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 25
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	14 March 2022
Centre ID:	OSV-0005837
Fieldwork ID:	MON-0028022

About the designated centre

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

This centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives. The centre provides long term residential support to no more than nine people with complex support needs. The centre is a wheelchair accessible bungalow, each resident has a private bedroom, there is a large communal living room, dining room, family room, multi-sensory room and music room. Healthcare is provided by residents' General Practitioner along with allied healthcare professionals and the centre is staffed by both nursing staff, health care assistants and an activity staff member. The centre has a full time clinical nurse manager to supervise the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 14 March 2022	09:15hrs to 17:15hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore appropriate personal protective equipment during the inspection and maintained social distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector observed COVID-19 information displayed at the front entrance and masks and hand sanitising facilities were readily available.

The designated centre comprised a large single storey building located on a campus setting operated by the provider in county Dublin. The centre was located close to many amenities such as shops, cafés, pubs, and public transport links. Each resident had their own bedroom, some were small but provided adequate space and storage. The living and communal areas were very spacious. Parts of the centre, such as the bathrooms were institutional in aesthetic, however, staff had decorated the centre to make it more homely. On the day of the inspection, the centre was decorated with bright and colourful St. Patrick's day decorations. There was information displayed for residents on the menu, activity plans, and safeguarding. There were also photos of residents and some of their loved ones displayed. Generally, the centre was found to be clean and tidy, however, maintenance work such as painting was required throughout the centre. The inspector also observed the fire safety systems to require enhancement and this is discussed further in the report.

The inspector met all residents during the inspection. The residents did not verbally communicate their views with the inspector but appeared content in their home and in the company of their peers. As part of the inspection, residents were supported by staff to complete questionnaires on the designated centre. Their feedback was very positive and indicated that residents were happy living in the centre and with the quality of care and support they received. Some of the residents indicated in the questionnaires that they were not fully satisfied with the laundry arrangements and choice of meals, and the person in charge had escalated these issues to the relevant persons. The questionnaires listed activities that the residents liked to engage in inside and outside of the centre such as going to the cinema, meals out, visiting the zoo, shopping, arts and crafts, beauty therapies, baking, and walks. During the inspection, residents were observed engaged in activities such as going to the cinema, walks, involvement in cooking lunch, beauty therapies, and massages. There was a bus available and sufficient number of staff to support residents in their activities.

The opportunity did not arise for the inspector to meet any residents' family members or representatives, however, feedback from one family member in the annual review indicated that they were happy with the care provided to their loved one.

The inspector met several members of staff during the inspection including housekeeping staff, nurses, and care staff. Staff wore appropriate personal protective equipment that was in line with public health guidance. The inspector

observed staff interacting with residents in a very warm and respectful manner, and residents appeared comfortable and relaxed in staff presence. Nursing and care staff spoke about residents in a kind and dignified manner. They were knowledge about the care and support needs of residents, and described the quality of service provided as very good. Staff spoken with also told the inspector about measures to safeguard residents, infection prevention and control measures, staff supervision arrangements, and fire evacuation plans.

The provider had identified that the centre was not fully meeting the needs of some residents and had developed transition plans for them to move to a more appropriate centre. Furthermore, the provider had committed to reducing the number of residents living in the centre to six by the end of 2021, this had not yet been achieved but plans were in progress.

From what the inspector was told and observed during the inspection, it appeared that overall, the residents received a good quality and safe service. Due to the number of residents and their associated needs, and the number of staff in the centre, the environment appeared busy at times. However, the inspector found that the centre was managed in a manner that did not impinge on residents' dignity.

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 registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs. However, some improvements were required to these systems and associated arrangements to ensure that they were effectively implemented.

There was a clearly defined management structure with lines of authority and accountability. The centre was managed by a full-time person in charge. The person in charge was found to be suitably qualified, skilled, and experience. The person in charge was responsible for another designated centre but there were adequate systems for the effective oversight and management of the centre.

