



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 17
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	23 June 2023
Centre ID:	OSV-0005851
Fieldwork ID:	MON-0039060

About the designated centre

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

Stewarts Care Adult Services Designated Centre 17 is operated by Stewarts Care Limited. It is intended to provide long stay residential support to no more than seven men or women over eighteen years of age with complex support needs. This centre comprises two wheelchair accessible homes located on a campus in Dublin 20. Each resident has their own bedroom, and each home has an open-plan kitchen, dining and living room area. One home has a separate toilet and wet room shower facility, the second home has a combined toilet/wet room shower facility. Each residence has a patio area to the front of the property. Residents have access to a general practitioner, along with allied health supports such as physiotherapy, occupational therapy, social work, and dietitian. Residents are supported by a team of staff nurses and care assistants and the centre is managed by a full-time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 23 June 2023	09:40hrs to 16:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in the centre in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. Overall, it was found that the registered provider and person in charge had implemented good arrangements and systems to support the delivery of safe and effective IPC measures, however some improvements were required to meet optimum standards.

The centre comprised two single-storey buildings, referred to as bungalows, within close proximity to each other on a large campus setting operated by the provider. The inspector completed a thorough walk-around of the centre with the person in charge. Both bungalows had nice and well maintained garden areas for residents to use. The person in charge told the inspector that additional furniture had been requested to further enhance one of the gardens.

Since the previous inspection of the centre in January 2022, the premises had been renovated and redecorated to a good standard, for example, flooring had been upgraded, hand-washing sink areas were tiled, and new window blinds had been installed. The storage facilities had also been enhanced and each bungalow now had an external shed to store equipment. However, the provider had not completed the works required to separate the toilet and bathing facilities in of one the bungalows.

The bungalows were similar in layout and style, and the inspector observed that efforts had been made to make them more homely, for example, they were pleasantly painted and photos of residents were displayed in the hallways. The residents' bedrooms were comfortable and nicely personalised to their individual tastes. The inspector observed that the configuration of one bedroom required more consideration to ensure that the resident could utilise all of the space in the room.

Residents' main meals came from a central kitchen on campus, however residents could choose from alternative options, and some cooking and baking was done in the centre. The inspector observed that equipment used to modify food in the centre was clean, and care plans for supporting residents with their eating and drinking needs were up to date and readily available for staff to read.

The inspector checked a sample of the servicing stickers on equipment used by residents, including electric beds and overhead hoists, and found that they were up to date with their servicing.

Overall, the centre was observed to be clean. The inspector observed some good IPC practices, such as access to hand-washing facilities and personal protective equipment (PPE). However, the inspector also observed some infection hazards and poor practices which required mitigation and improvement, for example, the arrangement of the multipurpose room in one of the bungalows posed a risk of infection cross contamination, and some cleaning equipment was not maintained in

an hygienic state. These matters are discussed further in the quality and safety section of the report.

The inspector met all residents living in the centre. They did not communicate their views to the inspector, however some residents acknowledged the inspector through eye contact and facial expressions.

The provider's recent annual review of the service had consulted with residents and their representatives. Residents' feedback indicated that they were happy and comfortable living in the centre, however, there were some areas for improvement. Feedback was received from one resident's family which indicated their satisfaction with the service.

Residents attended regular house meetings, and the inspector viewed a sample of the recent meeting minutes. They noted discussions on activity planning, menu planning, and different human right principles, for example, fairness and respect. Both bungalows also had information on safeguarding, fire safety, rights, and the Assisted Decision-Making (Capacity) Act 2015 displayed on notice boards.

Residents did not attend day services, and were supported by staff in the centre with their social and leisure activities. On the day of the inspection, residents engaged in different activities, such as exercise classes, walks, and watching television. Activity planners were prepared weekly and displayed in both bungalows. They recorded activities, such as going to the multisensory garden, bus drives, going out for coffee, walks, visiting the park, gym, eating out, mass, senior citizen activities, arts and crafts, massage, shopping, afternoon tea, and 'relaxation'. Most of the activities were campus based, and the person in charge told the inspector that efforts were being made to increase opportunities for residents to participate in community activities. The efforts included promotion of community activities, discussions with staff, auditing of activities, and ensuring necessary transport was available.

The inspector observed staff interacting with residents in a respectful manner, for example, a healthcare assistant was observed speaking kindly to a resident and offered them a choice of activity. The inspector met and spoke with a number of staff working in the centre during the inspection, including the person in charge, programme manager, staff nurse, healthcare assistant and household staff.

The person in charge described the quality and safety of the service provided to residents as being good. They said that the environment was safe, and staff endeavoured to provide a high quality standard of care. They were satisfied with residents' access to the provider's multidisciplinary services which included occupational therapy, dietitian, physiotherapy, and speech and language therapy. There was a vacant psychology post that the provider was recruiting for.

