



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 3 |
| Name of provider: | Stewarts Care Limited |
| Address of centre: | Dublin 20 |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 14 May 2021 |
| Centre ID: | OSV-0005858 |
| Fieldwork ID: | MON-0032230 |

About the designated centre

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

Designated centre 3 provides long stay residential support for 18 service users, both male and female over the age of 18 years. Designated Centre 3 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 3 comprises of three homes in Co. Dublin. The centre is staffed by nursing and care staff and managed by a person in charge.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 18 |
|--|----|

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 |
|--------------------|----------------------|---------------|------|
| Friday 14 May 2021 | 10:00hrs to 16:30hrs | Andrew Mooney | Lead |

What residents told us and what inspectors observed

In line with public health guidance the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to meet with 13 residents across two separate parts of the designated centre.

The designated centre comprises of three separate buildings and the inspector visited two of these buildings. The inspector observed that each part of the designated centre was well maintained and homely. Residents that spoke with the inspector said they were happy in their home. Residents showed the inspector their bedrooms and the communal areas within the centre. Residents' bedrooms were highly individualised and were decorated with things that were important to them, including posters of their favourite football teams and photos of friends and family.

A review of residents' feedback, noted that residents were generally very happy in their home, residents commented that "I like my bedroom" and "i feel safe". However, three residents noted that at times they felt unsafe in their home. A resident stated, "sometimes another resident shouts and gives out and i don't feel safe then". In general there was a very relaxed atmosphere in the centre. Residents were seen coming and going freely and they engaged with each other in a very natural way. However, the inspector did observe a very high level of supervision in one area of the centre. While the provider deemed this necessary to protect residents, this measure detracted from the centres homely environment.

Overall, the centre was nicely decorated and had been modified to meet the changing needs of residents. This included modifications that ensured residents could safely evacuate the building in the event of a fire. Additionally, assistive technology was in place to support residents with their evacuations. For instance in the event the fire alarm was activated, specialist equipment was installed to alert residents with hearing difficulties.

Residents appeared very comfortable with staff. The inspector observed staff supporting residents in a kind and respectful manner. This included staff spending time with residents and facilitating activities. The inspector observed residents playing table top activities with staff and they appeared to really enjoy these activities. Other residents were observed assessing their community independently. These residents told the inspector that this was really important to them and that the provider had supported them to access their community in line with public health guidance. This included residents wearing face coverings in the community and using hand sanitizer.

At the time of inspection the provider had implemented all appropriate guidance in response to the COVID-19 pandemic. Unfortunately, this did limit residents access to certain community activities but was in keeping with current public health guidance. Residents told the inspector they understood the reasons behind these restrictions but were looking forward to when they could get back out doing all the things they

loved in the community. The provider had arrangements in place so that when appropriate, and in line with public health guidance, visitors could meet residents in a safe manner. Alternative visiting arrangements were facilitated, which included garden visits. The provider had also facilitated the roll out of COVID-19 vaccinations for staff and residents, in line with their preferences.

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

Overall this inspection found that the governance and management arrangements in the centre were appropriate and this enhanced the capacity and capability of the centre. However, despite these arrangements, further improvement was required to ensure that known compatibility issues within the centre were addressed in a timely manner.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff spoken with could clearly identify how they would report any concerns about the quality of care and support in the centre and highlighted that they would feel comfortable raising concerns if they arose. Staff reported directly to the person in charge, who in turn reported to a programme manager. The centre had good oversight arrangements in place, including the completion of six monthly unannounced inspections of quality and safety of care. Additionally, an annual review of the quality and safety of care within the centre was completed in consultation with residents. Where areas for improvement were identified by the provider, plans were put in place to address these. However, while some work on compatibility issues within the centre had been undertaken, these measures were not effective in resolving the underlining concerns. This demonstrated that while the provider had the ability to self identify issues of concern, they did not always have the capacity to effectively resolve them in a timely manner.

Staffing arrangements at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the roster it was clear for the most part that there was an appropriate skill mix of staff employed at the centre. However, this review did identify periods where arrangements were not in place to ensure nursing care was on site. The provider mitigated this risk by having nursing supports from other designated centers. The person in charge had ensured that there was both a planned and actual roster which was maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. The inspector observed staff supporting residents in a caring and dignified manor during

the inspection.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, infection control, fire safety and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs. Staff supervision was structured and completed in line with the providers supervision policy.