The person in charge was supported in their role by a programme manager and Director of Care. The management team met on a regular basis to communicate and ensure oversight of the centre. The inspector met with the programme manager and person in charge, and found them to have a very strong understanding of the residents' needs and associated required supports.

The registered provider had implemented effective systems to monitor and review the quality of care and support in the centre. The annual review for 2021 had been completed in line with the standards and included consultation with the residents.

The feedback from the residents was positive and indicated that overall they were satisfied with the service. There were also six-monthly provider led audits of the quality and safety of care in the centre. The annual review and audits identified areas for improvement and corresponding actions for completion. Other audits had been completed in the centre such as a risk audit, financial audit, medication and key worker audit. The person in charge maintained a compliance tracker to ensure that the audit actions were progressed and implemented in order to continuously improve and enhance the service provided to residents.

The provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose was up to date and readily available. To support their governance of the centre, the provider had prepared written policies and procedures on the matters set out in Schedule 5. The inspector reviewed a sample of the policies and found that some required review and update as they had not been reviewed within three years of approval.

The inspector reviewed two staff files and found them to meet the requirements specified in Schedule 2. The person in charge maintained a planned and actual staff rota outlining the staff working in the centre. On the day of the inspection, there were nurses, care staff, day activation staff, and a student nurse working in the centre. The centre was operating within its full staff complement as outlined in the statement of purpose, and there were no vacancies. The skill-mix was adequate to meet the number of residents and their assessed needs. A staff nurse was rostered every night to support residents requiring nursing input. The night duty nurses reported to a manager other than the person in charge. However, to ensure the person in charge had sufficient oversight of the staffing arrangements, the night duty nurses were clearly identified on the rota, the person in charge met with the night duty nurses during handover times, and also maintained communication with the night duty nurses' manager.

To support staff to deliver care and support in line with best practice, a suite of training was available to them. The inspector reviewed the training records for staff working in the centre and found that most staff had completed all required training, however, some staff required training in the safeguarding of residents, management of aggression, and positive behaviour support.

Staff spoken with advised the inspector that the quality and care delivered to residents in the centre was very good, and described how residents were supported in line with their needs, wishes and preferences. The staff spoke about residents in a kind and person centred way and had a good understanding of the residents needs and associated supports.

There were appropriate systems for the supervision of staff. The person in charge provided formal and informal supervision to their staff team. Formal supervision took place on a scheduled basis and records were maintained of the meetings. The programme manager was responsible for the centre when the person in charge was not on duty. There was also clear on-call arrangements for staff to use outside of normal office hours. Staff spoken with during the inspection expressed satisfaction

with the level of support they received from management in the centre.

Staff also attended monthly team meetings. The team meetings allowed for the sharing of relevant information and for staff to raise any concerns. The inspector reviewed a sample of the recent team meeting minutes and found them to be comprehensive. The meetings included agenda items such as complaints, risk management, use of personal protective equipment, residents' rights, and public health guidance on COVID-19. The minutes were signed by staff to indicate that they had read them. Daily handovers also took place between staff during shift change. The handover notes were maintained and ensured that pertinent information about residents care was communicated and understood by staff coming onto duty.

The provider had prepared a written policy on the management of complaints and there was accessible information for residents on making complaints. The inspector found that recent complaints made by residents were been addressed by the person in charge. However, the recording of the complaints and associated actions required improvement as it was not clear if the complaints had been resolved to the satisfaction of the residents.

Regulation 14: Persons in charge

The person in charge of the centre was full-time and was found to be suitably qualified, experienced, and skilled. The person in charge was also responsible for another designated centre, but had ensured the effective governance, management and administration of the centre concerned. The person in charge had a clear understanding of the service provided in the centre and ensured that residents were receiving good care and support.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by a mix of nurses, care assistants, and day activation staff. The staff complement and skill-mix on the day of the inspection reflected the arrangements outlined in the statement of purpose. The complement and skill-mix was found to be appropriate to the assessed needs of the residents.

The person in charge maintained a planned and actual rota that clearly identified staff working in the centre including at night time.

