



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 17
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	25 January 2022
Centre ID:	OSV-0005851
Fieldwork ID:	MON-0027127

About the designated centre

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

Designated centre 17 is operated by Stewart's Care Limited. It is intended to provide long stay residential support to no more than eight men or women over 18 years of age with complex support needs. This centre comprises two wheelchair accessible homes located on a campus in Dublin 20. Each resident has their own bedroom, and each home has an open-plan kitchen, dining and living room area. One home has a separate toilet and wet room shower facility, the second home has a combined toilet/wet room shower facility. Each residence has a patio area to the front of the property. Residents have access to a General Practitioner (GP), along with allied health supports such as physiotherapy, occupational therapy, psychology, psychiatry, social work, behaviour support specialist and dietician. Residents are supported by a team of staff nurses and care assistants and the centre is managed by a full-time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 25 January 2022	09:30hrs to 17:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This report outlines the finding of an announced inspection of this designated centre. This inspection was carried out on foot of the provider's application to renew registration of this designated centre.

During the inspection, the inspector met briefly with all residents present in the centre. At the time of the inspection, there was one vacancy.

Residents living in the centre did not use verbal language communication to express their needs or wishes. The inspector was therefore unable to seek verbal feedback about the service provided to them.

A number of written feedback questionnaires had been completed. The inspector reviewed these questionnaires and noted they had provided overall, positive feedback, but did mention some areas where improvements were required.

Feedback questionnaires identified the lack of shelter, available for residents, if they wished to use the garden/patio areas of each residential bungalow. This impacted on them being able to enjoy sitting outside while protected from the weather.

In addition, further feedback was provided in relation to the toilet provisions in one residential bungalow. The toilet and shower area were provided in the same room. Therefore, when the shower was in use, residents or staff could not use the toilet facility in the home. Toileting facilities were not accessible for residents or staff when other residents were receiving personal care.

Observations carried out of both residential bungalows that made up the centre noted they were nicely decorated and homely. However, aspects of the premises impacted on infection control standards, additional infection control management systems required improvement also.

For example, storage space options in both residential bungalows, that made up the centre, were inadequate and there were aspects in relation to this that impacted on the infection control standards in the centre.

At the time of inspection, in one residential bungalow, there was one vacant bedroom. This was being used as a storage area for residents' seating and mobility equipment. While this ensured circulation and communal spaces in the centre were uncluttered, it was not a long-term solution and, at times, even with it's provision, the inspector observed residents' mobility aids and chairs placed in the shower room after their use. In addition, the inspector observed there was no suitable space to store the house keeping cleaning trolley and this was observed to be stored in the toilet area of the same bungalow.

In the second residential bungalow, there was no vacant bedroom and therefore,

limited storage space provision. In this home, residents mobility aids and seating were stored in the toilet/shower area of the bungalow so as to ensure the hallway space and communal areas were free for residents to move about in. This impacted poorly on the infection control standards in the centre as it could not ensure residents seating aids were stored in the most optimum, clean environment while not in use.

The inspector reviewed the space options in residents' bedrooms, however, it was observed that they could not provide the space for residents to store their personal mobility aids. In addition, the person in charge and inspector discussed the storage options for oxygen cylinders in the bungalows. At the time of inspection, these were placed in the hallway areas of each bungalow. It was observed that there was limited space options to store this equipment elsewhere in the bungalow that would ensure it was accessible while managing associated risks, for example fire safety precautions.

While overall, the premises of each bungalow appeared clean, there were aspects the inspector observed were not maintained in a sanitary manner. A shower trolley was provided in each bungalow, each shower trolley had a removable mat. The inspector observed a collection of dirt and grime on the underside of the shower trolley mat in both bungalows.

The inspector also observed some other aspects of the layout of the premises that impacted on infection control standards. The provider had undertaken to install a washing machine and dryer in the kitchen area of each bungalow. This ensured matters of Schedule 6 of the regulations were being met by providing residents with the option to wash and launder their own clothes. While this was a good initiative, some improvement was required.

Some resident meals were still being provided to the bungalows from a central kitchen, these meals were heated in an oven which was located on a counter top in the kitchen area of each bungalow. However, the washing machines had been placed directly underneath the ovens. This meant that there was a potential infection control risk associated with the laundering of dirty linen located in such close proximity to the preparation of food area. This required improvement.

