

# 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 16
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0005859
Fieldwork ID:	MON-0032824

## 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
--	---

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 18 January 2022	09:30hrs to 17:00hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

The inspector met all of the nine residents who lived in the designated centre and spoke specifically with a number of residents throughout the day. The inspector observed residents being supported by staff members also.

On arrival to the designated centre, some residents were still in bed sleeping or resting, other residents were getting their breakfast in the dining room or being supported in the bathroom with their personal care. There was a relaxed and quiet atmosphere as residents had their breakfast, and some chose to return to bed following their meal. Throughout the morning, the inspector saw that residents had been supported with their personal and intimate care, and were nicely dressed in line with their own style and choice of clothing. Some residents pointed to their hair which had been freshly washed and dried and staff informed the inspector that the resident had recently had it cut and styled which they were very happy about.

Equipment used by residents, such as comfort chairs, wheelchairs and shower trolleys were clean and well maintained and residents were positioned comfortably so that they could see the television in the morning. The breakfast table was nicely set for residents' breakfast and a selection of cereals, juice, toast and tea and coffees was set up to offer residents choice for their morning meal. Residents were asked their preference and staff understood their individual communication style and requests. The dining areas of the centre had notice boards with different recipes that residents enjoyed baking. For example, peanut cookies and quiche. The menu for the day was in photographic format on the wall.

Some residents were attending day services later in the day and attended this three days a week, supported by a day service staff member. This staff worked full-time in the designated centre during the week and split their time between the two units to support residents to engage in meaningful activities of their choosing. Staff had access to a vehicle to support community based activities. For residents who were past retirement age, the staff team supported them to do things during the day that they enjoyed or found meaningful to them. A resident spoke to the inspector about their day previously in the gym, completing particular exercises to support their mobility and general health. They enjoyed doing this and enjoyed the social aspect of seeing other people and staff in the gym setting. Some residents enjoyed spending time in their bedroom listening to the radio or watching television, they chose to keep their door open so that they could chat to people passing by.

Practices observed through the day and the daily operation of the centre was seen to be person-centred in nature. For example, staff had time to sit with residents and have meaningful conversations, residents had choice around their times to get up and have their personal care attended to and there was a friendly and calm atmosphere in both units of the designated centre. Visiting staff from other

departments (such as household and maintenance staff) were familiar to residents, and residents enjoyed spending time chatting to visiting staff during the day.

Some residents showed the inspector the new patio area out the back of one unit the designated centre, which had been completed since the last inspection. There was a nicely paved area for outdoor dining and raised walled beds with plants and garden decoration. The resident explained that this area was now accessible and people using wheelchairs could go out there in nicer weather. The raised beds were positioned at eye level for people sitting down or using wheelchairs and to give nice visuals while spending time in the garden. In the other unit, there was a paved area at the front of the building, with an umbrella gazebo which some residents enjoyed sitting in during nice weather, and the person in charge had requested further funding to explore a paved seating area to the rear of this building also. During the inspection, members of the grounds team visited the garden to assess it and to assist them to draw plans in order for this work to be considered.

Along with the garden improvements, the provider had also installed one more ceiling tracking hoist in a bedroom to support a resident's manual handling. There were also a sufficient number of shower trolleys, shower chairs and comfort chairs for residents to use.

Some residents invited the inspector to see their bedroom, which had been decorated recently. There was decorative wallpaper, new bedding and the addition of a wall-mounted television and bedroom chair so that the resident could watch television in their own room if they wished. Each residents' bedroom in the designated centre now had a television on the wall for residents' personal use. Some residents chose to spend time sitting or lying down in their room watching their television throughout the day. Residents' bedrooms were each decorated in line with their choice and personal tastes, some rooms had soft lighting such as salt lamps or sensory lights, personal photographs of residents with family and friends and certificates of achievements.

The person in charge told the inspector that they were planning on replacing the television in the communal room of one unit, so that residents who enjoyed karaoke and singing could use the larger screen for this activity with their hand-held devices. Residents enjoyed music and a resident played a song on their harmonica during the day, and showed the inspector their accordion which they also liked to play. Residents knew each other well and seemed interested in each others well-being. For example, a resident who played a song on the harmonica knew that this was the favourite song of their peer and so would often play it for them.

