Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 11
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	17 February 2021
Centre ID:	OSV-0005856
Fieldwork ID:	MON-0027893

About the designated centre

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

Designated Centre 11 is intended to provide long stay residential support for service users to no more than 11 people with complex support needs. Designated Centre 11 comprises of two wheelchair accessible homes, Bungalow 7 and Bungalow 9, located on the Stewart's Campus. The first home has six bedrooms, a small well equipped kitchen, living area, dining area, utility room, two bathrooms and a staff office. The second home has five bedrooms, a large kitchen and dining room, two bathrooms, a staff office and a family room. Healthcare supports are provided by medical doctors, as required. Allied Health Professionals (such as physiotherapists, psychologists, occupational therapists, speech and language therapists and social workers) are available to the residents, as required. Nursing supports are available within the designated centre. Access to day services is through an activities programme which operates from the home seven days a week. The centre is staffed with staff nurses, care staff and a day services/activities staff member, with oversight from the person in charge who is a clinical nurse manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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
Wednesday 17 February 2021	11:30hrs to 17:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspection found that residents received care and support which was tailored to their individual needs. Residents' care and support needs were found to have been comprehensively assessed and there were detailed personal plans in place. Staff were familiar with residents' likes and dislikes and their daily activities reflected their choices and preferences.

The inspector met with nine of the ten residents living in this centre. Conversations between the inspector and the residents took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance. Some residents used non-verbal communication and were supported by staff when engaging with the inspector.

The centre is comprised of two houses, located in close proximity to each other in a campus environment. The centre was registered to accommodate up to eleven residents. At the time of this inspection, there were six people living in one home, and four people living in the second home, with one vacancy.

In one premises, some residents had recently finished lunch and were relaxing in their living area. Some residents were seen to be drinking hot drinks in the dining area and staff had prepared freshly baked goods so that residents could partake in afternoon tea. The inspector noted that the kitchen, while small in size, was well equipped with cooking equipment such as a slow cooker and a newly installed hob. The kitchen also had ample crockery and dinnerware to support enjoyable meal times, such as porcelain tea sets and cake stands. The house was seen to be decorated in a homely manner, although some areas required painting. Residents in this house were supported to take care of pets, such as a cat and a number of fish.

The other premises was seen to have larger bedrooms and was designed and laid-out to meet the needs of residents who use a wheelchair. In this house, residents were watching television and listening to music. The inspector observed staff engaging with residents in a caring and responsive manner. Residents in this home did not primarily use verbal communication and it was noted that staff understood residents' communication methods. This home had a large kitchen and dining area, although the dining table was not an ideal size to facilitate residents to eat meals comfortably at the table. This had been highlighted to the provider and a request had been made for an alternative table that was suitably sized for residents who use wheelchairs to comfortably dine.

The provider had ensured that any required assistive devices or equipment to promote accessibility was available in both units of the centre. This equipment was serviced regularly. It was observed however that in one home, due to the size of residents' bedrooms, there was limited space for staff to use a mobile hoist next to residents' beds. In some cases, residents were supported by hoist between the bedroom and corridor in order to facilitate the two staff and maneuvering of the

equipment.

Overall, it was found that there was sufficient staffing to meet the assessed needs of residents. The management of staffing ensured that residents received continuity of care, residents were supported by familiar staff and newer staff had a comprehensive induction.

The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. While there were some deficits in relation to refresher training and supervision, all staff members had received training in areas such as safeguarding, fire safety and positive behaviour support. Staff had also engaged in training in areas specific to residents' needs.

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

Capacity and capability

The inspector found, that for the most part the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. While there were some areas of improvement required, these had been identified by the provider and there were action plans in place. The provider had implemented the majority of the actions in the improvement plan that was submitted to the Chief Inspector at the time of registration. These actions were subject to a restrictive registration condition.