The inspector spoke to staff during the course of the inspection and discussed activity provisions for residents they were key workers for. Staff were able to describe the types of activities residents enjoyed. They showed the inspector different sensory activity items that were provided for the resident and placed in their bedroom, for example. They were also able to provide a good description of how to use evacuation aids for residents and described how they would support residents in the event of a fire evacuation using these aids.

During the course of the inspection, the inspector observed and heard staff speaking nicely to residents and provided personal care supports in a private and dignified manner at all times.

The inspector reviewed aspects in relation to fire safety precautions. While overall, the provider had put good containment systems in place and provisions for ensuring

timely and effective evacuation of residents with the provision of fire evacuation aids, further improvement was required.

The person in charge had ensured there was a fire evacuation procedure for day and night time and showed the inspector the fire panel for each residential bungalow. Both panels were located outside of each bungalow in a small boiler room space. The fire alarm system could alert staff of the presence of a potential fire with the sound of the alarm activating within the bungalow itself. However the fire panel could not identify, for staff, the exact location that triggered the alarm in the respective bungalow. Therefore, staff did not use the fire panel as part of the evacuation procedures as it was not accessible or addressable.

In addition, the inspector observed the boiler room spaces, where the fire panels were located, being used as a storage area for items such as Christmas decorations and tins of paint, meant the spaces were not only cluttered, making the panels further inaccessible but also contained items that were not in line with appropriate fire safety precaution measures.

In summary, residents living in this designated centre were experiencing good care with some areas that required improvement in relation to the premises, infection control and some aspects of the fire safety systems.

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 to each resident living in the centre.

Capacity and capability

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection and also wore personal protective equipment (PPE). The inspector greeted all residents that were present during the course of the inspection. At all times, the inspector also respected residents' choice to engage with them or not during the course of the inspection.

The purpose of the inspection was to inform the registration renewal of the designated centre. The inspector found the provider was operating and managing this centre in a manner that ensured residents' needs were met by a staff team who were delivering good care.

It was demonstrated that improvements in training arrangements for staff had occurred since the previous inspection. Provider-led auditing and oversight arrangements had also improved since the previous inspection and were ensuring the provider was well informed of areas that required improvement in the centre.

However, improvement was required to ensure all required information, for the purposes of processing registration notifications, were submitted in a timely and correct manner. Staff supervision arrangements required improvement to ensure they were carried out within time-frames that were set out in the provider's policy.

There had been a change of person in charge since the previous inspection. The provider had submitted a registration notification to the Chief Inspector of this change. All required information for this notification had been submitted as required. However, there had also been a recent change of a senior manager role to the centre. At the time of inspection, not all required information had been submitted for this notification to be processed. This required improvement.

The person in charge reported to a programme manager who in turn reported to the director of care. The person in charge was knowledgeable of the needs of residents. They were responsible for this designated centre only. It was found that they had the appropriate qualifications to meet the requirements of Regulation 14.

An annual review had been completed for 2021 by the provider. This review met the requirements of Regulation 23. The inspector noted the annual report was very comprehensive in scope, examined the provider's compliance against the disability standards and regulations, sought resident and family feedback and provided a scope of recommendations to improve the service for the next year.

The provider had also completed the required six-monthly provider led audits for the centre. These audits were comprehensive in scope and provided an improvement action plan to bring about enhanced compliance. In addition to these audits, the provider had also ensured additional auditing of the quality and safety of the service was carried out by other key provider stakeholders. Relevant appropriately qualified stakeholders had carried out audit reviews of fire safety, risk management and infection control in the centre.

This demonstrated the provider had enhanced their governance and oversight arrangements for the centre and within their organisation and ensured they were well informed of the risks presenting in their designated centres and the actions needed to bring about an improved quality service.

The person in charge had ensured staff were appropriately trained in mandatory areas of safeguarding, fire safety and manual handling to meet the needs of residents. Staff had also received additional training in management of potential and actual aggression, risk management, infection control and children first. At the time of inspection, staff were undergoing skills improvement training in epilepsy management, with some staff already trained in this area.

While it was demonstrated staff had received a supervision meeting with their line manager in the previous year, it was not demonstrated they had received such meetings in line with the time-frames as set out in the provider's supervision policy and procedures. This meant, while a staff supervision process was in place, it was not being implemented effectively and frequently enough.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration.

Some items received required review or updating, these were submitted the day after the inspection in a complete manner.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge for the centre.

The person in charge was responsible this designated centre only, which was made up of two residential bungalows. Both bungalows were located within walking distance from each other which ensured a reasonable and manageable remit for the person in charge.