The inspector reviewed two staff files and found them to meet the requirements of Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre completed training as part of their continuous professional development and to deliver care that was in line with best practice. Most staff working in the centre had completed all relevant training including refresher training. However, one staff member required practical training in the management of aggression, and four staff members required training in positive behaviour support. In addition, one staff member required refresher training in the safeguarding of residents.

The person in charge provided informal and formal support and supervision to their staff team. Formal supervision was scheduled on a regular basis and the person in charge maintained records of supervision meetings. The inspector spoke to some staff members and they expressed that they were happy with the level of support and supervision they received from management in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver care care and support in accordance with the statement of purpose. There was a clearly defined management structure with lines of authority and accountability. There was effective governance and management and systems to ensure that the service was safe, consistent and effectively monitored. The person in charge reported to a programme manager and Director of Care. There were good communication structures between the lines of management, and the inspector found that the management team had a strong understanding of the residents' assessed needs and associated supports.

The registered provider and person in charge had implemented oversight and monitoring arrangements. The provider had completed an annual review based on the standards, and six-monthly audits on the safety and quality of care and support provided in the centre. In addition, there had also been audits on medication, risk, key working, infection prevention, and residents' finances. Actions for improvement identified from audits were entered on a compliance tracker that the person in charge maintained and reviewed to ensure that the actions were progressed and implemented.

The person in charge had ensured that there was arrangements for staff to raise concerns. In addition to formal and informal supervision arrangements, there were monthly team meetings. The team meetings were comprehensive and allowed for

the sharing of relevant information. Daily handovers also took place which ensured that pertinent information about residents care was communicated between staff in a formal manner during change of shift.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was available to residents and had been reviewed and revised as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established systems to manage complaints made by residents. These systems were underpinned by a comprehensive written policy. The complaints procedure was available in an accessible format to help residents understand it, and complaints were also discussed at staff team meetings to raise staff awareness of complaints.

The recording of recent complaints raised by residents required improvement. Some residents had expressed dissatisfaction with laundry services and meal choices during consultation with them as part of the annual review and in questionnaires completed in advance of the inspection. The complaints were addressed by the person in charge and escalated to the relevant persons for action. However, the complaints and the associated actions were not formally recorded, and neither was the response from residents to indicate if they were satisfied with the outcome of their complaints.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies and procedures were available in electronic and paper copies for staff to refer to. The inspector reviewed a sample of the policies and found that the policies on communication with residents, and emergency planning had not been reviewed within three years of approval, however, a review of the

communication policy was underway. The policy of the admission, transfer, and absence of residents had been reviewed, however, it was awaiting approval by the board of management before circulation to staff.

Other policies reviewed by the inspector such as the policies on intimate care, behavioural support, restrictive practices, medication management, risk management, safeguarding of residents, and complaints, had been reviewed in line with the regulation requirements.

Judgment: Substantially compliant

Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, some improvements were required in relation to the premises, infection prevention and control measures, and fire safety precautions. Furthermore, the registered provider had self-identified that some residents would benefit from moving to another designated centre more appropriate to their needs, and had committed to reducing the number of residents living in the centre to no more than six by the end of 2021. The provider had not been able to meet this commitment, however, has since committed to reducing the numbers of residents living in centre to six by 01 August 2022. Transitions plans have been developed and the registered provider is sourcing suitable properties for some residents to move.

The centre comprised one large single-storey building located on a campus setting operated by the provider. The inspector conducted a walk-around of the centre in the company of the person in charge. On the day of inspection, there were colourful St Patrick's day decorations as well as photos of residents and some of their loved ones displayed in the centre. The inspector also observed accessible menus and activity planners for residents to refer to. The premises was bright, generally clean, and had been decorated to be as homely as possible. However, parts of the centre remained institutional in aesthetic due to its size, layout, and some of its facilities. The environment was busy at times due to the numbers of residents and staff in the centre, however, it was managed in way that did not impinge on residents' dignity.

