



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

## Issued by the Chief Inspector

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|----------------------------|---|
| Name of designated centre: | Stewarts Care Adult Services Designated Centre 16 |
| Name of provider:          | Stewarts Care Limited                             |
| Address of centre:         | Dublin 20   |
| Type of inspection:        | Announced   |
| Date of inspection:        | 05 July 2022                                      |
| Centre ID:                 | OSV-0005859                                       |
| Fieldwork ID:              | MON-0028462                                       |

## About the designated centre

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

This designated centre is intended to provide long stay residential care and support to no more than 10 men and women with complex support needs. The centre comprises two wheelchair accessible bungalows, located in a campus setting in Dublin 20. The designated centre is located close to local amenities, transport links and community facilities. The service aims to provide a comfortable safe home that promotes people's independence, and a high standard of care and support in accordance with evidence based practice. Residents' healthcare supports are provided by medical doctors and allied professionals are available to residents as required. Nursing support is provided within the centre. The centre is managed by a person in charge who is a clinical nurse manager and is staffed by nurses, care assistants and day services staff.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 9 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                | Times of Inspection  | Inspector      | Role |
|---------------------|----------------------|----------------|------|
| Tuesday 5 July 2022 | 09:30hrs to 18:15hrs | Louise Renwick | Lead |

## What residents told us and what inspectors observed

There were nine residents living in the designated centre at the time of the inspection. Five residents lived in one bungalow, and four in another bungalow. The inspector met all residents during the day, and spoke specifically with three residents about their experiences. Some residents communicated in alternative means, and did not give direct views of their experience living in the designated centre.

The inspector met two residents who had recently moved into the designated centre. Residents had previously lived together, and had a preference to remain as house-mates. Residents were not fully aware of whether their new location was a long term home or not. Residents told the inspector they didn't know if the people who used to live there were coming back or not. Residents did not know why they had moved home, but felt it was due to them needing to leave so that their old house could be painted.

Residents told the inspector that sometimes they liked their new house and sometimes they did not. Residents had their own belongings and items of importance with them, and one resident had purchased a new bed for their bedroom. Their bedroom had photographs of their family and important people. Most residents had a television in their bedroom with access to different television stations and they liked to watch this during the day. Some bedrooms required painting and decorating, for example as there were scratch marks on the plaster and paint, holes from previously hung items and wooden dado rails that ended half way down the wall.

A resident's bedroom had a ceiling tracking hoist in place, but this was not required for the current resident. There was no television in this room, but the person in charge had plans to address this along with removing the tracking hoist that was not required.

Some residents had lived in the centre for many years and told the inspector that "i just love my house" and that it was really nice to live there. Some residents showed the inspector the back garden that they had been involved in planting flowers and shrubs and building a rockery wall.

Some residents told the inspector that they didn't know which staff would come into work each day and it was always changing sometimes a nurse was on duty, and other days there was no nurse there. Residents expressed disappointment that following changes to staffing, less people were drivers, or able to drive the service vehicle and this meant they were not able to go out as often.

Some residents told the inspector that they liked to go for bus drives, but that they did not always get off the bus because two staff came with them for a drive, but three people were wheelchair users and needed support. They often went for drives

though, which they did enjoy. For some residents who liked to go to mass regularly, this was dependent on staffing and if the weather was okay to walk to the local church if transport was not available.

A resident had returned to their place of work one day a week in a coffee shop, and they were really happy about this. They loved to go to their work, and they got paid. At lunch time, this resident chose to eat their meals in the staff canteen area across from their home and spend time there, which they enjoyed.

Some residents were being supported to regain their mobility and building their strength, with some people attending gym programmes in the provider's sports facilities to keep up their strength and flexibility, and others were rehabilitating their mobility following a fall. There was input from physiotherapy and occupational therapy to guide these supports. Residents told the inspector that they loved doing their gym programmes and it helped them to feel healthy.

During the day of inspection, some residents were having a massage in their room as part of their daily plan, other residents were planning on relaxing at home watching television or sitting in the day room. Residents liked to keep their door open during the day and liked to chat to visiting staff.

The provider had extended the external exit at the end of one bungalow to support a safer evacuation route when using supportive aids. There was also now a ramp off the living room patio doors to give residents better accessibility, a space for outdoor seating and to support safer and quicker evacuation from the living room in the event of an emergency.