The person in charge had the required qualifications to meet the regulatory requirements of Regulation 14.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual rosters.

These clearly outlined the full name of staff, staff working shift and role.

On review of staffing rosters it was demonstrated the staffing levels and skill-mix were maintained to the levels as set out in the whole-time-equivalent numbers of the statement of purpose.

The working roster for the person in charge was also maintained and demonstrated the shifts and hours they worked each week.

Schedule 2 staff files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with suitable training such as fire safety, safeguarding vulnerable adults, manual handling, management of potential and actual aggression, and infection control. Refresher training arrangements were also in place and it was demonstrated all staff had received refresher training in these areas.

The provider had also undertaken to enhance the skills of staff working in the centre by introducing training in the administration of emergency rescue medication for the management of seizures. This ensured there were enhanced first response measures in the centre for residents during the day and at night time. This skills improvement initiative was ongoing.

The provider had a staff supervision system in place. However, it was not demonstrated that all staff had received a supervision meeting with their manager within the time-frames as set out in the provider's supervision policy and procedures. This required improvement.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider submitted an up-to-date insurance record for the centre as part of the application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

The provider had submitted a full and complete application to renew registration.

The provider had completed an annual report for the previous year that met the requirements of Regulation 23.

The provider had completed required six-monthly provider-led audits for the centre. These audits were comprehensive and provided an action plan to improve compliance in the centre.

The provider had also instated additional quality oversight auditing in the centre by ensuring audits and quality reviews were carried out by key qualified provider stakeholders in specific areas.

For example, quality and risk audits had been completed in the area of infection control, risk management and fire safety.

The provider had appointed a full-time person in charge for the centre that met the requirements of Regulation 14.

The provider had ensured there were clear lines of responsibility and reporting for the management oversight of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had created, and maintained, a statement of purpose that met the requirements of Schedule 1.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had notified the Chief Inspector of a change to a person participating in management of the centre as required by the regulations.

Some information, required to progress the notification, had not yet been submitted.

- Vetting Declaration.
- A second reference.
- A copy of management qualification certificate.
- Section 6 of the personal information form had not been completed.

Judgment: Substantially compliant

Quality and safety

This inspection found that residents were in receipt of a good service, for the most part, that was meeting their social and health care needs within the context of COVID-19. Improvements were required in the area of infection control, premises, risk management and fire safety arrangements.

The provider had processes in place to promote residents' safety and protect

residents from harm. There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions, and the process for responding and recording safeguarding concerns was in line with National policy. Residents had access to a social work department, if required, and there was a named designated officer for the designated centre. The person in charge had ensured staff had received refresher training in safeguarding vulnerable adults and at the time of inspection all training was up-to-date.

While this was evidence of good safeguarding processes and procedures when incidents were reported and recorded, it was noted improvements were required to ensure incidents of unexplained bruising were reviewed and investigated using safeguarding procedures and processes. For example, in one instance a resident had returned from a hospital admission with a number of bruises which had been deemed to be consistent with manual handling procedures during their hospital stay. However, it was not demonstrated how this had been determined in the absence of a safeguarding review or screening.

Therefore, safeguarding practices and screening for unexplained injuries required improvement to ensure effective implementation of National safeguarding policies and procedures in the centre.

There was a schedule of maintenance in place for fire safety equipment. The inspector reviewed servicing check records in each residential unit visited and noted they were up-to-date in each house with a record maintained and available for review.

Each house had also undergone a fire safety audit by a stakeholder of the provider with a remit in fire safety. Containment measures were in place in residential unit to a good standard. Fire doors were in place with door closers and smoke seals in place.

Recorded fire drills had been carried out and documented records of these were maintained in each residential bungalow. Staff had received training in fire safety management with refresher training available and provided as required. Personal evacuation plans were in place for each resident and recently, to improve evacuation measures, residents had been provided with their own fire evacuation aid, located in their bedrooms. Staff spoken with were able to demonstrate to the inspector how to use these aids.

The fire alarm panels for each residential bungalow were maintained in boiler rooms outside of each of the premises. The location of the panels required review as they were not readily accessible for staff and in addition were not addressable and therefore not used as part of the evacuation procedures for the centre.

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. A copy of this plan was submitted to the Chief Inspector following the inspection by way of demonstrating an assurance to HIQA that the provider had plans in place to improve

fire safety measures in their centres to the most optimum standard.