Some staff spoke to the inspector about the activities or meaningful time spent with residents who presented with dementia and age related conditions. For example, listening to music for their youth, watching old movies and taking trips down memory lane. Some residents had life story books in their bedrooms with information and photographs on their life. On review of care planning in relation to dementia or end of life care, these important emotional and personal pieces were not recorded or referenced effectively, with care planning documentation still primarily focused on health needs. The assessments and plans did not reflect the

spiritual, emotional and social needs of residents to ensure a holistic approach to their supports, and to reflect the person-centred practices that were in place daily.

Staff were seen to be wearing the appropriate personal protective equipment in the designated centre and used hand sanitiser frequently. Staff were heard explaining to residents during the day about what task was going to happen before engaging in it, to ensure they understood. In the morning, as some residents were still in bed, staff were speaking quietly and informed the inspector that some people were still resting. This was respectful of residents.

In one unit of the designated centre there was a second living room for a resident to use, this had an electric piano, music players and seating and was nicely decorated. The door into the room was held open by a heavy chest, as residents did not like it closed. This door was a part of the provider's fire containment measures, and being held open in this way would not allow for the door to close automatically in the event of a fire. This had been identified in a recent fire audit carried out on behalf of the provider, and an action plan created to install a safety device that would release appropriately. As observed on inspection, the centre had fire doors on all bedrooms and other key areas of the evacuation route. Some fire doors required further action, as the provider had determined through their own audit done a few days prior to the inspection. The containment measures in the kitchen also required further review in respect of a hatch window opening that would not prevent the spread of smoke in the event of a fire.

Staff spoke to the inspector about the procedure to follow in the event of a fire and the evacuation plan, and showed the inspector the fire panel located outside in the boiler house. The fire alarm system sufficiently alerted staff through alarm to the present of a potential fire, however the fire panel did not identify for staff the exact location of the alert and was located outside the building. For this reason, it did not form part of the evacuation plan and was not addressable to support the safe evacuation in the event of an emergency. The person in charge informed the inspector that the provider's fire officer was attending the location the following day to deliver further on-site training to the staff team, and actions had been identified from a recent audit to address issues with fire doors, written procedures, exit locks and replacement of some soft furnishing in line with standards.

Overall, the inspector saw that this centre was offering a homely environment and was decorated and operated in a manner that was appropriate to the age, individual needs and interests of the residents living there. Residents were supported to stay healthy and person-centred care was observed. Some improvements were required in relation to fire safety, assessments and plans and staff training.

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 purpose of this inspection was to follow up on the actions required from the inspection of March 2021, following which the provider attended a cautionary meeting with the Chief Inspector in relation to the areas of non-compliance identified.

On this inspection, the provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs. This inspection found that for the most part, the provider and person in charge had adequately addressed the failings within the March 2021 report and brought about improvements in the lived experience for residents in the designated centre. Some areas were in need of improvement, as will be outlined in this report in relation to fire safety, assessments and plans and staff training.

Since the previous inspection, there had been periods of time where the person in charge role was absent, and the arrangements put in place to cover this had not been sufficient to ensure adequate oversight. Since December 2021 the provider had stabilised the management structure and appointed a full-time person in charge to hold responsibility of the designated centre, and it was evident that since this time plans had been put in place to strengthen the governance and oversight of the centre overall. There was a full-time person in charge, who reported to a programme manager, who in turn reported to the Acting Director of care.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, there was transport available, adequate premises and facilities and supplies. Since the previous inspection, the provider had reviewed their statement of purpose to further clarify the care and support needs that could be supported in this centre. Following this review, a resident was supported to transition to a more suitable centre, in line with their assessed needs. The provider had also begun plans to operate a dementia specific centre on campus that could offer more focused supports for people with dementia and intellectual disabilities and transition planning was in process for two residents within this designated centre at the time of the inspection.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. The staff team was made up of staff nurses, health care assistants and a day service staff member. There was additional household staff employed by the provider to support with the cleaning and upkeep of the designated centre. Since the previous inspection, the provider had appointed a day service staff member to work in this designated centre, to support activities and meaningful occupation for residents.

