

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 3
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	27 November 2023
Centre ID:	OSV-0005858
Fieldwork ID:	MON-0037890

About the designated centre

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

Stewarts Care Adult Services Designated Centre 3 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities. The centre comprises three separate homes in Co. Dublin. The centre is managed by a full-time person in charge, and the staff team comprises of nurses, social care workers, day service and care staff. Residents also have access to the provider's multidisciplinary team services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Monday 27 November 2023	09:30hrs to 16:05hrs	Michael Muldowney	Lead
Monday 27 November 2023	09:30hrs to 16:05hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the designated centre. From what they were told, observed and read, inspectors found that residents were in receipt of a good quality and safe service, and were being supported in line with their wishes and personal preferences. However, some aspects of the service required improvement to meet full compliance with all of the regulations reviewed during the inspection.

The centre comprised three separate residential homes all located within close proximity to each other. Each home was close to local amenities and services such as shops, cafés, pubs, and public transport links. Two of the homes were two-storey houses and located beside each other. Each house could accommodate up to four residents and consisted of single-occupancy bedrooms, a kitchen and living areas, bathrooms, and spacious back gardens.

The third home was a large two-storey building that could accommodate up to ten residents. Residents had their own single-occupancy bedrooms which were spacious and had en-suite bathroom facilities. Residents shared the communal kitchen and living areas. Some residents also chose to have microwaves and kettles in their bedrooms.

Inspectors completed a thorough walk around of each premises and found them to be clean, comfortable, nicely furnished, and well maintained. Christmas trees and decorations as well as photographs of residents were displayed in each home which also contributed to the homely atmosphere and aesthetic of each home.

Since the previous inspection of the centre in March 2022, parts of the premises had been renovated with new flooring, repainting, and new furniture. Inspectors also observed equipment and aids to promote residents' safety and independence in their homes for example, doors in one house, were fitted with automatic opening devices to allow wheelchair users freely move around their home, this promoted residents accessibility and independence in their home and was a good initiative put in place by the provider.

Inspectors observed staff engaging kindly and respectfully with residents, and in a manner which supported their individual communication and behaviour support needs. Inspectors observed a warm and relaxed atmosphere in the centre, and residents appeared comfortable in their homes and with the support they received from staff.

Residents were also observed to have active lives and were supported to engage in activities in line with their needs, wishes and personal preferences. The level of support that residents required varied depending on their assessed needs for example, some residents accessed their community independently and worked in paid employment, whilst others attended day services and were supported by staff

with their social and leisure activities.

Inspectors had the opportunity to speak with a number of residents during the course of the inspection. They told inspectors that they were happy living in the centre and with the facilities provided. Some residents proudly showed inspectors around their homes and some of their most treasured personal possessions such as electronics and musical instruments. Some residents also spoke about participating in fire drills, and knew to evacuate the centre in the event of the fire alarm sounding. Residents said that they liked the staff working in the centre and were satisfied with the support they received from them, such as cooking meals, cleaning, and helping them to manage their finances. They also told inspectors that they could talk to staff if they had any concerns.

Residents also spoke about the activities they enjoyed, such as attending day services, spending time with family, going to the pub, gym and exercise classes, shopping, and day trips. They said they had enough opportunities to engage in community activities, and also enjoyed in-house activities such as painting. Some residents spoke about their personal goals such as attending day services more frequently, and using public transport independently.

Residents had also completed HIQA feedback surveys, with support from staff, in advance of the inspection and shared these with the inspectors. The feedback in the surveys was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives. However, one resident noted that they did not always get along with their housemates. This matter is referred to further in the quality and safety section of the report under Regulation 8: Protection.

Inspectors also spoke with the person in charge and a number of staff working across the homes during the inspection including nurses, social care workers, care assistants and day service staff. They all spoke warmly about residents, and demonstrated a rich understanding of their assessed needs and personalities, and a commitment to promoting a safe service for them.

The person in charge told inspectors that residents received a quality and safe service that was well resourced, for example, residents had good access to the provider's multidisciplinary team services such as dietitian, psychology, occupational therapy, and social work services.