The person in charge also spoke about the systems in place to monitor the quality and safety of the service in the centre, such as management oversight, supervision of staff, and audits. They communicated regularly with the programme manager, and felt confident in raising any potential concerns.

A staff nurse told the inspector that residents received an excellent quality and safe service. They spoke about how residents were offered choices in their daily lives, and supported to make decisions, for example, in planning activities and choosing meals. They had no concerns, however felt confident in raising concerns with the person in charge. They spoke about the residents' healthcare needs and was satisfied that these needs were being met. They told the inspector about some of the IPC measures in the centre, such as cleaning schedules, preparation of infection outbreak plans, implementation of standard precautions including the safe management of sharps, and the availability of vaccination programmes.

A healthcare assistant described the quality of service provided to residents as being "very good" and they attributed this to the care and support provided by staff. They said that there was a "nice atmosphere" in the centre, and they had no concerns. They spoke about some IPC measures in the centre, and showed the inspector where cleaning chemicals and equipment were stored.

From what the inspector was told and observed during the inspection, it appeared that overall, residents received a good quality and safe service, and efforts were underway to further enhance the quality of the service, for example, by providing more opportunities for residents to avail of community activities.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider had implemented good practices and care arrangements to support a good standard of infection prevention and control (IPC), however some enhancements were required to meet full compliance with the associated standards.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was based in the centre. They had worked in the centre for a number of years and demonstrated that they knew the residents well. They reported to a programme manager, and there were effective arrangements for them to communicate and escalate issues. In the absence of the person in charge, staff could contact the programme manager or an on-call service outside of normal working hours if they had any concerns to escalate.

In relation to IPC matters, the provider had an IPC team to provide guidance and direction. They carried out IPC audits, and shared updates on COVID-19 and IPC matters with the provider's centres, for example, guidance on visits to centres had been recently shared.

The provider had prepared a written IPC policy which was available in the centre.

The policy included information on standard and transmission based precautions. The person in charge had also prepared a management plan to be followed in the event of an infection outbreak. A folder was also available in the centre with up-to-date IPC information from the provider and public health for staff to refer to. The provider had ensured that there was an adequate supply of PPE in the centre, and there were arrangements to easily access more if required.

The provider had implemented good systems to monitor IPC arrangements in the centre. The IPC team carried out an IPC audit in July 2022. Six-monthly reports on the quality and safety of service, and health and safety checklists had also reviewed aspects of IPC. The person in charge had also completed a self-assessment tool to assess the IPC arrangements in the centre. They monitored and escalated any actions for improvement identified from audits and reviews to ensure they progressed and completed.

The person in charge had carried out risk assessments on infection matters, and they identified clear control measures. However, the inspector found that some hazards in the centre, for example, the placement of a washing machine under a food preparation counter in one of the bungalows, had not been subject to a documented risk assessment to provide assurances that the associated risks had been adequately assessed and the required control measures were in place.

The staff skill-mix comprised of nurses and healthcare assistants. The person in charge provided the inspector with staff training records to view. The records showed that all staff had completed hand hygiene training. However, three staff required IPC training; two of which were booked to complete the training in the coming weeks. The gaps in the training posed a risk to the effective implementation of the IPC measures in the centre.

As discussed earlier in the report, staff told the inspector about some of the IPC measures in the centre. The inspector viewed recent staff team meeting minutes which noted discussions on IPC matters, such as cleaning arrangements, training, IPC audits, and general housekeeping.

There was an outbreak of COVID-19 in the centre in 2022. The person in charge and staff nurse told the inspector that the outbreak was managed well and that all persons affected recovered. However, there was no documented review of the outbreak which would have provided an opportunity to identify potential learning from the management of the outbreak.

Quality and safety

There was one recent resident vacancy in the centre, however, the inspector was informed that there were no plans yet for a new admission. Residents' healthcare needs were assessed annually which informed the development of care plans. The inspector chose to review a sample of the residents' assessments and plans on the

provider's electronic information systems. The assessments and plans were found to be up to date, and the inspector found that the provider had ensured that appropriate supports were in place to meet residents' healthcare needs, for example, access to multidisciplinary team services. Where they wished to, residents (and staff) could avail of COVID-19 and flu vaccinations programmes.

Overall, the premises was found to be well maintained, and there were good hand hygiene facilities, such as soap, hot and cold water, paper towels, and waste receptacles at sinks, and hand sanitiser was readily available. However, some upkeep of the premises was required, for example, flooring was marked in places, and infection hazards required mitigation. The multipurpose room in one of the bungalows contained a washing machine, dryer, cupboards, two specialised 'comfort' chairs, sofa, desk and office chair. The configuration of the room posed a risk of infection cross contamination as the inspector observed the 'comfort' chairs in very close proximity to the washing machine which was used to wash unsoiled and soiled laundry. The inspector also observed a basin with dirty mop heads on the counter beside clean laundered socks. The placement of a washing machine in the kitchen of the other bungalow also required risk assessment to ensure that the appropriate measures were in place.

