



# 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 1
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	06 April 2022
Centre ID:	OSV-0005829
Fieldwork ID:	MON-0027899

## About the designated centre

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

Designated Centre 1 comprises four community based houses, located in county Dublin. Designated Centre 1 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 and family, the community, allied healthcare professionals and statutory authorities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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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
Wednesday 6 April 2022	08:35hrs to 17:30hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

In line with public health guidance, the inspector wore appropriate personal protective equipment (PPE) during the inspection and maintained physical 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 centre comprised four homes in County Dublin. The inspector visited all of the homes. The homes were close to each other and many local amenities and services such as shops, cafés, pubs, and public transport links. Three of the homes were two-storey houses, and one home was a ground floor apartment. All of the residents had their own bedrooms, and there was sufficient communal and living space. The inspector found that the premises were clean, well maintained and nicely decorated, however, some minor maintenance work and upkeep was required. The inspector also found some fire-safety issues and infection prevention and control risks, these are discussed further in the report.

The inspector met many residents during the course of the inspection, and some residents chose to speak to the inspector. Some residents were attending day services and others were supported by staff in the centre with their day activities.

In the first home, the residents did not express their views on the service to the inspector. However, the inspector observed staff supporting residents in a kind and respectful manner, and the residents appeared relaxed and comfortable in their home.

A resident in the second home spoke with the inspector in the presence of the person in charge. The resident said that they liked their home's convenient location, and were happy living with their housemate. The resident spoke about staff working in the centre, and said that they felt confident in expressing any concerns to the person in charge. The resident told the inspector that they enjoyed cooking their own meals, but required support from staff in cleaning their home. The resident told the inspector about some of their care and support needs, and felt that these needs were being met in the centre. The resident had participated in fire drills and knew what to do in the event of a fire evacuation. The resident worked in paid employment and told the inspector that they enjoyed their job. The resident was very independent and frequently used public transport. The resident told the inspector about their experiences of the COVID-19 pandemic. They were aware of the COVID-19 precautions and infection prevention and control measures, and advised the inspector that they were glad that many restrictions had lifted.

In the third home, the residents did not express their views of the service, however, one resident told the inspector about a planned holiday to Galway. The inspector observed staff supporting residents in a very person-centred manner, and residents

appeared comfortable in their home and with staff presence.

The inspector also met a member of the registered provider's quality team who was visiting the home. The quality team member was meeting the residents to explore what type of day service programme(s) they would like to be involved in based on their own individual preferences and interests.

The resident in the fourth home had recently moved in. On the day of the inspection, the resident had been shopping for painting supplies, and was planning to paint part of their new home. The resident told the inspector that they were happy with the house and the facilities. The resident was supported by staff in cooking and cleaning their home. The resident told the inspector that they liked the staff working in the centre, and would contact the person in charge if they had any complaints. The resident worked one day per week, and was supported by staff in the centre on the other days to participate in activities meaningful to them. The resident was very active in their community, and told the inspector that they enjoyed going to the gym, library, swimming, playing sports, walking, and going to pubs and restaurants. The resident told the inspector that they wanted to explore more employment opportunities, and was being supported by staff with this. The resident was very familiar with infection prevention and control measures, and spoke about measures such as good hand hygiene and wearing face masks.

In advance of the inspection, resident questionnaires were issued to the centre, however, no completed questionnaires were provided to the inspector.

The inspector met and spoke with different members of staff during the inspection. The inspector observed staff engaging with residents in a warm and kind manner, and residents appeared very comfortable with staff. Staff spoke to the inspector about recent safeguarding concerns, the support and supervision they received, infection prevention and control precautions, medication management, behaviour support plans, complaints, and how residents' needs were met. Staff spoke about residents in a professional manner, and had a good understanding of their needs. Staff described the quality of care provided to residents as being very good, and detailed how residents were supported in-line with their will and preferences, and human rights.

From what the inspector was told and observed during the inspection, it appeared that overall, the residents received a good quality service and were supported in line with their needs and personal preferences. However, aspects of the quality and safety of the service required improvement such as the fire safety arrangements, and infection prevention and control measures.

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 deliver a safe, consistent, and appropriate service to meet residents' needs. However, the inspector found that some of the systems and associated arrangements required improvement to ensure that they were effectively implemented.