The inspector reviewed infection control management in the centre and noted good contingency planning was in place. Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection which were in line with recent changes to public health guidance.

The provider had ensured a comprehensive infection control audit in each residential bungalow had been completed by a clinical nurse specialist in Infection Control. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. The audit had recently been carried out and had identified a number of areas related to aspects of the premises that were impacting on the infection control standards in the centre.

Overall, it was demonstrated that there was a risk of cross contamination due to the location of the laundry appliances beside the food preparation area of each residential bungalow. The inspector also observed residents' mobility aids and chairs being stored in the toilet/shower facility of one resident bungalow and in the other bungalow the household cleaning trolley was stored in the toilet. This meant there was a high risk of cross contamination to residents' equipment and equipment used to clean the premises was being stored in a non-sanitary area.

Other areas of the centre were observed to not be maintained in a hygienic manner to ensure good infection control standards. For example, shower trolleys were not cleaned thoroughly and were observed to have dirt and grime on the underside of trolley mat. The inspector also observed some shower trolleys were not dried down after use resulting in a collection of moisture and liquid on the trolley mat surface which could contribute to a build up of dirt and grime.

There was evidence to demonstrate the provider's risk management policies and procedures were implemented in the centre. A risk register was maintained and recorded risks presenting in the centre and control measures in place to manage and mitigate these risks.

Some improvement was required. It was not clear how trending and analysis of incidents were informing risk assessments in the centre. For example, the risk of pressure ulcers were risk rated high, however, it was not demonstrated there were a high number of presenting pressure ulcer risks in the centre at the time of inspection.

In addition, it was not demonstrated that the provider and person in charge had reviewed and risk assessed the areas where fire alarm panels were currently located and ensure items, that should not be stored in these areas, were removed and information and guidance was provided to staff with regards to these matters.

Overall, it was demonstrated residents were supported to achieve their best possible health. Residents had received an annual medical review with their GP and

additional annual health assessments were completed by nursing staff. Residents were supported to access National health screening supports as per their assessed needs.

Some improvement was required to ensure epilepsy support plans were reflective of the individual seizure management needs of residents. While such plans were in place, they were generic in nature and for some residents, required further review. This was to ensure they provided guidance to staff on how to manage emergency seizure management responses with due regard of residents' previous seizure presentations, medical history and response to rescue medication.

While staff demonstrated good knowledge of how to respond to seizures and provide care and support to residents, it was not demonstrated staff were knowledgeable of the procedures for contacting emergency services and mentioned they would ring a number of clinicians to seek advice before doing so. This required review.

It was observed that the provider had endeavoured to provide residents with a homely environment which was decorated to a pleasant standard throughout, for the most part. Residents' bedrooms were nicely decorated and personalised. Residents were also provided with mobility aids and equipment to meet their assessed needs. However, given the assessed needs of residents they required a number of different mobility aids which required space in order to store them when they were not in use, but in a manner that made them accessible.

The inspector observed there were inadequate provisions in place to ensure residents' mobility aids and appliances were stored appropriately. In addition, the inspector observed some pieces of resident mobility equipment were damaged and requiring repair.

Some residents did not have full access to their prescribed equipment as there was not practical place to store it in the centre and therefore, were not able to use it as required or prescribed.

Improvements were required to ensure residents were provided with a suitable living arrangement that could meet their assessed needs and provide space to accommodate the equipment required to meet those needs.

Regulation 17: Premises

Some premises upgrade works required to this centre to ensure it was maintained in the most optimum standard and could provide residents with areas to store their personal mobility equipment in a manner that was hygienic and accessible.

- Premises upgrade works were required to the toilet and bathing facilities of one residential bungalow to ensure residents could access the toilet while other residents used the shower facilities.

- The flooring in the hallway, and some areas of a residents' bedrooms, was heavily marked and unsightly in one residential bungalow.
- Hand-washing sinks in a number of residents' bedrooms did not have a splash back in place.
- There was an overall lack of storage space available to accommodate residents' mobility aids and equipment, this resulted in residents' equipment being stored in shower and toilet areas.
- One resident did not have free access to their specific supported bed type as there was no space to store it in their home and the equipment was stored in another building of the congregated campus.
- Some alternative seating/mobility chairs required repair, for example, a piece of padding on a padded foot plate was missing from one chair, another chair had a large rip in the leather down one side.
- Residents were not provided with garden furniture and shelter to support them to fully utilise and enjoy their outdoor garden/patio area of their homes.
- There was observable water stains on the ceiling of one residential bungalow which had resulted from previous leaks.
- The window blind in one shower/toilet room was ripped and required replacing.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was evidence to demonstrate the provider's risk management policies and procedures were implemented in the centre.

