



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 23
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	05 March 2021
Centre ID:	OSV-0005843
Fieldwork ID:	MON-0032134

About the designated centre

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

Designated centre 23 is intended to provide long stay residential support for service users to no more than seven men with complex support needs. This centre is a wheelchair accessible bungalow, which offers residents their own individual bedrooms, kitchen, a communal living room, sun room-dining room, relaxation room and open access to a secure back garden. The centre is staffed with nurses, healthcare assistants and activity staff under the management of a person in charge. Healthcare is supported by medical doctors, a clinical team and nursing care is available within the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 5 March 2021	09:55hrs to 16:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to observe residents in their home during the inspection. The inspector used these observations, discussions with staff and a review of documentation, such as resident questionnaires to inform their judgements. Overall, the inspector found that residents' were well supported within their home and felt safe.

The inspector reviewed six resident questionnaires, three were completed by staff on behalf of residents and three were completed by residents with support from staff. Generally, these questionnaires were very positive. Residents noted they enjoyed using the sensory room and the conservatory and that they were happy with how they were supported to make choices. They said they enjoyed activities such as hand massages and relaxation sessions. Additionally, the inspector reviewed five completed family questionnaires. Again, these were very positive about the service their relatives were receiving.

The inspector observed that there was ongoing maintenance issues within the house, these issues and the decor of the centre did not contribute to a homely feel within the centre. However, residents did appear comfortable in their home. The centre was large and this allowed residents to engage with each other when they wished and also to have time alone. The inspector observed residents spending time together in the sun room and others relaxing in the sensory room. The inspector observed many positive interactions between residents and staff, such as staff reading to residents. Mealtime experiences appeared positive, with staff creating a relaxing mealtime experience.

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

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

Capacity and capability

Overall the centre was well managed and this enhanced the capacity and capability

of the centre. However, the oversight arrangements for the centre required improvement to ensure night time staffing arrangements were appropriate and that all notifications were made as per the requirements of the Regulations.

There was a statement of purpose in place that clearly described the model of care and support delivered to residents in the centre. It contained all the information set out in the Regulations.

There was a suitably qualified and experienced person in charge who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff 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. The provider had ensured that the centre had complied with their registration conditions and was on target to have no more than six residents living within the designated centre. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge conducted appropriate audits and the provider had ensured that an unannounced visit to the centre was completed as per the Regulations. However, these assurance mechanisms required improvement. For example local audits failed to self identify pertinent fire safety concerns that were raised during this inspection. An annual review of quality and care was conducted. However, this review required some improvement to ensure it took account of the national standards.

It was unclear from a review of the staff rota if there was sufficient staff to meet the assessed needs of residents at all times. The person in charge outlined that the centre required one night time staff to safely meet residents' assessed needs. However, these staffing arrangement relied upon external staffing resources from the campus to support the night time staff throughout the night. The person in charge outlined that they did not have oversight of these staff and there was no formal structure in place within the designated centre to record if these staff were present or not. Furthermore it was unclear if the night time arrangements were sufficient to meet resident nursing care needs. An immediate action was issued in relation to this and the provider gave assurances that measures had been put in place to ensure residents had access to nursing care at night. There was a planned and actual rota in place but it required improvement, as the current rota did not clearly identify what individual roles staff fulfilled i.e if they were staff nurses, or care assistants. The inspector briefly engaged with staff during the inspection and observed their practice. The inspector found staff to be knowledgeable about their role and residents' needs. Staff were observed supporting residents in a kind and compassionate manner during the inspection.

Staff were provided with suitable training such as fire safety, manual handling, positive behaviour support infection control. There were some gaps in this training but the provider was aware of these gaps and had made arrangements to address them and ensured all mandatory training was provided. The provider had a staff supervision system in place and staff were appropriately supervised. The centre utilised individual staff supervision to reflect on staff practice and this enabled staff

to support residents safely with their assessed needs.

The inspector completed a review of a sample of adverse incidents within the centre. This review demonstrated that the person in charge had ensured all appropriate incidents were notified to the Office of the Chief Inspector as required by the Regulations. However, not all quarterly notifications had been notified as required, for example not all restrictive practices had been notified.

Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

It was unclear if the current staffing arrangements were sufficient to meet the assessed needs of residents at all times. For example the centre relied on external staffing resources based on the campus to supplement the staffing arrangements on site.

It was unclear if nursing care was consistently available at night, in line with residents' assessment of needs. For example nursing staff were not consistently on the staff rota at night.

There was a planned and actual rota in place but it required improvement, as the current rota did not clearly identify what individual roles staff fulfilled i.e if they were staff nurses, or care assistants.

Judgment: Not compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date practice. Appropriate refresher training had been completed and/or was scheduled. 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. The annual review for 2019 was completed but did not account for the national standards.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an appropriate statement of purpose in place that meets the requirements of the Regulations and Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all quarterly notifications had been notified to the Office of the Chief inspector in line with the Regulations. For example not all incidents of chemical and environmental restrictions had been notified as quarterly as required.