During the inspection residents were seated together having breakfast in the morning. One resident told the inspector after breakfast they enjoyed going back to bed for a while, and staff supported them with this. At dinner time in the early afternoon, residents sat together with staff support for their meals. It was seen that meals were modified to different consistencies and presented in a way to make different food identifiable, for example, different foods modified separately and colour separation. Residents had aids and appliances to assist to retain independence with their meal such as plate guards. Staff were seated with residents during meals and there was a relaxed environment during the meal-time.

In one home, staff were preparing freshly made vegetable soup and sandwiches for lunch, and all daily meals were prepared and cooked by staff in the house. Residents agreed once a week on a menu plan for the week ahead and had choice around their options. In the other home, all main meals were provided for residents from a central kitchen, and food was reheated and served from the kitchen during the day. For new residents, who were used to their meals being prepared at home, there was some times when they refused some of the meals available. Staff were seen to be making alternative lunches for residents who were not used to having their main dinner early in the day-time. Staff told the inspector that residents enjoyed home-baking, and would do this with some staff when they were on duty.

In one home, there was a bathroom where a large bath had been removed. This room had a toilet for residents' use and a wash hand sink. The toilet had been fitted

with two arm rests which were not in use and there was masking tape over the ends of the arm rests to prevent injury. This impacted on the ability to clean them correctly. This room also had temporary items with the storage of old shower chairs that were no longer in use. One other wet room, had a shower trolley in place and shower chair attached to the wall. Staff explained to the inspector that they needed to move the shower trolley aside when using the shower chair, which somewhat impaired the space available and access to hand-washing sink and toilet.

During the day, the person in charge was attending to residents' needs in relation to their medicine, or other nursing supports. For days, like this one, when there was no nurse working in the house the person in charge looked after certain aspects of residents' nursing care, or the nurse from the other house came into do this during the day.

Overall, while residents appeared content and liked their home and staff were seen to be kind and supportive to residents in their care, there were aspects of the care and support that required further improvement. Staffing resources in the centre were not fully matched to what residents required in relation to their activities and access to the community, residents who had recently moved into the centre had not been fully supported to adjust to their new home environment. From what the inspector observed, and residents told them, improvements were required in relation to a more person-centred approach to how the centre was operated that was respectful of residents' rights and choices and put residents' needs at the centre of decision-making processes.

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

## Capacity and capability

The provider did not demonstrated that they had the capacity and capability to govern and operate the designated centre in a manner that was consistently promoting a good quality service.

The purpose of this inspection was to inform a registration renewal decision, as the provider had applied to renew their registration for nine adults in two homes that made up the designated centre. The provider and residents were given four weeks notice to inform them that an inspection would take place.

The previous inspection in January 2022 found the provider to be substantially compliant under governance and management, due to the long periods of time when covering arrangements for the absence of a person in charge had not been sufficient. This inspection found that the provider had not ensured that there was a full-time person in charge consistently appointed to, and working in the designated

centre.

In February 2022, the provider appointed the person in charge to be responsible for another designated centre on campus and the arrangements for ensuring effective oversight and operational management of more than one designated centre were inadequate. While a new person in charge had since been appointed and notified to the Chief Inspector in May 2022, the provider had not ensured there was a full-time person in charge present in the designated centre at all times.

While currently there was a person in charge appointed in a full-time capacity, their duties were managed in a way that did not ensure effective management of the designated centre in a full-time manner. The person in charge divided their time equally between their role as person in charge, and role as staff nurse (0.5 Whole time equivalent in each role). The person in charge worked long day shifts (generally from 8.00 in the morning, until 20.00 at night) and worked three days one week, and four days the next. This meant that for up to four days at a time, there was no oversight or supervision of the care and support in the designated centre. Similarly, as seen on the day of inspection, the person in charge was required to complete nursing duties throughout the day due to gaps in nursing cover and this hampered their ability to focus on other areas of their regulatory responsibility.

While there was a formal governance structure in place to escalate information from the centre to senior management and the executive management team, there was an absence of a local management structure to support the person in charge in their role. For example, lead staff were not identified to hold responsibility for different areas of oversight, or to monitor aspects of care and support on days when the person in charge was not on duty, or absent.