Other staff told inspectors that residents were happy in the centre and that their needs were being met. They spoke about some of the recent improvements in the centre such as renovation and refurbishment works. They said that residents were active and supported by a committed staff team in line with their personal preferences and wishes. They had no concerns but said that they could easily escalate any potential concerns to the management team should they arise. They also demonstrated a good understanding of safeguarding plans in place to support residents. Staff had also completed human rights training which they described as positive in reinforcing good practices which promoted residents' rights.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, inspectors found that the provider had implemented good governance and management systems to ensure residents received a safe, consistent, and appropriate service in the centre. However, some improvements were required in relation to their management of records and achievement of previous compliance plan actions.

There was a clearly defined management structure with lines of authority and accountability. The person in charge was full time and had the relevant experience, skills, and qualifications to effectively manage the centre. They reported to a programme manager who in turn reported to a director of care. There were adequate systems for the management team to communicate and escalate issues.

The registered provider and person in charge had implemented systems for the oversight and monitoring of the service provided in the centre, for example, through annual reviews, six-monthly reports, and a suite of audits. However, the provider's progress in completing actions to drive quality improvement, for example, the actions outlined in their previous compliance plan, required some improvement.

Additionally, some improvements were required to ensure that records were kept in accordance with the matters of Regulation 21: Records, to ensure they were, at all times, in place, maintained in the centre and updated as required.

The provider had ensured the staff complement and skill-mix was appropriate to meet the assessed needs of residents. The person in charge maintained a planned and actual staff rotas which clearly showed the name, role, and allocation of staff working in the centre. Staff were required to complete relevant training as part of their professional development and to support them in their delivery of appropriate care and support.

The person in charge provided staff with support and formal supervision. Staff spoken with were happy with the level of support and supervision they received, and told inspectors that they could easily raise concerns and issues with the management team.

Regulation 14: Persons in charge

The person in charge had responsibility for this designated centre only which ensured they had an appropriate regulatory and management remit across three separate homes.

The person in charge was suitably skilled and experienced, and held relevant qualifications in social care and management which met the requirements of Regulation 14.

The person in charge also demonstrated a clear understanding of the service to be provided to residents, and a strong focus on person-centred care in line with a human rights-based approach.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by suitably qualified and experienced staff to meet the assessed needs of residents. Inspectors viewed a sample of the staff files and found that they contained the required documents specified in Schedule 2.

The staffing resources were well managed to suit the needs and number of residents. There was one vacancy which was managed by regular relief and permanent staff taking up additional hours to ensure consistency of care for residents.

The person in charge maintained a planned and actual staff rota. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. The person in charge had ensured that all staff had completed or were scheduled to complete mandatory training in the coming months, including training in fire safety, safeguarding of residents, and positive behaviour support. Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Staff received regular supervision and support as appropriate to their role. Supervision records reviewed by inspectors showed that formal supervision was in line with the provider's organisation policy, and there was a provision for staff to request early supervision if they have any concerns arising.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records were maintained in a clear and orderly fashion and were kept up to date.

However, there were improvements required in the maintenance and accessibility of records.

For example, some of the residents' asset registers required updating, and fire equipment servicing records and the residents' guide were not easily retrieved during the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that the centre was well resourced, for example, the premises was well maintained, the staffing resources were sufficient, and residents had access to multidisciplinary team services as required.

There were management systems to ensure that the service provided was safe, consistent and monitored. A suite of audits were carried out to assess the quality and safety of care and support provided to residents in the centre, for example, annual reviews, six-monthly unannounced visit reports, and audits on fire safety and infection prevention and control. Actions from audits were monitored to drive quality improvement.

However, inspectors found that an action outlined in the compliance plan submitted by the provider following the previous inspection of the centre had not been achieved, within its original and revised time frames, and remained outstanding which posed a residual risk to residents' safety in one home.

There was a clearly defined management structure in the designated centre with associated lines of authority and accountability. There was an established management team with reporting and communication mechanisms. The management team had a good understanding of the residents' assessed needs and

associated supports.