Judgment: Not compliant

Quality and safety

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

The provider had ensured that there were fire safety measures in place, including a 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. However, it was unclear if the number and position of emergency lighting was sufficient to meet the needs of the centre. Furthermore, some fire containment measures within the centre required immediate attention as the inspector observed two fire doors that did not close correctly. This had the potential to adversely impact residents safety, as the fire doors may not be effective

in the event of a fire. Additionally, not all emergency exit signs were illuminating as required. An immediate action was issued to the person in charge and they confirmed post inspection that remedial repairs had been completed to ensure these fire safety systems were working appropriately and a further review of the overall fire precautions would be conducted.

As outlined in the previous section, during a walk around of the centre, the inspector observed that there was ongoing maintenance issues within the centre. Two of the three bathrooms required substantial renovation. In one instance, as a bath was no longer operational, the bathroom was now being used to store cleaning products. A second bathroom had accessible bathing equipment available, including a shower trolley. However, the configuration of the bathroom included two toilet cubicles and a shower area, this detracted from the homeliness of the this area. Residents bed rooms and some communal areas required painting and did not reflect the individual preferences of residents. There was a secure external garden that was nicely maintained and the sitting room had been recently painted. However, overall the general decor and maintenance issues, detracted from the comfort and homely feel within the centre.

There were arrangements in place to ensure that each resident had a comprehensive assessment of need and a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. These plans ensured residents assessed needs were met consistently and promoted good care practices.

Appropriate supports were in place to support and respond to residents' assessed behaviour support needs. Where assessed as required, therapeutic interventions were prescribed in conjunction with the appropriate multidisciplinary team members. Positive behaviour support plans were kept under review and included proactive and reactive strategies. Where assessed as necessary, restrictive practices were implemented in accordance with the providers restrictive practice policy.

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

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

control measures available to staff.

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

Regulation 17: Premises

The centres overall presentation was not homely and required decorating. Damp stains were evident on the ceiling in sitting room and bathroom. Two bathrooms were in need of upgrading and renovation.

Judgment: Not compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 27: Protection against infection

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

Judgment: Compliant

Regulation 28: Fire precautions

Not all fire containment measures were effective. ie two fire doors did not close properly. It was unclear if there was sufficient emergency lighting to illuminate fire evacuation routes. Not all emergency exits signs were illuminating as required.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour. Where restrictive procedures were implemented, they were applied in accordance with the providers policy.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 23 OSV-0005843

Inspection ID: MON-0032134

Date of inspection: 05/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: During inspection the inspector noted that the roster did not indicate the role of the staff. However, interdepartmental supports have resolved the issue the current roster clearly shows distinction between staff nurses and care staff.</p> <p>The current staffing levels in the centre have been reviewed in-line with the assessed needs of the residents; a business case seeking further supports was developed by the Person in Charge and the Programme Manager and submitted to the Director of Care on the 30/03/21. The Director of Care will present the business case to the funder seeking approval on the 16/04/21.</p> <p>The contingency plan for the Centre will ensure there are 4 additional personnel available to cover for additional staffing needs during the day and at night time.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: At the time of inspection it was noted that there were clearly defined management structures which identified the lines of authority and accountability within the centre. However, the annual review for 2019 was completed but did not account for the national standards. The 2020 annual review report was returned by the Registered Provider on the 08/04/21 in an updated format which adheres to the national standards. This format will continue to be used for annual reviews.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge will ensure quarterly notifications will include chemical restraints and environmental restrictions in the centre.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Person In Charge has applied and received funds for redecorating the house and work already commenced on the 02/04/21 and is still in progress. All key workers have requested funds to buy soft furnishings for redecorating individual bedrooms. The key workers are also painting bedroom doors with different colours to personalise the room as per the will and preferences of each resident. The Person in Charge has emailed Technical Services on the 15/03/21 seeking to renovate a bathroom in the centre, currently waiting for the works to commence.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>There were 2 fire doors that were not fully closing at the time of inspection and 2 exit lights were faulty. The Fire Safety officer was contacted immediately and this was resolved whilst the inspector was still on the premises on the 05/03/21.</p> <p>A representative from Chubb completed an assessment on the Fire Detection and Alarm System, Fire Extinguishers, Emergency exit signage and emergency lighting on the 01/04/21 as was recommended by the inspector.</p> <p>The Fire Safety Officer also completed an assessment on all the fire doors in the centre on the 09/03/21.</p>	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2021
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.	Not Compliant	Red	05/03/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the	Substantially Compliant	Yellow	30/04/2021

	day and night and that it is properly maintained.			
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.	Not Compliant	Orange	30/09/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/09/2021
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.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/04/2021
Regulation 28(2)(c)	The registered provider shall	Not Compliant	Orange	30/04/2021

	provide adequate means of escape, including emergency lighting.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	05/03/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	30/04/2021