The provider had not ensured information gathered about the designated centre was being used in a manner to continuously improve and identified areas in need of address. Following a notification of a serious incident that required medical care that was submitted to the Chief Inspector in March 2022 this incident did not escalate a critical incident review. On the day of inspection, no records could be found on the incident management system for the incident, nor daily handover notes for the day in question. The day following the inspection, the provider confirmed with the inspector that there was no incident record or written notes detailing the incident, as a such it had not been reviewed and reported in line with their usual systems. Following the inspection, the provider submitted an urgent action plan response outlining how they would review the incident in the designated centre and complete a critical incident review retrospectively.

The provider had systems in place to ensure the designated centre had an annual review and six-monthly unannounced visits as part of their monitoring and oversight arrangements. However, the provider's auditing tools did not identify that an incident had not been properly recorded, reported or reviewed or trigger the provider to take remedial actions to address this. Given the changing responsibilities of the person in charge and change in persons appointed along with the additional nursing role, the inspector was not assured that there was effective local

management oversight arrangements in the designated centre, that fed into and formed part of the monitoring tools and quality systems on a routine basis. For example, to review the day-to-day care and support of residents and ensure it was in line with best practice, and residents' planned supports.

Since the transition to a new online recording system for residents' assessments and care and support needs there were issues in relation to the use of information gathered to inform residents' care and promote improvements. For example, the new system posed a risk that nursing staff could not easily identify trends or patterns in residents' health monitoring which would better inform their decisions on care. While the provider had plans to amend their electronic system, it was not currently fit for purpose to support staff and management to effectively and continuously monitor residents' health, personal and social needs on a day to day basis.

Overall, the provider had failed to appoint a full-time person in charge in the designated centre at all times, had not ensured additional operational and oversight arrangements for times when the person in charge had multiple areas of responsibility or times when the person in charge was not on duty. The records systems in place did not support staff to effectively use information gathered to better inform residents' care and support, and incident management systems and governance systems had not identified the requirement for a critical incident review and learning following a serious event.

#### Regulation 14: Persons in charge

The provider had not ensured that there was a full-time person in charge working in the designated centre at all times.

There were inadequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was responsible for more than one designated centre, or off-duty or absent.

Judgment: Not compliant

#### Regulation 15: Staffing

The provider had identified the agreed staffing requirements for the designated centre, and residents were supported by a team of care staff, nurses and a day services staff member. There was a team of permanent staff employed by the provider, and no requirement for temporary agency staffing in the designated centre.

However, the provider had not ensured that the staff team had the right skill-mix at

all times in the designated centre and a high number of staff worked on less than a full-time basis. For example, in one home the staffing was arranged to have two health care staff members each day, but at times one of these roles was covered by a part-time nurse on the roster. On days without a nurse working on shift, the home was reliant on drop in support for medicine and nursing needs from the other home, or from the person in charge if they were on duty. This resulted in a higher number of staff supporting residents and did not fully promote continuity of care and support. Some care staff were in the process of completing training for the safe administration of medicine, but this practice was not fully in place at the time of the inspection.

Where changes had been made to the staff team, the provider had not ensured staff with the required skills and abilities to operate services vehicles were in place, to ensure residents had consistent opportunities to time outside of the centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems did not fully ensure the service provided was safe, appropriate to residents' needs and consistently monitored.

While an annual review and six-monthly audits had been completed, these did not appropriately review the quality of the day-to-day care and support and nursing support of residents. Recent audits had not identify gaps in reporting processes of a serious incident.

The local management structure in the designated centre did not ensure clear understanding of responsibilities for different staff members working in the designated centre. The manner in which the person in charge role was rostered and managed, did not ensure consistent oversight and monitoring of the day-to-day care and support in the designated centre.

The provider had not resourced the designated centre with effective tools to record, monitor and review information relating to residents' health, social and personal needs.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

There had been two new admissions into the designated centre in May 2022 on the same day as two other residents were discharged to a different designated centre. Residents who had been admitted in May 2022 did not have written agreements in

place outlining the terms and conditions of their stay, and any fees associated with this.

Judgment: Not compliant

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre within the time frame as outlined in the regulations. The provider had submitted all required documentation to support their application for renewal to the Chief Inspector.