The provider had routine and refresher training made available to the staff team and had identified mandatory training as per their own policies and procedures. The system in place to oversee the training of staff required improvement. For example, it was difficult for the person in charge to ascertain who required refresher training in key areas due to the oversight system available, and some gaps were identified. At the time of the last inspection, staff had not received training in areas specific for the needs of residents, for example in dementia care or palliative care. Following a review of the service overall, the provider had plans in place to create a dementia specific home on campus which would be equipped and staffed in a manner to focus on this area further and plans were in place to support some residents to transfer in the coming weeks into this home. The person in charge had plans to discuss specific training needs for the staff team through the supervision process and would identify any further specific training outside of the mandatory training, that would benefit residents.

While there were systems in place for the formal and informal supervision of staff members, these had not been carried out as frequently as the provider's policy determined. The person in charge had plans for formal supervision to commence from February 2022 with the staff team, and had held two staff meetings since taking up post in December.

Overall, the provider and person in charge had taken action in respect of the previous inspection findings and had made changes that improved the quality of the service and the lived experience for residents living in the designated centre.

#### Regulation 14: Persons in charge

The provider had appointed a new person in charge to hold responsibility for this designated centre in December 2021. The person in charge worked full-time and was suitably skilled, experienced and qualified in their role and held responsibility for two designated centres operated by the provider. The person in charge divided their time between these two designated centres, both of which were located on the same campus and within short distance from each other. The arrangements for effective operational management and oversight of two designated centres was found to be effective.

Judgment: Compliant

#### Regulation 15: Staffing

The designated centre had a staff team that consisted of staff nurses and health care assistants. Following the previous inspection, the provider had increased the staffing resources within the designated centre by employing a full-time staff

member whose role was to provide day activation and meaningful activities for residents during the week. While there was a period of months where this role was vacant at the end of 2021, the provider had recently recruited a staff member to the role, who had commenced in January 2022.

While the numbers of residents living in the designated centre decreased in July 2021, the provider maintained the staffing resources in this centre. In general, each unit of the centre had one nurse on duty from 8.00 to 20.00, along with health care assistant staff and the day services staff member worked in both units from Monday to Friday between 9.00 and 17.00. At night-time, each unit had one health care assistant on duty from 20.00 to 08.00, with an on-call buddy system in place from neighbouring bungalows for the event of an emergency. In general, residents had low support needs during the night, however the provider informed the inspector that the night-time staffing was being further reviewed with a plan to increase the staffing to include one additional staff at night, to support both homes. This would be finalised once two discharges and new admissions occurred to ensure it would be suitable to meet all residents' needs.

The person in charge maintained a planned and actual staff roster for the designated centre, showing who was on duty during the day and night-time and included their full name and role title.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. However, some staff had not completed refresher training in mandatory areas as identified by the provider's policies. The provider's system of oversight of staff training required improvement, as the current arrangements did not ensure the person in charge could easily see who was up to date with their training, and who required additional training. For this reason the incoming person in charge was implementing their own oversight mechanisms to verify training completed and needs and was in the process of gathering information.

The provider had arrangements as set out in their policy for the formal supervision of staff, with each staff having one-to-one supervision meetings each quarter with their line manager. The staff team in this designated centre had not received formal supervision as frequently as was required. This was noted in the provider's own six-monthly audit also.

Staff were informally supervised by the person in charge who was present in the designated centre regularly. While staff team meetings had not previously been carried out, since the appointment of a full-time person in charge in December 2021

two team meetings had taken place, and a schedule for regular meetings going forward.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had made recent changes to the management structure in the designated centre, through the change of the person in charge role. The management structure was clearly defined and had identified lines of reporting, responsibility and accountability.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider.

The provider had completed unannounced visits to the centre on a six-monthly basis, and had completed an Annual Review of the quality of care and support in line with the National Standards, this had been inclusive of the views of residents and their families. The provider had recently enhanced their auditing structure to include regular infection prevention and control audits, risk management audits and fire safety audits. The person in charge also had a system of auditing in place to include medicines management, review of care planning and health care and residents' finances.