A risk register was maintained and recorded risks presenting in the centre and control measures in place to manage and mitigate these risks.

Some improvement was required. It was not clear how trending and analysis of incidents were informing risk assessments in the centre.

- For example, cross contamination was identified as a risk in the centre and deemed a low risk. However, as demonstrated through observations and inspection findings on this inspection, there was a high risk of cross contamination as a result of the location of laundry facilities in the food preparation area of the centre and the storage of resident mobility equipment in toilet areas of the centre.
- The risk of pressure ulcers were risk rated high, however, it was not demonstrated there were a high number of presenting pressure ulcer risks in the centre at the time of inspection.
- The risk of falls had been risk rated high, however, it was not demonstrated that there had been a frequent number of fall injuries in the centre.

The provider and person in charge were required to review and risk assess the areas

where fire alarm panels were currently located and ensure items, that should not be stored in these areas, were removed and ensure information and guidance was provided to staff with regards to these matters.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Covid-19 outbreak contingency planning arrangements were in place.

Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day.

Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection which were in line with recent changes to public health guidance.

However, infection control standards were not well maintained in this centre:

- Residents' mobility aids and equipment were stored in the toilet and shower facilities in each residential bungalow. This meant residents' equipment was not maintained in a manner that ensured they were hygienic and not exposed to potential contamination.
- The inspector observed the house hold cleaning trolley was stored in the toilet of one residential bungalow.
- Shower trolley covers were not maintained in a hygienic manner, the inspector observed a large build up of grime and dirt on the underside of both shower trolleys in both residential bungalows.

A number of potential infection control sources were managed near the food preparation location of the centre.

For example:

- The location of the washing machine and dryer impacted on the overall infection control measures in the centre as they were located directly below and beside food preparation areas in the kitchen
- Removable cloth mop heads, used to clean the floors in the centre and dirty linen was laundered in the washing machine of the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

There was a schedule of maintenance in place for fire safety equipment.

Fire equipment servicing records were up-to-date.

Staff had received training in fire safety management with refresher training available and provided as required. The centre had also undergone a fire safety audit by a stakeholder of the provider with a remit in fire safety.

Fire evacuation aids had been made available for the purposes of evacuating residents and were located in residents' bedrooms.

Containment measures were in place in the centre and overall were to a good standard. Fire doors that were in place were fitted with door closers and smoke seals.

Recorded fire drills had been carried out during and were maintained in the fire register for the centre. Each resident had a documented personal evacuation plan which was in date maintained.

The fire alarm panels for each residential bungalow were maintained in boiler rooms outside of each of the premises.

The location of the panels required review as they were not readily accessible for staff and in addition were not addressable and therefore not used as part of the evacuation procedures for the centre.

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

A copy of this plan was submitted to the Chief Inspector following the inspection by way of demonstrating an assurance to HIQA that the provider had plans in place to improve fire safety measures in their centres to the most optimum standard.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve their best possible health.

The provider had ensured nursing staff were available to residents to provide nursing care and support.

The provider had commenced a training programme for all staff in epilepsy management and administration of epilepsy rescue medication as a way of

improving health care supports for residents. This training was ongoing.

Residents had received an annual medical review with their GP and had additional annual health assessments completed by nursing staff.

Residents were supported to access National health screening supports as per their assessed needs.

Some epilepsy management plans required review to ensure they took into consideration residents' previous seizure presentations, medical history, response to rescue medication and provided clear guidance for staff on when to call emergency services, based on this information.

While staff demonstrated good knowledge of how to respond to seizures and provide care and support to residents, it was not demonstrated staff were knowledgeable of the procedures for contacting emergency services and mentioned they would ring a number of clinicians first to seek advice before doing so. This required review.

Judgment: Substantially compliant

Regulation 8: Protection

There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions and the process for responding and recording safeguarding concerns was in line with National policy.

The provider had appointed a designated officer in the centre to ensure all reported safeguarding incidents were responded to and investigated, and residents had access to a social work department if required.

