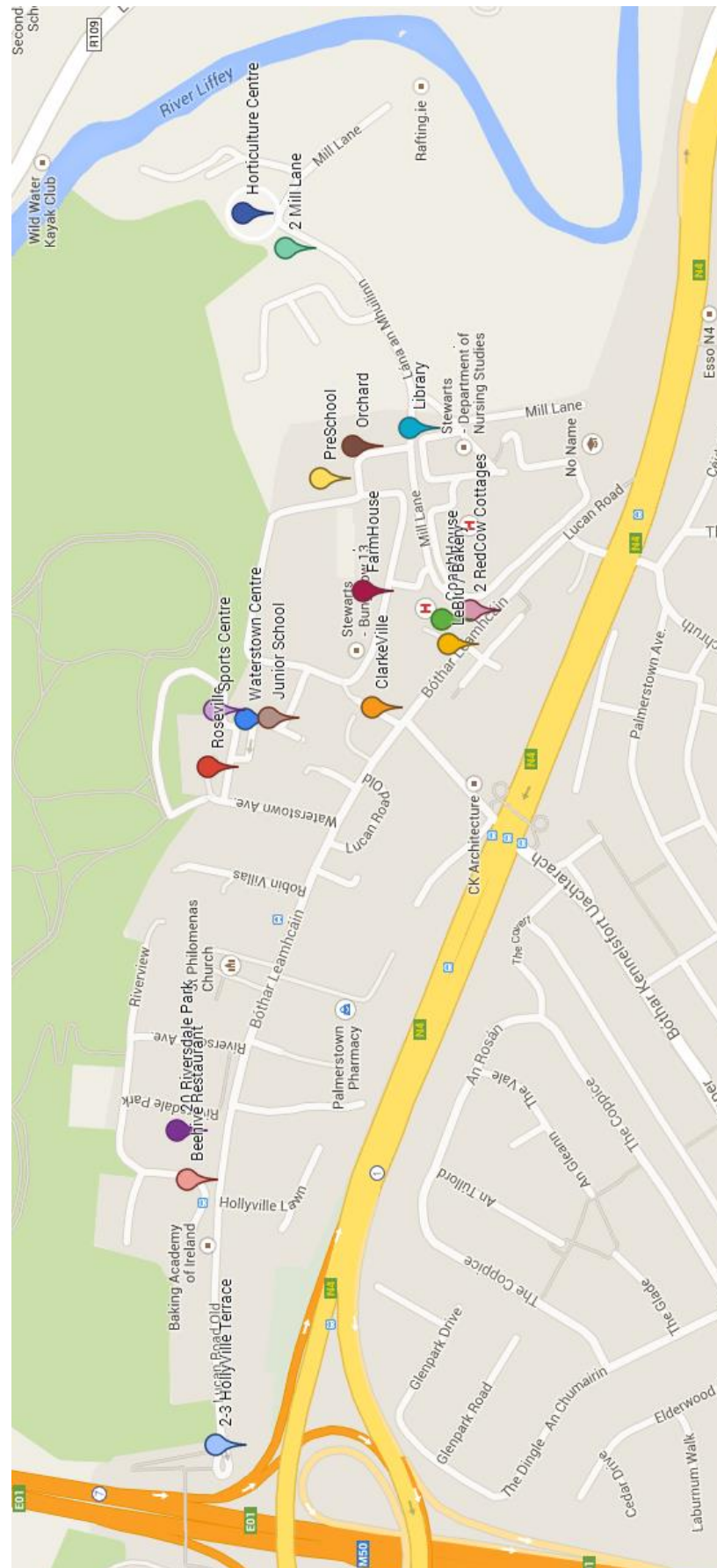
APPENDIX B: Policies Review & Development Sub-Committee Flowchart