There was evidence that the provider and person in charge had taken action in response to these audits and reviews, to bring about improvements, and findings from audit reports were issued to the responsible person quickly to allow them to take action in a timely manner.

The provider had reviewed their statement of purpose, and put plans in place to respond to residents' varying needs, through transition plans and decisions to begin operating a more dementia-specific home on campus.

While the governance structure and oversight arrangements were defined, during a period of absence in the person in charge role the provider had not ensured arrangements to cover this absence were sufficient. For example, during the last quarter of 2021 when these arrangements were in place it was evident that there was gaps in staff meetings, staff supervisions and the oversight of training as the person responsible for the absence of the person in charge had a full-time role covering a large remit.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose which was a clear reflection of the services and facilities on offer. The premises, staffing arrangements and care and supports noted in the written statement of purpose, were a clear reflection of the findings and observations on the day of inspection. This document had been updated in December 2021 and was in draft format, and the final updated document was submitted to the Chief Inspector following the inspection.

Judgment: Compliant

### Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was safe and offered a comfortable and pleasant place to live. Since the previous inspection in March 2021 one resident had transitioned to a different designated centre and there were nine people living in the centre at the time of this inspection. The provider did not plan on admitting another resident into the centre, and at the time of renewing registration they would reduce the numbers of their registration to nine.

Some residents told the inspector that the house was quieter now with less people living there and at night-time it was not as noisy. There was a calm and pleasant atmosphere in both units of the centre during the inspection and residents were seen to have choice over their meals, food preferences, times to get out of bed and have support with their personal care.

Some residents showed the inspector their bedroom, and the garden area along with the communal spaces in the designated centre. The two units were clean and tidy, nicely decorated and well maintained. Both units were comfortable and homely and had a pleasant atmosphere. The provider had made changes to the garden area of one unit, by arranging for a paved seating area to the back of the kitchen. This area was accessible for residents and had shrubs and trees overlooking it. The communal rooms in the centre were nicely decorated and the person in charge and staff team had plans to replace some furniture and technology to further enhance the space for residents.

Residents had the equipment available to them that they required and showering and washing facilities were available and accessible for all residents. Residents equipment such as wheelchairs and comfort chairs were clean and well maintained.

Most residents were at retirement age, or older and some spoke to the inspector about how they liked to spend their time. There was a day services staff working in the centre to support meaningful activities both in the centre and outside of it. Some residents had returned to day services outside of the centre for some days of the week, which they enjoyed. Other residents who had previously been employed in a coffee shop had not returned to work yet, due to the impact of restrictions and the pandemic on businesses. However, they told the inspector some of the things they enjoyed doing at home. There was a vehicle available for supporting residents to take part in shopping or trips outside of the campus. Some residents enjoyed short breaks in hotels or a holiday home, others liked to complete the online shopping with staff to get the groceries for the centre for the week ahead. While the COVID-19 pandemic had put limitations on residents' abilities to attend day services, work places and community amenities they were satisfied with the alternative things they were doing to keep active. For older residents who like to rest during the day, they had wall mounted televisions in their bedrooms. Residents had been supported to keep in contact with family and friends through mobile phones and computer devices.

Residents' needs were noted and assessed using assessment tools implemented by the provider. Based on these assessments, care plans were written up to outline how each individual need would be met and supported. Identified health needs had corresponding care plans in place. If advice from health and social care professionals was required, this was included within written plans and records maintained of all appointments and information. While there had been improvements in the creation of some specific care plans, overall assessments and plans were not fully inclusive of the personal and social needs of residents. For example, end of life care plans did not include spiritual or personal preferences of residents and were health care focused.

Residents appeared content and happy in their home, and the designated centre was operated in a way that promoted residents' safety. The number of residents living in the centre had been reduced since the last inspection, and in general residents got on well with each other and enjoyed each others company. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had access to training in safeguarding vulnerable adults at risk of abuse. Residents who required support for personal care had this documented in person-centred intimate care plans that guided dignified and respectful supports, and honoured residents choices and preferences.