Judgment: Compliant

### Quality and safety

The provider was not operating and managing the designated centre in a manner that fully promoted a person-centred approach to care and support for residents.

The systems in place for assessing and planning for residents' needs required improvement, to ensure information was easily available and accessible to assist staff to monitor residents' health, personal and social needs.

One resident attended formal day services operated by the provider some afternoons a week, and another resident had part-time employment. Residents were supported to attend their day services and employment opportunities during the week. Other residents who had reached retirement age did not have formal day services, and some chose a slower pace of activity preferring home-based activities and using community amenities. The provider had allocated one day services staff member to work in this designated centre, to support residents daily activities, community access and meaningful day. This staff role worked across the two homes during the week, mid-week. Through changes to personnel, there was no longer a full-time staff member who could drive the service vehicle and support residents' outings. This required additional planning and management and gave less opportunities to residents. From reviewing residents' meetings with staff, where they outlined goals they wished to work on for the coming month, it was evident that accessing community based activities and amenities were not a routine part of the operation of the designated centre, but were dependent on staffing resources and access to a driver and vehicle.

While residents had choice and control over aspects of their daily routine, such as choosing to sleep in late or return to bed after their breakfast, they were not provided with full choice and control in relation to their meaningful activities or how

they would like to spend their day. Residents had choice regarding certain activities that could be facilitated with the resources available, for example, going for a walk on campus, visiting the nearby coffee shop with walking distance, or taking part in activities that were available on campus such as yoga or exercise. For activities further a field, requiring additional transport or staffing support these were required to be identified as a goal to be worked on and took particular arrangements to achieve them.

For residents who had been recently admitted into the designated centre, there was an absence of a human-rights based approach to decisions and supports, for example, the provider had not ensured residents had access to a independent advocate to support them in their decision making, the views of residents and impact of the move on their well-being had not been fully considered as part of the assessment and planning process prior to, and during their admission. For example, where residents demonstrated signs of distress or unhappiness on trialling visits to the centre, or had changing presentations in their needs or mood following admission. While some transition plans had been created to support residents with their move, they did not give sufficient information to support residents moving from one location to another. Staff working in the designated centre did not have concise information available to them, to assist new residents to move into the centre in a way that would fully support them to make the adjustment positively.

The statement of purpose outlined that the provider aimed to cater for adults from mid-50s age to mid-80s, and could support a variety of health care needs. Residents living in the designated centre had changing mobility needs and care needs related to aging.

The centre was made up of two bungalows, one for five residents and one for four residents. Some residents required the use of wheelchairs, comfort chairs, hoisting, shower trolley and chairs and mobility aids such as walkers and frames. Equipment was available for residents based on their needs and there was good access to occupational therapy and physiotherapy supports. The provider had reduced the number of people living in one bungalow from 6 to 5 people and this created more space for the storage of equipment in the designated centre. However, the environment required additional work to ensure it would continue to promote accessibility for residents as their needs changed and to ensure adequate facilities for showering and bathing.

On review of care records, the inspector was not assured that in one instance a resident had timely and appropriate access to medical attention following an event, for example, awaiting input from a general practitioner (GP) prior to seeking emergency care when residents were indicating signs of distress. For this reason, the provider was given an urgent action plan, to seek assurances that the systems in place to respond to incidents was robust and included timely access to medical treatment in the event of an incident at day, or night time. The provider responded to the urgent action, and gave assurances that the processes for responding and reporting incidents in the designated centre were robust, and guided by recently updated policies that had been shared with the wider staff team, for example, a new falls management policy, and clear responsibilities for day and night-time incident

management were outlined. The provider also outlined the actions being taken to fully review one incident with the serious incident response team retrospectively.

Overall, residents appeared comfortable in their home and had access to a facilities located on, or close to the campus where they enjoyed spending time, however there were limitations on their access to community facilities which were seen to be resource-led. Residents' choice and control over their daily lives were not being fully promoted and practices around admissions and day-to-day care were not based on a human rights based approach to care and support.