There was a clearly defined management structure in the centre with lines of authority and accountability. The person in charge was full-time and based in the centre. Although, the person in charge was very newly appointed, they demonstrated a good understanding of the residents' needs. The person in charge reported to a programme manager. The programme manager was found to be very familiar with the residents and knowledgeable on their associated care and support needs. The programme manager reported to a director of service, and there were arrangements for communication and escalation of issues between the lines of management.

The person in charge maintained a planned and actual rota of staff working in the centre. The inspector reviewed a sample of recent rotas and found some discrepancies in relation to the start of shift times and in the recording of staff names.

The centre was operating with its full complement of staff, and the staff skill-mix consisted of a social care worker, nurses, care assistants, and day service staff. Nurses were based in one of the homes where the residents required nursing care. The services of the provider's clinical liaison nurse were also utilised to support the centre in areas such as completion of nursing audits. The programme manager was satisfied that the staff skill-mix was meeting the residents' assessed needs.

To support their professional development, and to enable them to respond to residents needs with evidence-based care and support, staff working in the centre were required to complete a suite of training. The person in charge and programme manager maintained staff training records. The inspector found that some staff required training in areas including fire safety, safeguarding of residents, positive behaviour support, manual handling, dysphagia, and infection prevention and control. Some of the outstanding training had been scheduled. The inspector spoke to a number of staff and observed their interactions with residents. The inspector observed the staff interactions with residents to be respectful and person-centred in approach. The inspector spoke to staff and found them to be knowledgeable about the topics discussed.

The person in charge was responsible for the formal and informal supervision of staff. Informal supervision was provided on a daily basis and there were plans for the formal supervision sessions to take place with the new person in charge. There were also on-call arrangements for staff to utilise, if required, outside of normal working hours. Staff also attended scheduled team meetings which further provided them with opportunities to raise any concerns.

The registered provider had implemented systems to effectively oversee and

monitor the quality and safety of care provided in the centre. An annual review of the quality and safety of care and support in the centre had been carried out in-line with the standards and had included consultation with the residents. The provider was also carrying out six-monthly reports on the safety and quality of care and support in the centre. The quality and safety of service was also monitored through completion of audits in relation to risk, medication, care planning, health and safety, and infection prevention and control. The annual review, six-monthly reports, and other audits identified actions for quality improvement. The actions were monitored to ensure progression and achievement.

The registered provider had prepared a written statement of purpose. The statement of purpose had been recently revised and was available to residents and their representatives. However, the inspector found that the statement of purpose required further detail on the specific care and support needs that the centre intended to meet.

There were established and effective procedures to address and resolve complaints raised by residents or their representatives. The arrangements were underpinned by a comprehensive policy. The inspector found that residents were supported to make complaints and had access to easy-to-read information on the complaints procedures to aid their understanding. Recent complaints made by residents had been reported and managed to resolution.

#### Regulation 14: Persons in charge

The person in charge was full-time and commenced in post in March 2022. The person in charge had previously worked in other health and social care roles, including roles that involved management duties and responsibilities.

The person in charge had a relevant social care qualification that had included involved some management modules, and was due to commence an additional management course in April 2022.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff working in the centre was appropriate to the number and needs of the residents. The skill-mix included a social care worker, nurses, care staff, and day service staff. There were no vacancies. The centre also utilised the services of the provider's clinical liaison nurse as required.

The person in charge maintained a planned and actual staff rota. The inspector



reviewed a sample of recent rotas, and found some discrepancies in relation to the start time of some shifts and in the recording of the full names of staff.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training, including refresher training, as part of their continuous professional development. The inspector reviewed the staff training records with the person in charge and programme manager, and found deficits which presented potential risks to the quality and safety of care provided to residents. Staff were found to require training in the following areas:

- Three staff required training in the management of aggression, and were booked to attend upcoming training dates.
- Three staff required training in the safeguarding of residents from abuse.
- Four staff required manual handling training, and were booked to attend upcoming training dates.
- Four staff required positive behaviour support training.
- Six staff required fire safety refresher training, and were booked to attend in upcoming training dates.
- Eight staff required infection prevention and control training.

Staff working in one house were supporting residents with modified diets and required training in this area. The person in charge and programme manager had identified appropriate online training modules which they were arranging for staff to complete. Non-nursing staff who were required to administer medicines to residents had completed relevant training.

