Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 26
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	17 February 2021
Centre ID:	OSV-0005839
Fieldwork ID:	MON-0027759

About the designated centre

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

Designated Centre 26 aims 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, their advocate his family, the community, allied healthcare professional and statutory authorities. Designated Centre 26 is intended to provide long stay residential support for service users to no more than 8 men and/or women with complex support needs. Designated Centre 26 comprises of four separate homes Co Dublin. The centre is staffed by a person in charge, nurses, social care staff and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 February 2021	10:30hrs to 16:45hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to observe two residents in their home during the inspection. The inspector used these observations, discussions with staff and a review of documentation, such as resident questionnaires to inform their judgements. Overall, the inspector found that residents' were well supported within their home and felt safe. However, their access to meaningful community activities was limited, due to arrangements within the centre and this negatively impacted some residents lived experience within the centre.

A review of resident questionnaires noted that residents were happy in their home. Generally, residents highlighted their satisfaction with the support they received from staff. One resident noted "I'm comfortable and feel safe" and "I have a good relationship with staff". Some residents highlighted they would like an improvement in their access to the internet. The inspector observed residents within their home and found them to be comfortable with staff and other residents.

The inspector observed staff supporting residents with all areas of daily living in a calm and respectful manner. Staff supported residents with indoor activities, included table top activities and cooking and using a trampoline in the back garden. Residents appeared to enjoy these activities and also were supported to go on walks in their local community. However, staff explained to the inspector that due to staffing arrangements, residents were unable to access their community appropriately on weekday evenings and on weekends. Furthermore, the centre only had access to one vehicle, despite supporting eight residents across four houses. This resulted in some residents not accessing their community for large parts of the week. The inspector also reviewed a sample of residents representative questionnaires. Feedback from these also included that residents required further support to access their community safely. One questionnaire stated their relative "could get more bus trips".

During a walk around of the centre, the inspector observed that there was ongoing maintenance issues within the house and garden. Bedrooms and communal areas required painting, bathrooms required refurbishment and some flooring required attention. The decor of the centre did not contribute to a comfortable and homely feel within the centre.

At the time of inspection the provider had implemented all appropriate guidance in response to the COVID-19 pandemic. In line with this guidance, visitors access was limited to essential access only. However, the provider did have contingency arrangements in place, to ensure where appropriate, visitors could meet residents in a safe manner.

The next two sections of the report present the findings of this inspection in relation

to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the current governance and management arrangements within the centre required improvement to ensure the centre had the capability of the centre to support residents effectively. Significant improvements were required in staffing levels, to ensure residents' assessed needs could be met at all times.

The inspector found that the centre was managed by a suitably qualified, skilled and experienced person. The person in charge was found to have a good knowledge of the care and support requirements for residents living in the centre and was in a full time post.

There was a management structure in place that identified the lines of accountability and responsibility. However, the governance arrangements in place were not robust and this meant that the lines of accountability and responsibility were not clear. For instance while the provider had redeployed staff from another part of the organisation to work permanently within the centre, these staff did not report to the person in charge directly. This led to the person in charge not having full oversight of all staffing arrangements, such as annual leave and supervision. Furthermore, the centres assurance mechanism required some improvement. While the provider had ensured that a report on the safety and quality of care and support was completed every six months, the most recent report did not contain an action plan to address areas of concern. For instance, the centre had an ongoing premises issues, that had not been effectively resolved in a timely manner. This demonstrated that while the provider had the capacity to self identify issues, it did not have the capability to drive effective change.This adversely impacted the quality of the premises.

During the inspection it was clear from a review of staff rotas that there was insufficient staff to meet the assessed need of residents. The provider had made a concerted effort to address the lack of staff by redeploying staff from other parts of the organisation, however the centre was still unable to provide sufficient staffing at all times. For example, for extended periods during the week, one part of the designated centre only had two staff members on duty. This led to residents assessed needs not being supported adequately and prevented residents accessing their community in line with their preferences.Throughout the inspection, the inspector engaged with staff and observed staff practice. The inspector found staff spoken with, to be knowledgeable about their role and residents needs. Staff were observed supporting residents in a kind and compassionate manner during the inspection.