There were effective arrangements for staff to raise concerns such as regular supervision and team meetings.

Judgment: Substantially compliant

Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, some improvements were required in relation to the fire safety precautions and reviewing the arrangements to support residents manage their finances.

The centre comprised three separate premises within close proximity to each other. The premises provided sufficient private and communal space, and were appropriate to the assessed needs and number of residents. Inspectors found them be homely, bright, comfortable, and well maintained.

Generally, the provider had implemented good fire safety systems and precautions. There was sufficient fire safety equipment which was regularly serviced and checked, and fire evacuation plans had been prepared to guide staff on safely evacuating residents in the event of a fire. However, some improvements were required to ensure that all residents could be safely evacuated with the least amount of staff on duty, and that a safe evacuation time was defined for the larger premises.

Behaviour support plans were developed for residents where required. The plans were up to date and available to guide staff in appropriately supporting residents to manage their behaviours. Staff also completed training in this area. Environmental restrictive practices were implemented in one house, and there were arrangements in place to ensure that the practices were recorded, reviewed, and managed appropriately.

The provider had established arrangements to enable residents to have control over their personal possessions and to manage their financial affairs. While some residents independently managed their finances, others received support from the provider and staff team. However, a documented assessment of need determining the level of support required by residents could not be provided to inspectors during the inspection, and it was not clear if all residents had agreed to the support arrangements in place.

The provider had implemented systems to safeguard residents from abuse. The systems were underpinned by written policies and procedures, and staff had completed training in order to appropriately respond to safeguarding concerns. Intimate care plans had been prepared to ensure that residents were assisted in a

manner that respected their dignity and privacy. Safeguarding concerns and incidents were reported, and safeguarding plans were developed as required. However, there were ongoing resident incompatibility issues in one house which had not yet been resolved by the provider

Regulation 12: Personal possessions

The provider had arrangements to support residents to have control over their personal possessions and to manage their financial affairs. However, inspectors found that aspects of the arrangements required more consideration from the provider to clearly demonstrate residents' involvement in decisions about how their finances were managed.

The provider had prepared written policies and procedures on residents' personal property, possessions, and finances. Inspectors observed that residents had control over their possessions, and had sufficient storage space for their belongings.

Residents required varying levels of support in managing their finances. Some were fully independent in this area and had indicated in writing that they did not require staff support. Other residents required support such as staff assistance in withdrawing money from their financial accounts.

Some residents' income went directly into accounts managed by the provider. While the provider had systems to support residents in accessing their monies, it was not demonstrated during the inspection that this arrangement was based on residents' assessed needs. While some residents told inspectors that they were satisfied with the support they received in managing their finances, the support arrangements had not been formally reviewed to ensure that all residents fully understood and agreed to the supports provided to them.

Judgment: Substantially compliant

Regulation 17: Premises

The premises comprised three separate homes. Overall, inspectors found that the premises were well maintained and appropriate to the number and assessed needs of residents living in the centre, and that the provider had made adequate provision for the matters as set out in Schedule 6 of the regulations.

The premises were bright, warm, tidy, and homely, for example, nice photos were displayed and there was fresh flowers in two of the homes. Since the previous inspection of the centre in March 2022, renovations and refurbishment works had been carried out including new flooring and repainting. Residents indicated to inspectors that they were happy with their homes. They had their own bedrooms

which were personalised to their tastes, and the premises provided sufficient communal and living space.

Equipment used by residents was fit for purpose, and the premises had been designed to promote residents' independence, for example, automatic doors were installed in one of the homes to support residents using wheelchairs to easily open doors.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a written residents' guide which contained all the required information outlined under this regulation such as a summary of the services and facilities provided to residents.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems in the centre. There was fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers, and emergency lights. The equipment had been serviced, and staff were also completing daily fire safety checks. In addition to these arrangements, the provider's fire safety expert had also recently carried out audits to assess the fire precautions.