Painting was needed throughout the centre especially around door frames, skirting boards, and on doors. The person in charge informed the inspector that painting works were due to commence in the coming weeks. The bedrooms were single occupancy and small, but provided adequate space and storage. The flooring in some areas, such as in some bedrooms and the kitchen required attention. There were arrangements for the servicing of hoists used to transfer residents. However, there were no records for the servicing of eight of the nine beds and it was unclear what the servicing requirements were. The living areas and communal areas were generally well maintained but their large spaces added to the institutional aesthetic.

The kitchen was clean but small. Most of the residents main meals came from a central kitchen, however, there were facilities to cook alternatives. During the inspection, a resident was involved in cooking homemade soup. There was a nice and inviting garden space, however, the roof required attention due to a build up of moss. The bathrooms required upkeep, for example, some tiles were damaged, the bottom of a cupboard was damaged, a radiator was dirty, and there was rust on the commode. There were also three toilet cubicles; the doors of the cubicles did not meet the floor and impacted on the level of privacy afforded when in use. There was no bin in one toilet cubicle, and poor ventilation in the utility room which posed infection risks.

The provider and person in charge had implemented systems to protect residents from the risk of infection. There were written policies and procedures on infection prevention and control measures available to staff in electronic and paper form. There was also guidance on waste and laundry management, however, the policy on environment and equipment cleaning was overdue review. The person in charge had also completed risk assessments with corresponding control measures on the use of sharps, infectious diseases, COVID-19, and biological agents. There were arrangements for cleaning equipment used by residents, and shared equipment such as shower chairs were cleaned after every use. Audits were completed to monitor the effectiveness of infection prevention measures. The audits were comprehensive and identified actions for improvement. Cleaning records and checklists detailed the cleaning duties to be undertaken in the centre. The inspector spoke to a number of staff, and found them to be appropriately knowledgeable on the infection prevention and control matters discussed.

In response to the COVID-19 pandemic, the provider had established a COVID-19 control team to manage potential COVID-19 outbreaks. There was also an infection prevention and control officer and nurse available to provide support to the centre. Locally, a COVID-19 lead worker was identified and had associated responsibilities. The person in charge had prepared a written contingency plan to be followed in the event of a COVID-19 suspected or confirmed case and outbreak. The person in charge had also completed a COVID-19 self-assessment tool demonstrating a commitment towards quality improvement. There was information and training available to staff on COVID-19 and the appropriate use of personal protective equipment, and the information was also discussed at team meetings to increase staff awareness.

The registered provider had implemented fire safety measures, however, it was found that some of these measures required improvement. There were fire prevention, containment and fighting equipment such as fire alarms, extinguishers, blankets, emergency lighting, and fire doors in place. The alarms, blankets, lights and extinguishers were serviced regularly. However, deficits were found in some of the fire equipment. There were issues with some of the fire doors, for example, some did not have self-closing devices, one fire door did not close properly, and one fire door was slightly damaged. There were also no fire doors leading into a living / dining area, and the inspector was not assured that the containment measures had been assessed. The person in charge has requested that a fire safety audit be undertaken by the provider to be assured that the measures were sufficient. The fire

panel was located in a boiler room and was not accessible; this meant it could not identify the location of a fire. The registered provider was aware of this issue and had plans in place to replace the fire panel. Fire alarm servicing records in November 2021 recommended installation of detectors in the laundry room, however, this recommendation had not been addressed by the provider. Staff also completed daily fire safety check, minor gaps were found in the checks in January, February, and March 2022. There was oxygen stored on site, and measures were in place to reduce the risk of combustion such as signage, safe storage, and regular checks.

To guide staff in safely evacuating residents in the event of a fire, there were evacuation procedures and plans. One personal plan required amendment to reflect the aids required by a resident during evacuation. Fire drills were undertaken to test the fire evacuation plans, and had included a night time drill with the least amount of staff on duty to demonstrate that residents could be safely evacuated.

The inspector reviewed a sample of residents individualised assessments and personal plans. As discussed earlier in the report, the provider had assessed that some residents would benefit from living in alternative homes. The assessments and personal plans were up to date and guided staff on the appropriate delivery of care and support to residents. Residents were supported to identify and achieve personal goals, however, the goal planning for some residents required improvement to ensure that residents were supported to identify new goals once old goals were achieved.