The person in charge had ensured that staff were appropriately supervised. Supervision took place on a formal and informal basis. There were also support arrangements when the person in charge was not on duty. Staff spoken with were happy with the level of support and supervision received.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The registered provider had resourced the centre to ensure the effective delivery of care to residents. There was also a clearly defined management structure with associated lines of authority and accountability. There was a full-time person in charge. The person in charge reported to a programme manager, who in turn,

reported to a Director of Care. The programme manager demonstrated a good understanding and knowledge of the residents' needs and associated supports required. There were arrangements for communication and escalation between the management team.

The registered provider had implemented effective management systems to ensure that the service provided to residents was monitored. There was an annual review that consulted with residents, and six-monthly unannounced audit reports on the safety and quality of care and support provided in the centre. The provider's head of risk had completed a risk audit, and the provider's infection prevention and control (IPC) specialist had completed a comprehensive IPC audit. There was also a suite of audits completed by the person in charge and staff team on areas such as health and safety, medication and care planning. Actions were identified from the audits and implemented to drive quality improvement in the centre.

There were arrangements to support and manage staff, and for staff to raise concerns. In addition to the supervision arrangements, there were scheduled staff team meetings which provided an opportunity for staff to raise concerns. Staff spoken with, advised the inspector that they felt confident raising concerns and that their concerns would be addressed by management.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose. The statement of purpose had been recently revised and was available to residents and their representatives. However, parts of the statement of purpose were generic and required more detail, for example, the specific care and support needs that the designated centre intended to meet.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The registered provider had provided effective complaints procedures. The procedures were underpinned by a comprehensive policy. The procedures were in an accessible format and were discussed at residents meetings to support them in understanding the procedures.

Staff spoken with advised the inspector on how they supported residents to avail of the complaints procedures, and some of the residents spoken with told the inspector that they were aware of how to make a complaint.

The inspector found that complaints made by residents had been recorded and appropriately addressed.

Judgment: Compliant

## Quality and safety

Residents' well-being and welfare was maintained by a good standard of care and support. However, some improvements were required in relation to the premises, fire-safety arrangements, development of personal plans, and, in particular, infection prevention and control (IPC) measures.

The centre comprised three two-storey houses and one ground floor apartment. The homes were located close to each other and to many amenities and services. The inspector visited all of the homes. All of the bedrooms were single occupancy and were decorated in accordance with the resident's personal taste. The facilities appeared to be in working order and there was sufficient living and communal space. There was also outdoor spaces for residents to use. Overall, the homes were found to be homely and well maintained, however, some of the homes required upkeep, and improvements in relation to storage and ventilation.

The first two homes were bright, homely, and nicely decorated. and there was ample living space. However, the garden shed in the second home which contained personal protective equipment (PPE) was cluttered and untidy. The inspector also found that the storage of residents' files in an unlocked press in the dining room required reconsideration from a privacy and data protection perspective.

The third home was a ground floor apartment. Three residents moved into the apartment in July 2021. Staff advised the inspector that the residents had settled well into their home and that it was appropriate to their mobility needs. The apartment was bright, clean and tidy. There was a small utility room that contained a washing machine, tumble dryer, and cleaning products. The dryer was in use, and the room was found to be very hot and poorly ventilated. The heat in the room and poor ventilation presented a fire hazard as well as an infection risk, and this was highlighted to the person in charge and programme manager. The walls in one bedroom were stained, and there was a gap in the flooring between the bedroom and the en-suite.

The fourth home was homely, however, some maintenance was required such as painting and repair to a damaged wall, flooring, and shower leak. The resident had recently moved in and was planning on doing some of the painting work with staff support.

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 (IPC) available to staff in electronic and paper

form. A suite of risk assessments had been completed on IPC matters. The risk assessments identified corresponding control measures for implementation. In response to the COVID-19 pandemic, the provider had established a COVID-19 control team to manage potential COVID-19 outbreaks. The centre had experienced COVID-19 cases, and they were managed well and in-line with the relevant contingency plans and procedures. Staff were completing COVID-19 symptoms, however, the inspector found that the checks were not always recorded twice daily as per the provider's policy.