Since the previous inspection of the centre, the fire panel in the large ten-bedded premises had been upgraded and zoned. Inspectors also observed that fire doors in the centre closed properly when released (one door did not close fully, however was reported for repair). Most of the exit doors were also fitted with easily opened mechanisms to aid prompt evacuation in the event of a fire.

Staff working in the centre had completed fire safety training, and the person in charge had prepared written fire evacuation plans and personal evacuation plans to guide staff evacuating residents in the event of a fire.

Fire drills were carried out to test the effectiveness of the plans. However, inspectors found that a drill was required in one premise to demonstrate that all residents could be safely evacuated with the least amount of staff on duty. In the larger premises, staff from neighbouring centres were required to assist in the evacuation of residents. However, inspectors found from speaking with staff that the evacuation plan required more consideration to determine a safe evacuation time.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured, where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning. All staff had completed positive behaviour support training.

Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to protect residents from abuse. The systems were underpinned by a written policy and procedures. Staff also completed safeguarding training in order to prevent, detect and respond appropriately to safeguarding matters.

Safeguarding concerns in the centre were reported, and safeguarding plans were developed as required. The plans viewed by inspectors were up to date and readily available for staff to refer to. Safeguarding matters were also discussed at staff team meetings to promote understanding of the procedures and plans.

However, the incompatibility of some residents in one house presented ongoing safeguarding concerns. While the provider had plans to resolve the incompatibility issues, the time frames for completion of these plans had been delayed and there remained a residual risk to residents' safety and wellbeing as a result.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

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

Inspection ID: MON-0037890

Date of inspection: 27/11/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> 1. Asset register have been updated for all service users in DC 3 and now reflect all older purchased items not transferred over from old SURA system. Register now reflects all resident's personal possessions to include assistive technology and occupational therapy equipment. This is also highlighted monthly at staff meetings as a reminder to staff to keep an up-to-date record of resident's belongings as per policy. 2. Residents guide is now available in all homes and is discussed as part of the weekly house meetings and a copy for staff is kept in Statement of Purpose folder for reference. 3. Fire servicing records have been updated and are stored on shared drive facilitated through Teams and easily accessible to all relevant stakeholders. The auditing of all property service records has been added to Register Provider Audit to ensure it is kept up to date in all homes. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Outstanding action in compliance plan (new home for transition) is progressing. Property handover is taking place on Friday 12th Jan. Registration Process with HIQA is in progress. The work completed with the resident through meaningful engagement with family, key nurses, their new community, day services and weekly visits to their new home have helped make sure the resident is happy to be supported to transition to their new home. A comprehensive transition plan, transition scrapbook and empowerment of the resident to choose everything about their new home has helped with buy in from 	

them and their family. As soon as registration process is completed resident is ready to transition.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

1. All residents in DC 3 are being supported by keyworkers to have greater involvement in decisions regarding their finances. Easy read documents have been provided and are being discussed and explained at monthly keyworker meetings. Residents are being supported to clearly document their decisions regarding finances.
2. Working group has been established by Director of Care to review current system in place and identify any improvements required considering the recommendations received in inspection.

Regulation 28: Fire precautions

Substantially Compliant

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

1. Fire drill completed in home with minimum staffing on duty 10th of January and report sent to Fire Officer for review with no issues highlighted.
2. PIC has liaised with Fire Officer, full review of evacuation plan carried out for large home in DC 3. Safe evacuation time has been agreed and risk assessment and plan updated to reflect same. Drill carried out 10th of January.
3. All staff who are required from outside home to support during evacuation from supporting homes have been given full orientation to home and step by step guide to evacuation.
4. Fire door was escalated internally to Tech Services and engineer is due on site January 11th for installation of new automatic arm to fire door to ensure full closure in case of fire.

Regulation 8: Protection

Substantially Compliant

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

1. The resident is due to transition from the property to new single occupancy apartment

supported by all key nurses at the end of this month. This transition will resolve the incompatibility issues leaving no residual risk to residents in the original property or new safeguarding concerns with the original resident.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/07/2024
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	10/01/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Substantially Compliant	Yellow	31/01/2024

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	12/01/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/01/2024