There was dedicated cleaning staff in the centre on a regular basis, and nursing and care staff also completed cleaning duties. Cleaning schedules were used to inform their practices. The cleaning schedules were found to require enhancement to incorporate more duties, such as cleaning the washing machines; and the inspector also observed minor gaps in the completion of some of the cleaning records.

The inspector observed equipment used by residents, for example, shower trolleys, to be clean. However, the laundry baskets in one bungalow were visibly dirty, and staff cleaned these before the inspection concluded. The maintenance of cleaning equipment also required improvement to ensure that they were clean to reduce the risk of infection cross contamination. For example, there was ingrained grime on two mop poles, and a container placed on a cleaning trolley was observed to contain contents that were visibly dirty.

In the afternoon of the inspection, the inspector observed two mop heads in a bucket of cleaning solution, and was informed by staff that they would not be used until the following day. This practice required consideration from the provider to ensure this practice was fully in line with IPC standard best practice guidelines.

There were arrangements for the safe management of bodily fluid spills and soiled laundry, such as use of alginate bags, cleaning chemicals with safety data sheets, and documented guidance. However, the inspector observed that the the expiry date of chlorine tablets used for the purpose of disinfection and kept under the kitchen sink in one bungalow had passed, and assurances were required to ensure that they were still fit for purpose.

Regulation 27: Protection against infection

The registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection. The systems and processes including preparation of infection prevention and control (IPC) policies and procedures, oversight and support from the provider's IPC team, availability of personal protective equipment, and good hand-washing facilities.

However, some improvements were required to demonstrate full compliance with the associated national standards, for example;

- Not all infection hazards in the centre had been risk assessed.
- Three staff required IPC training.
- The use of a multipurpose room required more consideration to ensure that IPC risks were appropriately managed.
- The cleanliness of cleaning equipment required improvement.
- The maintenance of cleaning chemicals required better oversight to ensure that those with passed expiry dates were still fit for purpose.
- The cleaning schedules required expansion, and consistent recording of cleaning duties.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 17 OSV-0005851

Inspection ID: MON-0039060

Date of inspection: 23/06/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Hazards requiring Risk Assessment A risk assessment and management plan has been completed on the 04/07/2023 for the washing machine and dryer being under the food preparation counter and this includes laundering of soiled linen. Staff were also involved and are fully aware of the control measures that have been put in place to minimize the risk of infection. A vacant room in the house has been converted to a multi-purpose room and the washing machine will be moved into this room by the 31/08/2023.</p> <p>3 staff requiring IPC training: 1 staff completed the training on 26/06/2023, second staff has enrolled for IPC training on the 14/08/2023. The Person in Charge has informed the third staff and will ensure the training is completed by the 31/08/2023.</p> <p>Ensuring IPC risks are appropriately managed in the multipurpose room: The person in charge has updated the Guidelines for using and cleaning the washing machine in the multipurpose room on 04/07/2023. The daily/weekly cleaning schedule checklist has been updated to include the washing machine area. Used mops are washed in the washing machine at the end of the household's shift at a higher degree. This has been updated in the guidelines. The Person in charge ensures comfort chairs of the residents are kept in their bedrooms during the day, effected from 24/06/2023 to prevent risk of infection and cross contamination.</p> <p>To improve the cleanliness of the cleaning equipment: All equipment is cleaned daily and a checklist has been developed for the household staff. Mop heads are no longer soaked in cleaning solution, any mop heads remaining in the solution at the end of the day are now added to the dirty mops, laundered and dried before storing in the storage shed.</p>	

The maintenance of cleaning chemicals required better oversight to ensure that those with passed expiry dates were still fit for purpose:

All cleaning chemicals that were out of date have been removed from the premises and discarded as per guidelines. Household staff will check expiry dates of all cleaning products and document on the checklist. The Person in charge will ensure fortnightly check of all cleaning products is being completed to monitor the expiry dates at the end of each month.

Cleaning shedule expansion and completion:

The Cleaning shedule has been expanded to include other cleaning areas on 05/07/23 including the multipurpose room/utility area, the cleaning of laundry baskets monthly or when physically soiled and the wooden shed. The Morning Handover sheet has been reviewed by the Person in Charge on the 05/07/2023 to include allocation of staff to attend to the completion of the cleaning shedules each day, to minimise the gaps and ensure the cleaning records are completed daily.

The partitioning of the bathroom and toilet:

Email was sent on 23/07/2023 to technical services for partioning of the bathroom and toilet job No. 104496, work will be completed by the 30/12/2023.

Household audit has been requested and will be completed by the 14/08/2023.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2024