### Regulation 13: General welfare and development

Residents had access to campus based activities during the week, such as yoga, gym programmes and home baking in an apartment on campus. One resident had returned to external day services for some afternoons. Some residents liked to spend time at home, such as watching television in their bedroom or spending time alone. While this suited residents at times, residents wished to have more things to do both outside of the home, and home-based such as cooking, baking, art and crafts.

Residents access to community based activities and amenities were reduced due to resources available and as such community-based activities and using community amenities were not a routine part of the care and support and operations of the designated centre.

Judgment: Substantially compliant

### Regulation 17: Premises

The provider had amended exits off one bungalow to provide safer evacuation pathways for residents, and better space for outside seating. The provider had changed a vacant bedroom into a storage room, which offered more storage space for large equipment.

While the provider had taken measures to amend the premises and facilities in response to changing needs of residents as they occurred, the provider had not ensured the centre would fully meet residents' needs as they got older. The communal space and circulation areas of the environment required further review to ensure they fully met the mobility needs of adults as they aged. for example, corridors were narrow and did not fully support particular manual handling or mobility aids that require side by side staff support.

One bungalow had one wet-room/shower room for five residents. A second bathroom had not been fitted with showering or bathing facilities, which would be

more spacious for residents' mobility aids and changing needs.

Parts of the designated centre required attention and repair, for example, general painting of residents' bedrooms and some communal areas, appropriate storage solutions and rust on radiators and flooring.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider was issued an urgent action under this regulation for the following reasons:

- The provider had not demonstrated that all serious incidents were appropriately recorded, reported, investigated and learned from.
- The inspector was not assured that should an incident happen at night-time, that the reporting and responding to such emergencies was clear and would result in timely access to medical attention for residents.

The provider responded to the urgent action adequately.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider and person in charge had made improvements to written plans and procedures to follow in the event of a fire, the frequency of fire evacuation drills and had widen fire exits in the designated centre.

There were fire doors throughout the designated centre to support the containment of smoke or fire. However, some doors had holes from nails or previous door hangers and one door had a slight gap at the top. During the inspection, members of the maintenance team were working on repairing this. Overall, the inspector was not assured that the fire containment measures in the house had been checked for their effectiveness by a relevant professional, given the age of the doors and the lack of documentation to demonstrate they were in full working order.

The provider had informed the Chief Inspector of their plans to replace the fire alarm system in a number of homes on the campus to enhance the system overall. At the time of the inspection, these works were still in the planned stage. While there was a fire detection and alarm system, the fire alarm panel was not addressable. This meant that it did not show staff the location of a potential fire to

assist their evacuation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

Due to the current recording system in place, staff had difficulty accessing information that guided the care and support in a clear and timely manner.

For residents who had recently been admitted to the centre, there was an absence of a comprehensive assessment prior to admission to assess their needs fully in respect of in the new environment, new resident group, staff team and model of care in this location. While there was good access to allied health professionals to assess mobility needs and aids required, assessment prior to admission did not consider the emotional, social and holistic needs of residents as they made a transition from one home to another. For example, residents had previously lived in a home where meals were planned, prepared and cooked from within their home environment, and had not experienced meals from a central kitchen before.

Personal support plans for residents had been put in place since admission, and were in the process of being updated by the person in charge. Since admission, some residents had been referred and seen by speech and language therapy to discuss their move and their feelings around the transition. Some residents had been referred to psychology services also.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There was an absence of a human-rights based approach to decision making regarding residents admissions, in relation to seeking consent, offering informed choices, gathering residents' views or supporting residents to access external advocate to assist them in their life decisions.

One of the resident's bedrooms had a eye-hole viewer which impacted on their privacy.

On admission, new resident's moved into the centre on the same day that others had left, bedroom's were not decorated in line with their interests, were in need of

repair to plastering and painting works. Some information within wardrobes to guide information on personal care was not regarding current residents.

Residents did not have choice and control regarding aspects of their care and support, and how they liked to spend their days. Care and support was resource driven, in place of person-centred in nature.