Audits were completed by the provider's IPC specialist to monitor the effectiveness of infection prevention and control measures. The audits were comprehensive and identified actions for improvement. The programme manager had also completed a self assessment tool to monitor the implementation and effectiveness of the COVID-19 precautions. Residents were aware of the IPC measures and COVID-19 precautions, and staff spoken with were able to explain IPC measures and precautions such as the management of bodily fluid spills and soiled laundry, and the use of cleaning products and equipment.

The inspector also observed there to be adequate hand washing facilities in the centre such as hand wash basins and hand sanitiser throughout the centre. There were arrangements for accessing personal protective equipment (PPE), however, there was an insufficient supply of eye protection in one home, and the storage of PPE in two homes conflicted with the recommendations of a recent IPC audit. As a precaution, against the transmission of infection, the centre had arrangements for using colour coded cleaning products and equipment. However, in one home, there was an inadequate supply of products.

The inspector reviewed the cleaning records in one home and found inconsistencies in the recording of cleaning duties. The cleaning schedules also required greater cohesion and further clarity on the frequency of tasks. The inspector found that an area of one bedroom required immediate cleaning, and the person in charge asked a staff member to clean it immediately. The cleaning arrangements of the vehicle used to transfer residents were found to be poor. The inspector also found other IPC risks in the centre, such as poor waste management, damaged soft furniture, inappropriate storage of personal hygiene products and cleaning equipment, and inadequate precautions against legionnaire's disease.

Fire safety management systems and precautions were implemented in the centre. There was fire prevention, detection, containment, and fighting equipment, such as fire alarms, emergency lights, fire blankets, fire doors, and fire extinguishers. The fire alarms, fire blankets, extinguishers, and emergency lights had been serviced, and staff were also completing daily fire checks. However, the inspector found that the fire extinguisher in the vehicle was overdue servicing and was not securely stored. The register provider had completed a fire safety audit in the centre. The audit identified areas for improvement, such as the upgrading of key operated locks, and the installation of magnetic self-closing devices on fire doors. The inspector found that some fire doors including bedroom doors required self-closing devices. The inspector was also not assured that the fire containment measures in the downstairs of one home were sufficient as some of the doors did not appear to be

fire doors, including the door between the dining room and kitchen. In another home, the fire strip on a door was painted over which comprised its effectiveness. The signage to indicate use on medical gas in one home required improvement to ensure that it was visible.

The inspector reviewed a sample of the fire drill records. Fire drills took place with the most amount of residents and least amount of staff on duty to test the effectiveness of fire evacuation plans. Staff had also completed relevant fire safety training to be able to respond appropriately to fire. Staff and some of the residents spoken with were able to advise the inspector on the fire evacuation plans.

Individualised assessments of residents' needs were undertaken to inform personal plans. The registered provider had implemented a new electronic information database system that contained all of the residents' assessments and plans. The inspector reviewed a sample of the assessments and care plans with the programme manager. The assessments and plans were found to be comprehensive and up-to-date. The inspector also reviewed the dysphagia care plans for residents supported with modified diets. The dysphagia care plans had been recently updated and were readily available in paper copy for staff to refer to. The inspector found that a dementia care plan was required for one resident to reflect their changing needs and the associated supports required. Residents were provided with appropriate health care. Nursing care was provided where required, and residents had access to their own general practitioner and other allied health professionals, such as speech and language therapists, physiotherapists, positive behaviour support specialists, and psychiatrists.

Behaviour support plans were developed for residents with behaviours of concern by a clinical nurse specialist. The plans were up-to-date and readily available to guide staff in appropriately supporting residents with behaviours. Training in positive behaviour support was also available to staff. There were no restrictive practices implemented in the centre, and the inspector observed residents to have free access to their home.

The registered provider had implemented systems to safeguard residents from abuse. There were comprehensive written policies and procedures and associated roles and responsibilities in protecting residents. Staff had completed training in order to appropriately respond to safeguarding concerns. There were ongoing safeguarding concerns in one home. The concerns stemmed from the changing needs of one resident which had adversely impacted on their compatibility with other residents. The provider had implemented measures such as developing safeguarding plans, involvement of the multidisciplinary team, and increased staffing levels. The registered provider had determined that the care needs of the residents would be better met in another centre that could deliver specialised care. A transition plan had been developed and the resident was due to move by the end of April 2022. The resident had already visited their new home and met their new house mates. It was expected that the transition would resolve the safeguarding concerns.