Residents were protected against the risk of infection through policies, procedures, practices and equipment that promoted good practice. For example, staff wore appropriate personal protective equipment, there was adequate supplies of hand sanitisers available and all visitors had to complete a temperature and symptom check on arrival. The risk of COVID-19 had been assessed and local procedures put in place for contingencies should a suspected or confirmed case occur for residents or staff. However, the risk assessment required review following changes to management and residents and it had not been updated or reviewed since March 2021.

The provider had fire safety systems in place in the designated centre to protect residents against the risk of fire. However, improvements were required. Some fire containment measures required review, a number of staff required refresher training and the location and design of the fire panel did not fully support the safe evacuation in the event of a fire. A practice of the night-time evacuation plan was overdue. The provider had carried out an audit on fire safety in the day previous to the inspection, and an action plan was identified for issues to be addressed in the coming weeks. However, the audit did not consider the containment measures of the kitchen area where a hatch opening was in place and did not identify the barriers in relation to the location of the fire panel itself in supporting staff to safely evacuate. Since the previous inspection, staff had received guidance and training on the use of individual equipment to support residents to evacuate.

Overall, residents were receiving a service that was found to be of good quality, however improvements were required in relation to fire safety systems and assessments and plans.

### Regulation 13: General welfare and development

The provider had appointed an additional staff member to work full-time in the designated centre with a focus on meaningful activities, and community engagement.

Residents who wished to attend external day services had been supported to return to this during the week, and there was transport available to support residents to attend day services and to use community amenities.

For older adults who no longer attended formal day services, the staff team supported them to take part in activities that were meaningful to them. Since the last inspection each bedroom now had televisions for personal use.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of residents, and in line with the written statement of purpose.

Since the last inspection, a vacant bedroom was being used for storage of equipment when it was not in use, this was required given the amount of equipment needed for residents' mobility and resulted in more space available in communal areas.

The back garden of one unit had been improved and now contained an accessible patio area for residents to use to spend time outdoors.

Some resident bedrooms had been recently decorated for example with new wallpaper, curtains and bedding and all rooms now had wall-mounted televisions.

There was sufficient showering facilities and equipment available so that all residents could access showering facilities and have their personal care needs met in the designated centre.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had put in place policies and procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. For example, procedures for regular flushing of water faucets and hoses to reduce the risk of legionella.

The specific risk of COVID-19 was assessed, and the provider had plans in place to support residents to self-isolate if they were required to.

There were written procedures specific to the designated centre, if there was a suspected or confirmed case of an infection and how the shared bathroom facilities would be allocated and managed to lower the risk of infection.

The provider had trained a number of staff to carry out testing on-site, if this was deemed as required. The provider had made arrangements for routine Infection Prevention and control (IPC) audits to be completed in the centre by a suitably qualified person. The results of these audits were good overall, and any actions were addressed in a timely manner.

Staff were wearing the personal protective equipment (PPE) as required in the latest guidance and there was an adequate supply of PPE stock for the designated centre. Staff were seen to use hand sanitiser and wash their hand throughout the day.

There were routine cleaning and enhanced cleaning regimes in place in the designated centre. For example, increased cleaning of high touch or high use areas such as door handles. The provider had a household staff team to carry out routine cleaning in the two units of the designated centre.

On arrival to the designated centre there was appropriate signage on the correct PPE to be used by visitors and staff, a visitor sign in sheet and measures to check temperature of all people entering the building. There was hand sanitising facilities located around the premises and on immediate arrival into the centre.

While there were good practices and procedures in place to manage the risk of healthcare associated infections, the risk assessment for COVID-19 had not been reviewed or updated since March 2021 and there had been recent changes to the management team and residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

While there was a detection and alarm system in place in the designated centre, the fire panel was located outside the building and did not alert staff to identify the exact location of fire, should it occur. This resulted in a full evacuation of all residents for any alarm activation and a procedure that did not fully support staff to locate and evacuate away from a source of danger.

Fire drill exercises demonstrated that staff could safely evacuate residents in a timely manner in the event of an emergency during the day time. However, there had not been a night-time (or simulated night-time) evacuation drill completed in the previous 12 months.

Four fire doors within the designated centre had been identified as requiring further attention by the provider. There was a plan in place for this to be addressed by the end of the month. During the inspection, one fire door was held open in sitting room which prevented it from closing in the event of a fire.