The provider had reduced the number of residents living in the centre by transitioning a previous resident to another centre in the community. The provider had made substantial enhancements to their governance and management systems, including their monitoring and quality assurance systems. The provider had not fully achieved some of their objectives with regard to quality improvement, for example, in relation to resident finance management. However, any outstanding actions had been identified by the provider and carried over into current quality enhancement plans, and there were clear time-bound plans in place in order to achieve the required improvements.

The provider had reviewed the management arrangements in the centre, which had provided clear roles and responsibilities, as well as improved accountability. The impact of these changes was reflected in clear improvements in the oversight and

delivery of care to residents.

The provider had carried out an annual review of the quality and safety of the service, and there were quality improvement plans in place where necessary. There were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis.

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Nursing care was available to residents as outlined in the statement of purpose. There was a planned and maintained roster that accurately reflected the staffing arrangements in the centre.

A review of staff records found that some of the required records were not present, for example, a full employment history was not available for one staff member and photographic identification was not present in respect of another staff member.

Staff training was provided in line with the needs of the residents. Training was provided in areas including fire safety, first aid, manual handling, safeguarding, food hygiene, hand hygiene and infection control. While there were arrangements in place to provide refresher training, some staff refresher training was outstanding on the day of inspection. This was in part due to restrictions placed on the provider with regard to the delivery of training during the COVID-19 pandemic. At the time of inspection the provider had established dates of refresher training for staff who required it, and had amended the delivery method of training in order to safely facilitate staff training. The inspector found that while there were some supervision arrangements in place, staff supervision had not been carried out in accordance with the provider's policy.

There was a statement of purpose available that contained most of the information required by Schedule 1 of the regulations. For the most part, the statement of purpose accurately reflected the service provided, however, further information was required with regard to the specific care and support needs that the centre aimed to meet.

Regulation 15: Staffing

There were sufficient staff employed to provide care and support to residents. Staff had the necessary skills and experience to ensure that residents' individual assessed needs were met. The inspector found that staffing arrangements were flexible in order to best meet residents' needs, including roster planning and daily shift plans. The person in charge had ensured that there was a consistent staff team available and there were clear staff contingency plans in place that considered continuity of care for residents.

The inspector reviewed a number of staff files and found that the provider had

ensured that most of the required documents and information were present for employees. However, some records were not available in staff files, for example, a full employment history was missing for one staff member and a copy of photographic identification was not available for another staff member. The inspector found An Garda Síochána (police) vetting had last been carried out for some staff members more that seven years ago; the provider had commenced re-vetting of staff members prior to the inspection to ensure that staff had more recent vetting reports.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety. While refresher training was available, there were some deficits in the provision of refresher training within the time frame set out by the provider. The provider had identified that some staff required refresher training in specific areas and had plans in place to address this.

The inspector found that the person in charge promoted a culture of professional development and that staff had undertaken a range of training courses and development opportunities that were available remotely. Staff had received training in additional areas specific to residents' assessed needs.

Improvement was required with regard to staff supervision. Records indicated that some staff had not received supervision throughout 2020. The person in charge had recently recommenced supervision meetings with staff and there was a schedule in place for 2021.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure, which identified lines of authority and accountability. There were reporting mechanisms in place, and staff spoken with were aware of how to raise any concerns.

The provider had carried out an annual review of the quality and safety of the

service, and had conducted unannounced audits on a six-monthly basis. These audits informed a quality enhancement plan overseen by the person in charge, and were found to support positive change in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available that contained most of the information required by Schedule 1 of the regulations, however, further information was required in relation to the specific care and support needs that the centre is intended to meet.

Judgment: Substantially compliant

Quality and safety

The governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall, it was found that the centre had the resources and facilities to meet residents' needs, however, some improvement was required with regard to the premises.

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals in accordance with their individual healthcare needs.