Residents presented with varied and complex medical needs. Up-to-date care plans were available to guide staff on the interventions to meet residents' health care needs in areas such as epilepsy, mental health, and dysphagia. There was also guidance and information on supporting residents with their specialised diets. Residents were supported to partake in national screening programmes such as bowel checks. Nursing care was available in the centre, and there was good input from multidisciplinary professionals such as occupational therapy, speech and language, mental health and psychology.

The registered provider and person in charge had implemented effective measures to safeguard residents from abuse such as staff training and a comprehensive policy. There were no open safeguarding concerns, however, staff spoken with were aware of the procedures to follow in the event of a concern.

Regulation 17: Premises

The premises was found to be bright, tidy, and generally clean. It had been decorated to be as homely as possible, however aspects of the centre were institutional in aesthetic. Painting was needed throughout the centre especially around door frames, skirting boards, and on doors. This work was due to commence in the coming weeks. Further maintenance was required such as:

- The flooring in some parts of the centre including some bedrooms and the kitchen required attention.
- Some furniture such as a bedroom cupboard and bathroom cupboard were damaged.
- Tiles in the bathrooms required replacing due to damage and staining.
- A commode in one of the bathrooms had rust, and a radiator was dirty.
- The roof of the centre required clearing of moss.

The residents used electronic beds. There was a servicing sticker on one of the beds indicating that it had been serviced, however, there was no records for the other beds to indicate if they had been serviced or required servicing. The hoists used to transfer residents had stickers indicating that servicing was up to date.
Aspects of the centre presented as institutional such as large open communal areas and the toilet cubicles. The cubicle doors did not meet the floor and impacted on the level of privacy afforded when in use.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider and the person in charge had established and implemented effective measures and arrangements to protect residents from the risk of infection, however, some enhancements were required. The registered provider had prepared written policies and procedures on infection prevention and control matters such as waste management, sharps, COVID-19, and laundry. However, the policy on environment and equipment cleaning was over due review. The premises presented some infection risks as there was poor ventilation in the utility room, rust and cracked tiles in bathrooms, and not all bathrooms had bins.

There was dedicated cleaning staff working in the centre every day to maintain a good standard of cleanliness. Detailed cleaning lists were maintained in the centre to ensure cleaning duties were completed. There were arrangements for the cleaning of equipment used by residents including shared equipment such as shower chairs. This equipment was observed to be clean.

There was sufficient supply of personal protective equipment with accompanying guidance, and staff were observing wearing face masks in line with public health guidance.

In response to the COVID-19 pandemic, the provider established a COVID-19 control team, and there was other resources available such as an infection prevention and control officer and nurse. There was also a COVID-19 lead staff member based in the centre with associated responsibilities. There was information displayed on COVID-19 and infection measures throughout the centre, and staff also had access to public health guidance and training. The person in charge had completed a COVID-19 self-assessment tool and a comprehensive infection

prevention and control audit had been undertaken to monitor the effectiveness of the measures implemented in the centre. Actions were identified from the audit and were reviewed by the person in charge to ensure that they were progressed for completion.

Staff were knowledgeable on the infection prevention measures. One staff member described to the inspector the cleaning regimes, appropriate use of cleaning products and equipment such as colour coded cloths and mops, and the spill kit. Another staff member described how the risk associated with sharps injuries was managed in line with the provider's sharps policy. Another staff member described how soiled laundry was safely managed and how residents' equipment was cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety management systems to protect residents from the risk of fire, however, improvements were required to the strengthen these systems.

There was fire prevention, containment and fighting equipment, and the fire alarms, blankets, emergency lights, and extinguishers were serviced on a regular basis. However, some deficits in equipment were found. While there was a detection and alarm system, the fire panel was located inside a boiler room and did not alert staff to identify the exact location of fire, should it occur. The provider had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

Fire alarm servicing records from November 2021 recommended the installation of detectors in the laundry room, however, this recommendation had not been addressed by the provider. There was also issues with some of the fire doors, for example, some doors did not have self-closing devices, did not close properly, and one door was slightly damaged. The fire containment measures also required more consideration and the person in charge had requested that a fire safety audit be undertaken, however, was awaiting a date for the audit to be completed.