During the inspection, the inspector reviewed the centres complaints log. This centre based log identified a number of complaints, which were resolved in a timely manner. On each occasion, complainants were satisfied with the outcome of their complaints. Furthermore, residents told the inspector that they were familiar with the complaints process and were satisfied with how complaints were managed.

Regulation 14: Persons in charge

The centre is management by a suitably qualified and experienced person in charge. The person in charge is engaged in the governance , operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

Regulation 15: Staffing

There was enough staff on duty to meet the assessed needs of residents. Some residents had been assessed as requiring 24 hour nursing care but there were limited periods where these staffing arrangements were not in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Suitable training was in place and staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was an annual review of the quality and safety of care within the centre that was completed in consultation with residents.

However, despite the provider self identifying a significant area of concern, they failed to demonstrate they had the capacity and capability to address this concern and to make changes in a timely manner. For example, there was an ongoing compatibility issue that was having a negative impact on the lived experience and quality of life of some residents at the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible to all residents and displayed prominently.

Judgment: Compliant

Quality and safety

As outlined previously in this report, ongoing compatibility issues within part of the centre negatively impacted the quality and safety of the centre. These compatibility issues resulted in some negative peer to peer interactions, which at times adversely impacted residents quality of life.

The provider's safeguarding practices required review to ensure residents were free from all forms of abuse. All incidents, allegations and suspicions of abuse at the centre were investigated. However, at times safeguarding measures put in place were not sufficient to prevent a developing trend of negative peer to peer incidents. Since the 1 January 2021 the centre had reported 27 safeguarding incidents. Documentation reviewed by the inspector noted that many of these incidents related to negative peer to peer interactions. The persistent nature of these incidents was a concern. The inspector acknowledges that the provider had endeavoured to put a plan in place that would resolve these compatibility issues. However, this plan had not been sufficiently progressed to provide assurances that future safeguarding issues would be prevented. The current arrangements resulted in residents' quality of life being adversely impacted.

There were appropriate arrangements in place to ensure that residents had a personal plan that detailed their needs and outlined the supports required to

maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were assisted to find opportunities to enrich their lives and maximise their strengths and abilities in line with current public health advice.

Supports were in place to respond to residents' assessed behaviour support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. There were appropriate hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had devised a contingency plan in the event of an outbreak of COVID-19 and the provider

The provider had ensured that there were fire safety measures in place, including a fire 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.

Regulation 27: Protection against infection

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. There were appropriate hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire precautions were in place, including a fire detection system, emergency lighting and fire fighting equipment. There was a procedure for the safe evacuation of residents and staff and appropriate fire drills were completed

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were appropriate arrangements in place to ensure that residents had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff received training in the management of behaviours that is challenging, including escalation and intervention techniques. Where required therapeutic interventions were implemented in line with the providers policies and reviewed in line with residents' personal planning process.

Judgment: Compliant

Regulation 8: Protection

Incidents, allegations and suspicions of abuse within the centre were investigated. However, the safeguards put in place were not effective. This led to a developing pattern of negative peer to peer incidents which led to residents being adversely impacted.

Judgment: Not 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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Not compliant |

Compliance Plan for Stewarts Care Adult Services Designated Centre 3 OSV-0005858

Inspection ID: MON-0032230

Date of inspection: 14/05/2021

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 | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: The Register Provider shall endeavor to meet the assessed needs of the residents by providing resources to be made available to the designated centre. This may include the submission of a business case to the funder for an increase in resources provided. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: The Register Provider has initiated the transition process and is assessing the compatibility of the resident to the Designated Centre. This process is being prioritised to reduce the negative impacts and quality of life concerns identified for all of the residents of the Designated Centre. This process will adhere to the compliance plan submitted to the regulator in March 2021. | |
| Regulation 8: Protection | Not Compliant |
| Outline how you are going to come into compliance with Regulation 8: Protection: The Register Provider is actively working to reduce the level of safeguarding concerns | |

and incidents in the designated center. The Registered Provider has engaged the supports of relevant clinicians, family representatives or advocates of the service user. The Multi-Disciplinary Team members is actively working to resolve the concerns for the residents of the Designated Centre.

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 15(2) | The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided. | Substantially Compliant | Yellow | 31/12/2021 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Not Compliant | Orange | 31/12/2021 |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Not Compliant | Orange | 30/09/2021 |