## Regulation 17: Premises

The registered provider had ensured that the premises of the centre were meeting the aims and objectives of the service and the number and needs of the residents. Residents appeared comfortable and relaxed in their homes, and some of the residents spoken with advised the inspector that they were happy with the premises.

The premises were found to be nicely decorated and generally in a good state of repair, however, some areas required upkeep, and some of the storage arrangements and ventilation facilities required improvement:

- In one home, the walls in a bedroom were stained and there was a gap in the flooring between the bedroom and the en-suite. The utility room was inadequately ventilated and found to be very hot. The poor ventilation and heat in the room presented as a fire hazard and infection risk, and was escalated by the inspector to the person in charge and programme manager during the inspection.
- In another home, the storage of residents files in an unlocked presses required reconsideration from a data protection perspective.
- In the last home, painting was required in the kitchen and hallway, and the flooring in the living area was damaged. In the bedroom en-suite, there was a leak in the shower and some of the tiles were damaged.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The registered provider had implemented measures to protect residents against infection, and the inspector did find some good practices and measures, such as comprehensive infection prevention and control (IPC) audits, detailed risk assessments, and staff and resident understanding of IPC precautions. However, it was also found that some of the measures were not properly implemented and as result infection hazards and risks were not adequately addressed and mitigated, for example:

- Incontinence wear was stored in a wooden garden shed in one home, and personal protective equipment (PPE) was stored in a wooden garden shed in another home. These storage arrangements were against the guidance from an IPC audit carried out in November 2021.
- There was insufficient supply of colour coded mop heads and buckets in one home. Therefore, the floors could not be appropriately cleaned or cleaned in line with the provider's IPC procedures. A mop bucket was also observed stored outside the back door in another home.
- There were gaps in the recording of cleaning duties. The cleaning schedules

required revision and cohesion.

- As a precaution against the transmission of COVID-19, staff were completing symptoms checks. However, the recording of the checks was inconsistent.
- There was no eye PPE in one home.
- The disposal of clinical waste in one home was poor, for example, a full untied yellow clinical waste bag was observed in the back of a garden. Staff spoken with were unclear why or how long it was there.
- The storage of toothbrushes in one home was inappropriate and presented a risk of cross contamination of infection.
- There was no risk assessment for legionnaire's disease. In one home, there was unused water facilities and the precautions against legionnaire's disease required improvement.
- In one home, there was no documented arrangement for the cleaning of shower chairs between resident use.
- The fabric on a footstool was damaged and could not be adequately cleaned.
- One bathroom required a deep clean, and there was no bin to receive waste.
- Further guidance was required for a resident in relation to washing clothes and mop heads separately to prevent the risk of cross contamination.
- The floor in one bedroom require immediate cleaning (the person in charge asked a staff member to clean the floor immediately).
- The vehicle used to transport residents required a clean, and there were no documented arrangements for cleaning it.
- Some staff required training in IPC.

Judgment: Not compliant

## Regulation 28: Fire precautions

The registered provider had implemented effective fire safety management systems, however, some areas required improvements. There was suitable fire detection, fighting, and containment equipment such as fire alarms, extinguisher, fire blankets, and emergency lights. There were arrangements for servicing of the equipment, and staff were also completing daily fire checks. However, the inspector found that the fire extinguisher in the vehicle was overdue servicing, and it was not securely stored (it was observed unsecured behind the front passenger seat) which presented a risk of combustion. There was medical gas in one home, the signage to indicate use of gas in the home was not adequately visible.

The provider had conducted a fire safety audit and found that the some of the fire doors required magnetic self-closing devices, and exit door locks required upgrade. The inspector found that some fire doors required self-closing devices, and the fire strip of one fire door had been painted over which comprised its integrity. The containment measures also required consideration, as the doors between a dining room and the kitchen and sitting room did not appear to be fire doors.

The registered provider and person in charge had developed procedures for the safe

evacuation of the centre. Each resident also had their own personal evacuation plan. There were regular fire drills with the most amount of residents and the least amount of staff to test the effectiveness of the procedures and plans

The registered provider had made arrangements for staff to receive suitable fire safety training. Staff and some of the residents spoken with were aware of the fire evacuation procedures.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of each residents health, personal, and social care needs had been carried out. The assessments were reviewed on an annual basis and informed the development of personal plans. The registered provider had introduced a new electronic information database system that stored all of the residents assessments and care plans.