There were arrangements in place to provide care and support to residents who required support to manage their behaviour. Staff had received training in the management of behaviours that challenge. Where required, residents had behaviour support plans in place that were reviewed by an appropriate specialist at scheduled intervals. There were a number of restrictive practices in place such as bed rails and bumpers; any use of restrictive practices were monitored by the provider's human rights committee and were used as measure of last resort to support resident safety.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks

specific to individuals, such as falls risks, had also been assessed to inform care practices.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was seen to be clean and hygienic throughout and there were checklists in place to ensure that this level of cleanliness was maintained. There were sufficient hand-washing and sanitising facilities available for use. Infection control information and up-to-date protocols were available to guide staff and staff had received training in infection prevention and control.

There were fire safety management systems in place which were kept under review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans. There were smoke and heat detectors and an alarm system installed in each of the premises. Fire fighting equipment was available and regularly serviced. Staff had received training in fire safety and on-site fire drill training.

The layout and design of the premises was appropriate to meet residents' needs. Generally, the premises were found to be in a state of good repair although there was some painting required throughout both premises. The provider had installed laundry facilities in the centre, which was an action required from the improvement plan submitted at the time of registration. The provider had also improved the cooking and food storage facilities in the centre to promote more frequent home cooked meals and enjoyable mealtime experiences. Both premises were seen to be decorated in a homely manner and laid out to meet the specific needs of residents.

It was found that the design and layout of the premises was reviewed regularly in terms of accessibility. While generally the centre was well equipped and designed to meet residents' needs, further consideration was required with regard to the safe and dignified use of manual hoists. The person in charge had highlighted that the dining table in one centre required replacement in order to better facilitate residents having meals together at the table.

Regulation 17: Premises

While generally the premises was in a good state of repair, there were some cosmetic issues that needed to be addressed; the provider had clear plans in place for each of these.

For the most part, the design and layout of the premises met the assessed needs of all residents. The person in charge had identified that a new dining table was required to promote accessibility and this had been requested. The arrangements for the safe use of manual hoists required review to ensure that residents' manual

handling support needs could be facilitated in a dignified manner.

The facilities of Schedule 6 of the regulations were available for residents use; the provider had addressed previous identified deficits such as access to laundry services and cooking facilities.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk management policy and associated procedures in place, and the person in charge had received training in risk management. There was an accurate risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was found to be clean and hygienic and there were a range of hygiene checklists and audits in place to ensure that this was maintained.

The person in charge had made available up-to-date infection control information and protocols. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with clear and comprehensive contingency plans available. There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were assessed on at least an annual basis and there were care plans in place for any identified healthcare need. The inspector reviewed residents' healthcare support plans and found that these provided clear guidance and were informed by an appropriately qualified healthcare professional.

Residents had access to a general practitioner (GP) and a wide range of allied healthcare services. Arrangements to meet residents' healthcare needs had been amended to ensure that residents could achieve best possible health during a period where access to outpatient services was restricted.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured residents had access to a range of clinic supports in order to support their wellbeing and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced where possible.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

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 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
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 11 OSV-0005856

Inspection ID: MON-0027893

Date of inspection: 17/02/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: At the time of the inspection required documents and information were sought from HR. These documents have been provided and are now on file: The required picture has been added to the staff members file. The Garda vetting has been provided. The NMBI certificate has been provided. The identified gaps in the employment history has been resolved	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The HR depertment sends a monthly update to the PIC and PM which indicates the gaps in staff training. The staff supervision will adhere to the schedule in the centres. The staff that had not received supervision throughout 2020 will have their supervision prioritised.	
Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated to contain the information required by Schedule 1 of the regulations. The information required relates to the specific care and support needs of the residents in the centre and is now present.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A request for a new dining table has been submitted for approval. The arrangements for the safe use of manual hoists required will be reviewed by the relevant clinicians to ensure that residents' manual handling support needs will be facilitated in a dignified manner.	

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	26/03/2021
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	30/06/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/09/2021

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	30/09/2021
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	31/03/2021