While this was evidence of the provider's safeguarding arrangements for the centre, it was not demonstrated that unexplained bruising incidents were reviewed through a safeguarding process to out-rule any potential incidents of a safeguarding nature, for example.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant

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

Inspection ID: MON-0027127

Date of inspection: 25/01/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. The Person in Charge has developed a Training Audit tool to monitor compliance with training for all staff within the area. 2. The Person in Charge has a planned supervision schedule in place to ensure that supervisions are completed in a timely manner and in line with policy. 	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:</p> <p>NF31 has been submitted on 17/01/2022 and documents stated below were submitted on 14/02/2022</p> <ul style="list-style-type: none"> • Vetting Declaration. • A second reference. • A copy of management qualification certificate. • Section 6 of the personal information form 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. There is a maintenance system in place which allows staff to log any issues within the area. This is monitored by the maintenance department. 2. The Person in Charge regularly monitors maintenance issues not resolved in a timely manner and ensures that this is followed up with the relevant departments and escalated through monthly Care Management Meetings. 	

3. The Register Provider has ongoing discussion with the Maintenance department to ensure issues are resolved in a timely manner. There is a home improvement team that are assigned to assess and to complete outstanding premises' work.
4. Required paint work has been addressed to the maintenance department.
5. New flooring is required and this has been addressed to the maintenance department and awaiting costing.
6. OT has been notified regarding the repair needs for the chairs with ripped sides and ripped foot plates and are in the process of being repaired.
7. Window blinds has already been replaced.
8. Maintenance has been notified of the required work for the partition of the bathroom from the toilet.
9. Splash backs required for bedrooms has been sent to Tech Services for urgent attention.
10. A request for garden furniture and pergola has been sent to the register provider.
11. Shed is currently being placed to resolve storage issues addressed including supported bed's storage.

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. Following the recent inspection, the PIC and the Risk Manager have further reviewed the risk assessments and ensured that these are risk rated effectively. 2. Cross contamination issues have been identified and addressed with the register provider and a home improvement plan for reconfiguration of the kitchen is required to reduce possible infection control issues. 3. Risk Assessments for pressure ulcers and falls has been reviewed by the PIC and Risk Manager and have been risk rated effectively. 4. Items stored beside the fire panel were removed. Shed is currently being placed to resolve storage issues. 	
Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1. Infection Prevention and Control audits have been completed within the designated centre. One of the most pressing issues is the lack of storage, which in turn has a negative effect on IPC measures which is resolved by placing a shed in the designated centre.
2. Storage issues have been flagged with maintenance and some have been resolved. The person in charge is linking with the maintenance department to ensure the remaining storage issues are completed as soon as possible.
3. The shed being placed will provide additional storage to the area for mobility aids and the household cleaning trolley.
4. Shower trolley covers have been deep cleaned and staff have all been informed that they must be thoroughly cleaned every day. This has been added to the cleaning checklist to ensure it is cleaned daily.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Official letter of response has been forwarded to HIQA by the Registered Provider with a plan for the upgrade of Fire Panels and Emergency Lighting on 31/1/2022.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

1. All staff have been encouraged to complete training in rescue medication administration within the designated centre. Seven (7) care staff have already completed this and others have signed up.
2. Care plans are reviewed regularly and monitored by the Person in Charge through PSP audit which will ensure that all care plans reflect the assessed needs of the residents. Further details required to guide care will be included in the care plans and initial indicators, to ensure all staff are aware of the most effective manner to care for the residents.
3. Staff nurse emergency response has been addressed to the nurse identified during the inspection. PIC has reviewed the health care plan with the nurses and ensured that they are aware of the emergency response required to meet the service user's clinical needs.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

1. PIC arranged a safeguarding audit with the Designated Liaison Person, which has been completed. The purpose of this audit is to ensure that all staff are aware of their roles and responsibilities around safeguarding the residents (Adults and Children) in Stewarts Care.
2. Staffs safeguarding awareness has been reviewed to ensure that they adhere to HSE National Safeguarding Vulnerable Adults at Risk policy.

3. PIC will ensure a thorough audit of all reports around safeguarding to ensure the residents are safe at all times from any form of abuse.

4. Hospital Discharge body check will be completed when a resident is discharged from hospital back to Stewarts Care.

5. Resident at increased risk of bruising has an individualised risk assessment which is monitored and updated by the Person in Charge and staff nurses, as required.

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
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Substantially Compliant	Yellow	14/02/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2022

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/08/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2022
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	28/02/2022

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	31/08/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/08/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	28/02/2022
Regulation 08(3)	The person in charge shall	Substantially Compliant	Yellow	28/02/2022

	initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
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