Staff completed daily fire safety checklists of fire, minor gaps were found in the checks in January, February, and March 2022.

There was oxygen stored on site and measures had been taken to reduce the risk of combustion such as signage, safe storage, and regular checks.

To guide staff in safely evacuating residents in the event of a fire, the person in charge had developed evacuation procedures and plans. One personal evacuation plan required amendment to reflect the aids required by a resident during

evacuation. Fire drills were undertaken to test the fire evacuation plans, and included a night time drill with least amount of staff on duty to demonstrate that residents could be safely evacuated.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident was completed. The assessments informed personal plans that reflected the supports required by residents to meet their needs. Residents were supported in achieving personal goals, but some improvements were required to ensure that residents were supported to choose new goals once other goals were achieved.

It had been assessed by the provider that some residents would benefit from living in alternative accommodation that would be more suitable to meet their needs. The provider had committed to reducing the number of residents living in the centre to six by the end of 2021. The time frame was extended to August 2022 and the provider had transition plans in place for three residents.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each resident. There were personal plans to guide staff in the delivery of health-care interventions. Residents received nursing care and there was good involvement from multidisciplinary professionals such as psychology, speech and language, and clinical nurse specialists.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented measures to protect residents from abuse. These measures were underpinned by a written policy.

There were no safeguarding concerns, however, staff had completed appropriate training to enable them to respond to safeguarding concerns appropriately and staff

spoken with were able to describe the appropriate measures. There were intimate care plans to ensure that residents dignity and bodily integrity was respected when receiving intimate care support.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 25 OSV-0005837

Inspection ID: MON-0028022

Date of inspection: 14/03/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge ensured that required training are completed and has addressed the training requirements to the staff and Learning and Development. One staff member required practical training in the management of aggression completed the training on 24/03/2022. One staff member required refresher training in the safeguarding of residents completed the training on 25/02/2022 and records has been updated to reflect this. Four staff that required training in positive behaviour support to Behaviour support Specialist and Learning and Development team and have scheduled their training to be completed on 09/05/2022.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Person in Charge has ensured that complaints documentation has been updated on 16/03/2022 with the associated actions from the complaints raised by the residents.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Register Provider will ensure that written policies and procedures are reviewed, updated and circulated to staff upon approval by the board of management.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The register Provider has ensured that painting was completed on 31/03/2022 especially on the areas noted during the inspection. Outstanding maintenance required has been addressed to Tech Services and Home Improvement team.
The Register Provider has addressed Service Records to Technical Services and requested to review the servicing system in place for electrical beds.
The Register Provider has addressed the work required for the large open communal areas and the toilet cubicles to the Home Improvement Team.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Register Provider is reviewing the policy on environment and equipment cleaning. Poor ventilation in the utility room, cracked tiles in the bathroom has been addressed to Technical Services. The Person in Charge has ensured that all bathrooms has bins in place.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Register Provider will ensure the installation of detectors in the laundry room by 31/05/2022. The Fire Safety Officer has completed an audit and had developed a Fire Safety action plan to ensure that issues with some of the fire doors and fire containment measures are considered.
The Person in Charge will ensure and monitor that there are no gaps in the recording of Fire Daily Checks.
The provider had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Person in Charge ensures goals are reviewed monthly with the keyworkers and that residents were supported to choose new goals once other goals were achieved.
The Register provider endeavours to meet the committed plan to reducing the number of residents living in the centre within the extended time frame of August 2022. The Register provider had transition plans in place for three residents.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in	Substantially Compliant	Yellow	31/10/2022

	good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
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	31/10/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	31/07/2022

	detecting, containing and extinguishing fires.			
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	16/03/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/10/2022

Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/10/2022
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/10/2022