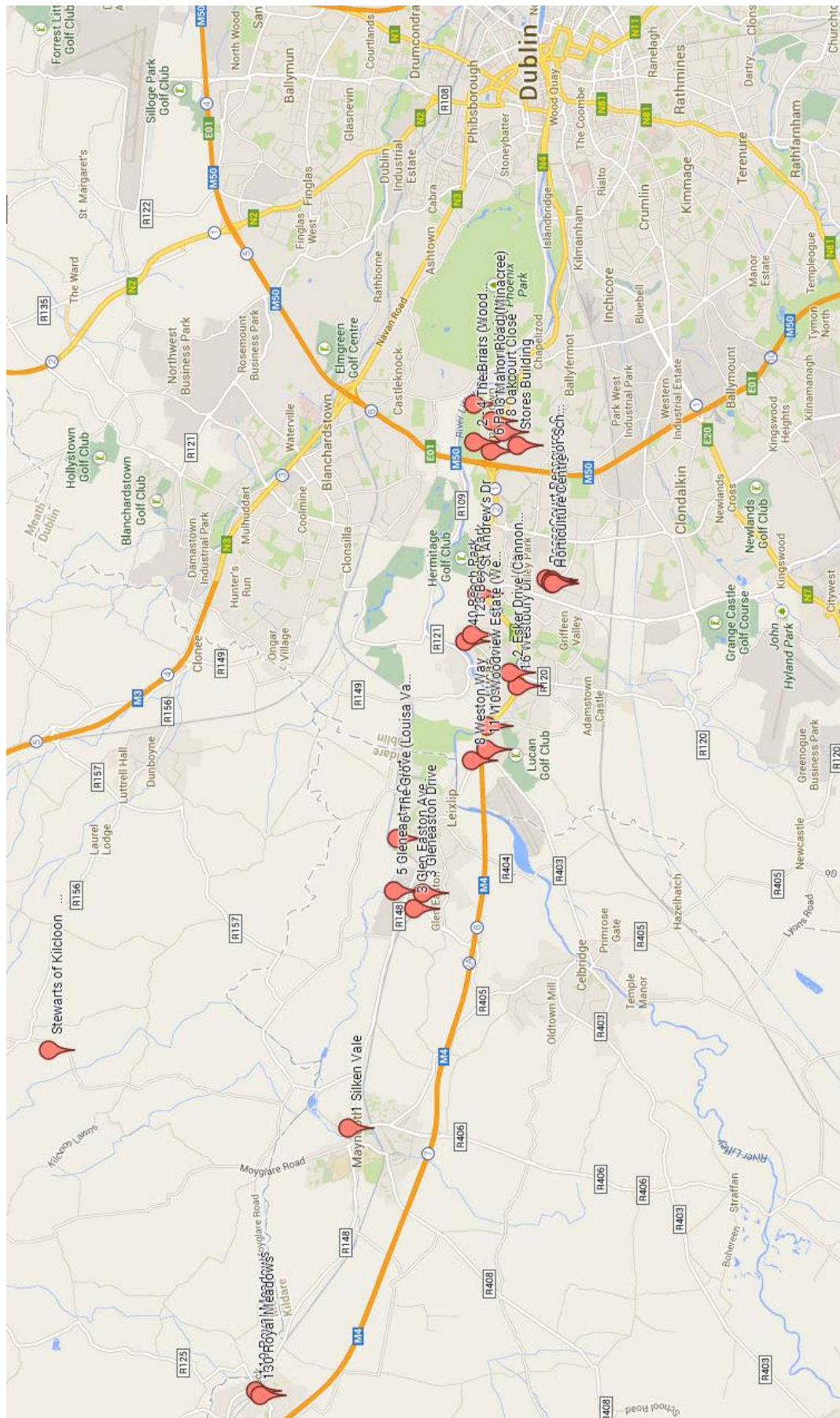
APPENDIX C1: Stewarts Care, Palmerstown Complex



APPENDIX C2: Stewarts Care Location in Palmerstown Village



APPENDIX C3: Stewarts Care Satellite Locations



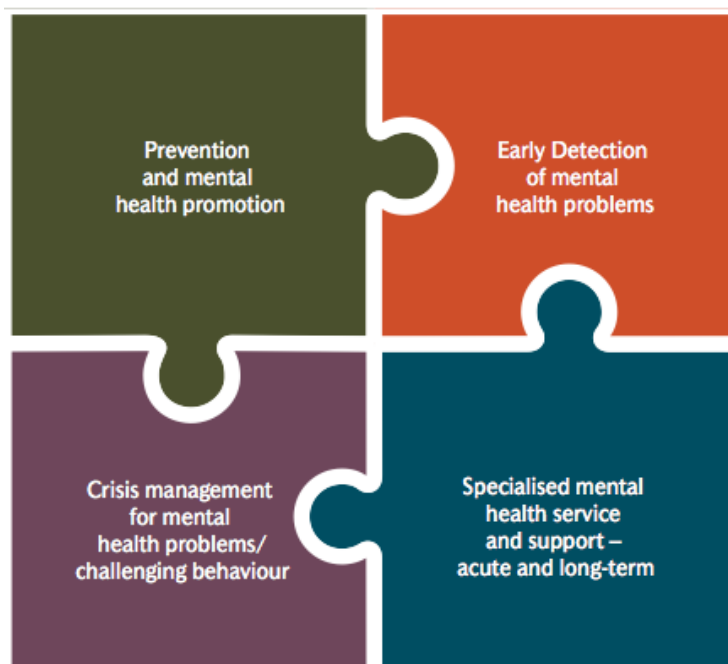
APPENDIX D: Framework to Meet Mental Health Needs of People with Intellectual Disability

“Within the population of people with intellectual disability there is a range of mental health needs, from those with no mental health problems (the majority), through those with mild mental health difficulties, to those with moderate to severe mental illness (a smaller but significant proportion of those with intellectual disability). A continuum of services is required to address these needs.

[...]

The service model conceptualised by Mansell [below] describes four inter-related sub-systems that can operate within the same service system or across different service systems. Each sub-system serves a different function and within each there are specific interventions or procedures that a service needs to provide to ensure effective responses to the behaviour and needs of individuals.”

Key service elements for the mental health needs of individuals with intellectual disability



from ‘A Vision for Change, Report of the Expert Group on Mental Health Policy’