Opportunities to take part in home-based activities such as home-baking were dependent on the staffing on duty, and not a routine part of a plan for residents and how they liked to spend their day.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Regulation 14: Persons in charge   | Not compliant           |
| Regulation 15: Staffing  | Substantially compliant |
| Regulation 23: Governance and management   | Not compliant           |
| Regulation 24: Admissions and contract for the provision of services               | Not compliant           |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 13: General welfare and development                                     | Substantially compliant |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 26: Risk management procedures  | Not compliant           |
| Regulation 28: Fire precautions  | Substantially compliant |
| Regulation 5: Individual assessment and personal plan                              | Substantially compliant |
| Regulation 9: Residents' rights  | Not compliant           |

# Compliance Plan for Stewarts Care Adult Services Designated Centre 16 OSV-0005859

Inspection ID: MON-0028462

Date of inspection: 05/07/2022

## 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 14: Persons in charge  | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Person in Charge is employed on a full time basis for Designated Centre 16 and only responsible for one designated centre. Full review of PIC roster to be carried out with Programme Manager to minimize absence for extended periods from the centre. This review will be carried out before 1/9/2022.</p> <p>Currently in the absence of PIC the nurse in charge is the shift leader on the day with support from Programme Manager. There is plan across all Designated Centres in Stewarts Care that all Persons in Charge will have support of Social Care Worker in their DC's to provide oversight and support in the absence of the PIC. There is ongoing recruitment for social care worker for DC 16.</p> <p>Relief nurse has been identified and allocated to the Designated Centre 16 to support Person in Charge to provide cover for staff nurse annual leave. This nurse will be starting in September 2022.</p> |                         |
| Regulation 15: Staffing   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Monthly rosters are now provided by the person in charge going forward and these rosters are provided to the Programme Manager for oversight. Nursing cover in both homes is provided from within the Designated Centre, all nurses are familiar with all service users and have full access to careplans in our electronic record system.</p> <p>Relief nurse has been identified and allocated to the Designated Centre 16 to support Person in Charge to provide cover for staff nurse annual leave. This nurse will be starting</p>   |                         |

in September 2022. Full staffing compliment as per agreed staffing requirements. No deficit in DC.

Person in charge is developing visual reference of staff roster – with pictures identifying who is on duty today – for both homes. To be completed by 31/8/22.

There are currently six staff working in DC 16 who are trained to operate service vehicles. Priority to be given to drivers for all future recruitment to the area.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

On 25/7/22 full review meeting of current Register Provider Audit tool held to identify short fallings and recommended improvements. This involved Director of Care, Programme Manager Team and Quality office manager. Persons in Charge have also been asked for feedback. Document is now being reviewed by Quality Office. To be completed by 31/8/22.

Currently in the absence of PIC the nurse in charge is the shift leader on the day with support from Programme Manager. There is plan across all Designated Centres in Stewarts Care that all Persons in Charge will have support of Social Care Worker in their DC's to provide oversight and support in the absence of the PIC. There is ongoing recruitment for social care worker for DC 16.

A special project team has been delegated to work to support staff through Eclipse online recording system implementation process.

Learning and Development department are now offering

- Eclipse Classroom training sessions – specific sessions have been allocated to all staff in DC 16 to avail of extra support in using Eclipse system. This is an ongoing support service and more sessions will be provided as required.
- Training guides and videos for Eclipse have been made available to all areas on in home desktops.

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

Two residents who were admitted in May 2022 have had updated contracts of care

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| reviewed and signed by families and next of kin.   |                         |
| Regulation 13: General welfare and development   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>There are currently 2 day services staff employed in the DC, six staff between the two homes are drivers to support access to community services. Weekly service user meeting and meaningful activity planning takes place with increased focus of local community based activities. This is now reviewed by PIC with oversight from Programme Manager on a monthly basis with input from allocated day service staff.</p>                            |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider will review one home in the DC to examine what upgrade can be done to improve communal space and circulation areas to meet the long term mobility needs of ageing residents; and will engage with external stakeholders if required.</p> <p>Technical services department have been assigned upgrade works for shower room and kitchen, painting, flooring and storage requirements. Awaiting completion date from tech service department for these works.</p> |                         |
| Regulation 26: Risk management procedures  | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Retrospective SIMS and personal recollection forms have been completed. Preliminary Assessment form has been completed by PIC and Programme Manager and reviewed by Director of Care. Review meeting has taken place and team from Care Management and Risk Department have been assigned to review the response and reporting following incident. Details of findings of concise review will be forwarded to Inspector once completed.</p>                |                         |