A barrier to fire containment identified in the kitchen had not been considered within the provider's fire risk assessment and fire safety systems. For example, there was a hatch opening from the kitchen into the living/dining room.

Some staff required training in fire safety, which was planned for the day following inspection by the fire officer.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

There was a system in place for assessing, and planning for residents' needs in the designated centre, through assessment tools, information gathering and a mixture of online and paper based documents. Assessments included the advice or input from allied health and social care professionals when this was required.

Where appropriate, residents now had documented end of life care plans and a dementia care plans to guide specific supports. However, the assessment tool and

corresponding plans still focused primarily on health and medical needs and were not fully inclusive of personal, social, spiritual needs and wishes of residents.

Some assessments of need had not been updated as frequently as required, and the tool did not fully guide staff to explore all aspects of residents' wishes and preferences in relation to their supports.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans, and were supported by a team of care assistants and staff nurses.

Residents had access to their own general practitioner (GP) along with access to other health and social care professionals through referral to the primary care team, or to professionals made available by the provider. For example, physiotherapy services, occupational therapy services.

Advice or recommendations from health and social care professionals was incorporated into residents' care plans.

Residents were supported to have an annual medical review with their GP, and the nursing team prepared for this by reviewing their care in the previous 12 months and any health related issues and risks.

Residents were supported to avail of National Screening Programmes suitable to their age and gender, if they wished or consented to this.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured there were policies and procedures in place to identify, report and respond to safeguarding concerns in the designated centre. There was a named designated officer responsible for managing and screening any safeguarding concerns or incidents in the designated centre. The pathway for managing safeguarding concerns was on display in the designated centre, along with information on the designated officer contact details.

There were no current safeguarding risks identified by the person in charge. The provider had supported a resident to transfer to alternative centre in 2021 which could better meet their needs, and this had alleviated a safeguarding risk in the

designated centre previously between peers. Residents told the inspector that they felt safe in their home, and that the environment was pleasant.

Residents who required support with personal and intimate care had documented intimate care plans in place, which were found to be person-centred and promoting of dignity, respect and choice of residents.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0032824

Date of inspection: 18/01/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. Person in charge linked with Learning and Development manager to provide increased training sessions as required for staff in DC 16 on 31/1/2022</li> <li>2. PIC has audited all training needs and outstanding core competency courses 31/1/21.</li> <li>3. All staff will have core competency training up to date before 31/3/22</li> <li>4. All staff will have supervision carried out before end of Q1 31/3/22</li> <li>5. Staff meetings have taken place in both locations of DC 16 on 21/2/2022 as per monthly schedule.</li> </ol>	
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"> <li>1. Full time PIC in place since 13/12/2022. PIC will work with staff nurses who are shift leaders in both locations to support her with staff supervisions where appropriate and staff meetings to reduce the risk of gaps occurring during unplanned absences of PIC.</li> </ol>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1. Covid risk assessment updated for DC 16 on 21/1/2022 , same will be kept up to date with ongoing Covid Government Guidance documents and any changes to management team or residents.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. Official letter of response has been forwarded to HIQA by the Registered Provider with a plan for the upgrade of Fire Panels and Emergency Lighting on 31/1/2022.</p> <p>2. Night time fire drills have been completed in both locations of DC 16 following inspection 21/1/2022.</p> <p>3. Magnetic Lock has been ordered and funding approved for sitting room door at dormitory end of house. Date for fitting has been given by Tech services for week commencing 28/2/2022</p> <p>4. Review carried out for kitchen hatch between living room and kitchen by Programme Manager and Tech Services Manager on 23/2/2022. Fire compartmentation between kitchen and sitting room is not part of fire route. Fire doors in place at dining room door and kitchen door provide protection and containment for fire route of hallway.</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:</p> <p>1. End of life care plans and dementia care plans have been updated by key nurse to include all aspects of personal, social and spiritual wishes of residents by 23/2/2022. These will continue to be reviewed and a minimum of every 3 months or updated as residents needs change and progress.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/03/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2022

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	21/02/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	03/03/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	21/01/2022

	followed in the case of fire.			
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	23/02/2022