Staff were provided with suitable training such as fire safety, manual handling, positive behaviour support infection control. There were some gaps in this training

but the provider was aware of these gaps and had made arrangements to address them and ensured all mandatory training was provided. The provider had a staff supervision system in place and staff were appropriately supervised.

Regulation 15: Staffing

Staffing levels were not sufficient to meet the assessed needs of residents in all parts of the designated centre. For instance, in one area, there was insufficient staffing levels to safely support residents to access their community during weekday evenings and on weekends.

Judgment: Not compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The cumulative impact of the non compliance identified across this inspection, demonstrated that the provider did not have sufficient governance and management arrangements in place to effectively monitor the centre.

The governance arrangements in place were not robust and this meant that the lines of accountability and responsibility were not clear. For instance while the provider had redeployed staff from another part of the organisation to work permanently within the centre, these staff did not report to the person in charge directly.

The provider had not ensured that the written report on the safety and quality of care and support provided within the centre was effective. For instance, the centre had an ongoing premises issues, that had not been effectively resolved in a timely manner. This adversely impacted the quality of the premises.

The annual review of the quality and safety of care and support in the designated centre, was not completed in accordance with the standards.

Judgment: Not compliant

Regulation 14: Persons in charge

The centre was managed by a suitably qualified, skilled and experienced person and was in a full time post.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the day to day practice within the centre ensured residents were safe and arrangements were in place to ensure that residents were safeguarded during the pandemic. However, improvements were required in fire safety systems, the premises and residents access to community activities.

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire and regular fire drills were conducted within the centre. However, some fire containment measures within the centre required immediate attention as the inspector observed holes in two fire doors. This had the potential to adversely impact resident safety, as the fire doors may not be effective in the event of a fire. An immediate action was issued to the person in charge. The person in charge confirmed post inspection that remedial repairs had been completed to ensure the fire doors would be effective in the event of a fire.

The service worked together with residents to identify and support their strengths, needs and life goals. However, as outlined in the capacity and capability paragraph, residents access to their community was not in keeping with their preferences. Staff noted that despite their best efforts, it was not always possible for residents to access their community as they wished. At times this was due to staffing arrangements during weekday evenings and on the weekends. Furthermore, the centre only had one vehicle available across the centre and this led to residents not having access to the vehicle for long periods throughout the week.

During the inspection, the inspector completed a walk around of one house within the designated centre. Overall, the inspector found that this premises required significant improvement. The inspector observed large areas of staining on the ceiling of the sitting room and kitchen. The person in charge stated that these stains were caused by persistent leaks from the bathroom shower. While some repairs had been completed, they were not effective and this led to the issue not being addressed in a timely manner. Furthermore, the premises required redecoration

throughout. Parts of the downstairs hall flooring required review to ensure it did not become a trip hazard. The back garden of the centre also required maintenance, to ensure it was suitably for residents. Overall these issues within the premises negatively impacted the centres homeliness.

There were arrangements in place to ensure that each resident had a comprehensive assessment of need and a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life.

Appropriate supports were in place to support and respond to residents' assessed behaviour support needs. However, improvements in the assessment of some environmental restrictions was required, to ensure consistent plans of care were in place. It was not always clear that all restrictive practises in place, were the least restrictive option. For instance, some chemicals within the centre were locked away as they were deemed a potential hazard, however, other similar chemicals were observed unlocked in other parts of the centre. There was no formal assessment of these restrictions and therefore it was unclear if they were the least restrictive option available.

The provider had systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. Staff had a good understanding of safeguarding processes and this limited the impact of potential safeguarding incidents.

There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. There were procedures in place for the prevention and control of infection. Suitable cleaning equipment was in place and stored appropriately. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. The provider had developed an appropriate COVID-19 contingency plan, which included adopting relevant public health guidance, such as daily staff temperature checks, individual isolation plans if residents developed symptoms and staffing contingency plans. The provider engaged regularly with the Department of Public Health and made key information in relation to infection control measures available to staff.

The centre had a risk management policy in place for the assessment, management and ongoing review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. The person in charge and provider had ensured that pertinent risks were placed on the register and were reviewed regularly. This included risk assessing the potential impact of residents and staff acquiring COVID-19, how to support residents to safely use their community and receive visits, when public health advice permitted this.