The inspector reviewed a sample of care plans with the programme manager and found them to be detailed and up-to-date. However, a dementia care plan was required for one resident to reflect their changing needs and associated required supports.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided for each resident. Residents in one home received nursing care in line with their assessed needs. Residents had access to their own general practitioner and other allied health professionals, including physiotherapists, speech and language therapists, and psychiatrists.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern. The person in charge had ensured that residents were supported with positive behaviour support plans where required. The behaviour support plans were overseen by a clinical nurse specialist and had been



recently updated. The plans were readily available to staff to follow.

There were no restrictive practices implemented in the centre.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had implemented systems to protect residents from abuse. The systems were underpinned by a comprehensive policy and procedures. Staff also completed safeguarding training in order to prevent, detect and respond appropriately to safeguarding matters. Staff spoken with were aware of the safeguarding procedures and the contents of safeguarding plans.

Intimate care plans had been prepared to ensure that residents were assisted in a manner that respected their dignity and privacy.

There were ongoing safeguarding incidents in one home. The registered provider had responded appropriately. Safeguarding concerns were reported and plans were developed and reviewed. The provider had increased staffing and there was involvement of multidisciplinary team members. A transition plan was developed for one resident to move to a more appropriate centre by the end of April 2022. The centre would better cater to the resident's specialised needs, and it was expected that the transition would resolve the safeguarding concerns.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 1 OSV-0005829

Inspection ID: MON-0027899

Date of inspection: 06/04/2022

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All rosters are planned 2 weeks in advance by PIC and are reviewed by Programme Manager and Workforce department to ensure correct start times and shift patterns. Full names of all staff working in DC are documented on actual roster and this is reviewed by PIC on a weekly basis.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Outstanding training in MAPA, Safeguarding, Manual Handling, Positive Beh Support, Fire Safety and Infections Control has all been booked and scheduled by staff. Due to be completed before 30/6/22 Staff in 2 homes have commenced FEDS training , to be completed before 30/6/22.  Training compliance is reviewed on a monthly basis by PIC and Learning and Development Dept. This is discussed with all staff during quarterly supervisions with PIC.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose has been updated and is now more specific to the individual areas within the designated centre. This has been forwarded to the Inspector.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Floraville Apt- On 17/4/22 Request was made to Technical services to place air vent in	

utility room. Request for bedroom walls to be repainted and for gap between tiles and wooden floor to be filled was placed with Tech Services on 28/4/22.

Palm Heights : All residents files are now stored in locked press.

Red Cow Cottage: Works have been scheduled for full home improvement – including painting, replacement of flooring, tile replacement and resealing of shower. These works are set to commence on 16th May 2022 and aim to be completed within 2 weeks.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1. Incontinence wear now stored in individual residents rooms.
2. Colour coded mops and cleaning systems have been ordered and will be in use before 31/5/22
3. Cleaning schedules have been updated – (now include DC Vehicle, Shower chairs), are completed daily and checked on weekly basis by the PIC.
4. All required PPE is available in all homes and is supplied by Stewarts Stores Dept. In the event of emergency extra supplies are available through On Call system.
5. All clinical waste stored and disposed of in line with IPC policy. IPC measures to be discussed at all staff meetings (to include cross contamination risk / waste storage )
6. All toothbrushes stored individually.
7. Flushing of un-used shower has commenced and risk assessment for Legionella has been completed.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Transport vehicle – fire extinguisher has been serviced and is now stored securely in vehicle.

All issues raised in service provider audit have been actioned, self closing devices are ordered and to be fitted before 31/5/22. Exit door locks requiring upgrade has commenced. New fire strip of one fire door which had been painted over has been replaced.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Resident who required dementia care plan has been transitioned out of the Designated Centre to a centre for care of the older person with cognitive decline. Dementia care plan is in progress within this new 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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	11/04/2022
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	30/06/2022
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	Substantially Compliant	Yellow	31/05/2022

	internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2022
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.	Not Compliant	Orange	30/06/2022
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	30/04/2022

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	26/04/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	20/05/2022