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| Regulation 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/> A comprehensive plan is in place to upgrade the fire alarm and emergency lighting system for Designated Centre 16. This will result in Designated Centre having a high standard fire alarm system and addressable fire panel installed in each home.</p> <p>All fire doors within Bungalow four and six will be reviewed by our carpenter. All fire doors that are not closing effectively or require drop seals will be implemented. Fire doors that need to be changed out will be determined by the carpenter. The carpenter will complete this by 22nd August 2022.</p>  |                         |
| Regulation 5: Individual assessment and personal plan  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br/> A full review of documentation is currently happening with the new Eclipse system. New assessments are being developed across both houses.<br/> All residents in Designated Centre 16 have their personal plans and assessments available on the new electronic database since this inspection. There has been ongoing support offered by the learning and development department regarding the usage of the electronic database with staff.<br/> Extra classroom setting training is being provided by learning and development to address ongoing training requirements of staff.</p> <p>All residents have up to date assessment of need and OK Health Checks completed. These are reviewed on annual basis or as needs change.</p> |                         |
| Regulation 9: Residents' rights  | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br/> After day of inspection full review of Personal Plan identified Accommodation Goals for 2</p>  |                         |

newly transitioned residents from their previous DC. This documented their initial discussions about proposed move to new DC, their conversations with families regarding same, visits to the proposed new home from Oct 2021 until 2022 showing residents involvement and agreement to move to new home.

Full review of admission process has taken place at Transition meeting in July 2022, guidelines have been upgraded to ensure all new admissions have contract of care available before new transition and that no moves take place on the day of discharges from the same home.

All eye hole viewers have been covered and new doors are ordered and due before 22/8/22.

New residents are using their keyworker meetings to plan the upgrade and decoration of their new bedrooms.

All information not relevant to current residents has been removed from Designated Centre.

Weekly service user meetings, keyworker meetings and meaningful activity planning takes place with increased focus of local community based activities and documenting choice of all residents. This is now reviewed by PIC with oversight from Programme Manager on a monthly basis with input from allocated day service staff.

## 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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>  | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|--|-------------------------|--------------------|---------------------------------|
| Regulation 13(2)(b) | The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.          | Substantially Compliant | Yellow             | 31/10/2022                      |
| Regulation 13(2)(c) | The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes. | Substantially Compliant | Yellow             | 31/10/2022                      |
| Regulation 14(2)    | The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to   | Not Compliant           | Orange             | 31/01/2023                      |

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|                     | manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.  |                         |        |            |
| Regulation 14(4)    | A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned. | Not Compliant           | Orange | 30/09/2022 |
| Regulation 15(1)    | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.                | Substantially Compliant | Yellow | 30/09/2022 |
| 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   | Substantially Compliant | Yellow | 31/01/2023 |

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|                     | externally and internally.  |                         |        |            |
| Regulation 17(6)    | The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all. | Substantially Compliant | Yellow | 30/06/2023 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.  | Substantially Compliant | Yellow | 31/01/2023 |
| Regulation 23(1)(b) | The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for   | Substantially Compliant | Yellow | 31/01/2023 |

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|                     | all areas of service provision.  |                         |        |            |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.   | Not Compliant           | Orange | 31/08/2022 |
| Regulation 24(3)    | The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.  | Not Compliant           | Orange | 05/08/2022 |
| Regulation 26(1)(d) | The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following:<br>arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. | Not Compliant           | Orange | 31/10/2022 |
| Regulation 26(2)    | The registered provider shall ensure that there  | Substantially Compliant |        | 31/10/2022 |

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|                     | 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 28(1)    | The registered provider shall ensure that effective fire safety management systems are in place.  | Substantially Compliant | Yellow | 22/08/2022 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.   | Substantially Compliant | Yellow | 22/08/2022 |
| Regulation 05(1)(a) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre. | Substantially Compliant | Yellow | 30/09/2022 |
| Regulation 09(2)(a) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and  | Substantially Compliant | Yellow | 30/08/2022 |

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|                     | consents, with supports where necessary, to decisions about his or her care and support.  |                         |        |            |
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life. | Not Compliant           | Orange | 30/08/2022 |
| Regulation 09(2)(d) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights. | Substantially Compliant | Yellow | 30/08/2022 |