Regulation 13: General welfare and development

Residents access to their community was not in keeping with their preferences. Staff noted that despite their best efforts, it was not always possible for residents to access their community as they wished.

Judgment: Not compliant

Regulation 17: Premises

Large areas of staining on the ceiling of the sitting room and kitchen. The premises required redecoration throughout. Areas of the downstairs hall floor required review to ensure it did not become a trip hazard. The back garden of the centre also required maintenance, to ensure it was suitably for residents. Overall these issues within the premises negatively impacted the centres homeliness.

Judgment: Not compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had introduced a range of measures to protect residents and staff from acquiring COVID-19. These arrangements included excellent infection control procedures, the use of appropriate PPE (Personal Protective Equipment), social distancing, good hand washing facilities, hand sanitising facilities, clinical waste arrangements and laundry facilities.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures.

However, fire containment measures within the centre required immediate action. For example there were visible holes in two fire doors that could impact the effectiveness of the fire containment properties of the doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need used that was used to inform an associated plan of care for residents and this was recorded as the residents' personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements in the assessment of some environmental restrictions was required to ensure consistent plans of care were in place. It was not always clear that all restrictive practises in place, were the least restrictive option.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge initiated and carried out an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 26 OSV-0005839

Inspection ID: MON-0027759

Date of inspection: 17/02/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1.A Staffing review and roster review of DC26 with Person In Charge, Programme Manager and HR Business Partner took place on 29.3.2021 2.A Business Case has being prepared by the Person in Charge and will be submitted on 30.4.2021 by the Programme Manager to the Dependency Needs Assessment Group- requesting approval for staffing in evenings and third staff at weekends to allow for Community activities. 3.The Person in charge is reviewing and planning the current roster weekly identify how shifts could be planned more effectively to meet the social needs of the service users	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Programme Manager PIC and Senior team members responsible for the New Direction day programme have met on 19/01/2021 .This will ensure systems are in place to ensure joint team working so that the PIC has governance of the day service staff and their supervision. 2 These meeting will take place monthly with the programme manager to ensure the smooth seamless transition of the New Directions day service programme.	

3 .The Registered Provider Audit has being reviewed by the person in charge and all outstanding tasks will be completed by 30.4.2021.
The Completion of audit action plan to be reviewed at monthly May 20201 meeting with PIC and Programme Manager.

4.The Annual Review of Care has been revised and is amended taking into account the National standards, commencing with the 2020 review.

5. The Programme Manager has put in place a schedule of monthly meetings for 2021 with the Person in Charge, where all relevant issues in relation to the Governance of the Designated Centre are reviewed.

6. The Programme Manager will collate a governance report for the Care Management Team on a monthly basis in 2021 where issues relating to the Designated Centre are discussed.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
1.A Business Case has being prepared and will be submitted on 30.4.2021 to the Dependency Needs Assessment committee requesting approval for staffing in evenings and third staff at weekends.

2. The Person in charge will discuss with staff at monthly house meeting to ensure all activities for service users that are planned are SMART. The activity programme for service users will be reviewed regularly by the Person in charge with the day service manager for the New directions programme.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1.The Technical Services Manager, Corporate Director and Programme Manager completed a full environmental review of the premises on the 26.3.2021

2. A Schedule of required works required was outlined on the 3.4.2021.The Programme manager is awaiting costings to be approved by registered provider and scheduled date for work to commence. Estimated completion time – 31 July 2021.

3. The grounds department have completed work on the garden.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. The repair of the visible holes in two fire doors observed by the inspector that could impact the effectiveness of the fire containment properties of the door was completed on on the day of the inspection 17.2.2021 This will ensure the fire doors will be effective in the event of a fire.

2. The Technical Service Manager has given a commitment to the Programme Manager that all fire doors will be replaced.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
1.The environmental restrictions identified by the inspector on day of inspection was reviewed at the monthly staff meeting on the 19.2.2021.The Person in charge identified there was adequate staff supervision for the service users in the home and the locked press was not required and it was removed immediately.

2.The Restrictive Practice Committee signed off on undocumented Restrictive Practice on 11.3.2021

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/04/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/04/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Orange	31/07/2021

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/07/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	01/03/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	30/04/2021

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/03/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	17/02/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	11/03/2021