



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:	29 March 2023
Centre ID:	OSV-0005859
Fieldwork ID:	MON-0038584

About the designated centre

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

Stewarts Care Adult Services Designated Centre 16 is operated by Stewarts Care Ltd. This designated centre is intended to provide long stay residential care and support to no more than nine residents 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 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
Wednesday 29 March 2023	09:00hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre.

The inspector met residents who lived in the centre, staff on duty and the person in charge, and observed the care and support interactions between residents and staff throughout the day. In line with public health guidelines, the inspector wore face coverings and maintained physical distance from residents and staff where possible throughout the inspection. During the inspection the inspector visited the two separate bungalows that made up the designated centre.

The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. Staff and residents were observed talking and sharing jovial interactions throughout the inspection. Staff were observed to interact with residents in a manner which supported their assessed communication and behaviour support needs.

The inspector was shown around the centre by the person in charge, who was knowledgeable and familiar with the assessed needs of residents. The centre was observed to be a clean and tidy, warm and comfortable environment. The communal areas of the centre had been redecorated with residents choosing the colour of the paint and soft furnishings. However, there was some maintenance work required, in particular in the bathrooms and the kitchen in one bungalow.

Two residents showed the inspector their bedrooms and appeared proud of them. Both said that they "love it here". One resident told the inspector they were going to participate in an arts and crafts activity nearby. They said they were happy living in the centre and had no complaints. They showed the inspector around their bedroom, which was personalised with photos of family members and paintings they had made themselves during various activities. They also told the inspector that they were looking forward to go on holidays the following week.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

Overall, the inspector found that residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. It was clear that residents' views and wishes were listened to and that their autonomy was respected.

In summary, the inspector found that the residents enjoyed living here and had a good rapport with staff. The residents' overall well-being and welfare was provided to a reasonably good standard however, the premises required some upgrading in particular the bathrooms.

The next two sections of this report will 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 care in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. In the previous inspection (July 2022), the provider had 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. This was due to long periods of time when covering arrangements for the absence of a person in charge had not been sufficient and there had not been adequate operational day-to-day management arrangements in place for the centre.

On this inspection, the inspector found that the provider and recently appointed person in charge were demonstrating improved capacity and capability to operate the designated centre in a manner that was promoting good quality care and support for the residents living in the designated centre.

The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis, with responsibility for this designated centre only. There were clearly defined management structures in place which identified the lines of authority and accountability within the centre. All residents were provided with a signed, written contract of care.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The provider had systems in place to monitor and review the quality of services provided within the centre such as six monthly unannounced visits and an annual review of quality and safety.

An up-to-date statement of purpose was in place which met the requirements of the regulations.

There was a planned and actual roster maintained for the designated centre. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. Staffing resources had recently been increased due to the changing needs of a resident.

While there was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained, not all staff had completed mandatory training in particular in fire safety.

The centre had a copy of the policies and procedures set out in schedule 5 and these were readily available for staff use.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents.

The staffing resources in the designated centre were well managed to suit the needs and number of residents.

Staffing levels were in line with the centre's statement of purpose.

A planned and actual roster was maintained.

On day of inspection additional staffing had been approved to support the changing needs of one resident.

The planned extra shifts are to be filled by the core staff team as overtime or staff from day services. This would provide enhanced consistency of care for the residents and lessen the impact of changes to the planned roster.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained, however not all staff have completed mandatory training in particular fire safety.

The inspector found that staff received supervision as appropriate to their role.

The person in charge has also identified extra areas of support the team may need such as becoming familiar with new case management systems and residents' feeding, eating, drinking, and swallow (FEDS) guidelines. They have provided one-to-one training for this.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined governance structure that facilitated the delivery of good quality care and support that was routinely monitored and evaluated.

Each bungalow that made up the designated centre had an identified shift lead on duty and the person in charge was present in a full-time capacity.

Audits carried out in the centre were up to date and actions progressed in a timely manner.

Audits carried out included a 6 monthly, risk management audit, fire safety, meal planning, IPC and medication.

There was a clear action plan for the designated centre in terms of work needed for the premises.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

The most recent annual review included the views and feedback of residents which related to promoting choice in their activities.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All records reviewed were provided with signed written agreements between the provider and resident which met the requirements of the regulation, including details of service provided and fees.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations and schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had written, adopted and implemented the policies and procedures set out in schedule 5.

These policies were readily available to staff and reviewed and updated in accordance to best practice which met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

The inspectors completed a walk through of both of both bungalows that made up the designated centre and were accompanied on this walk-through by the person in charge. Efforts had been made to make the communal areas homely, for example, nice photos and pictures were displayed, and there was comfortable and well maintained furniture. Each of the residents had their own bedroom which was

decorated in line with their individual preferences.

Both bungalows and the garden areas provided a nice homely feel for residents. However, improvements were required in relation to some areas of the premises. Upgrades in both bungalows had occurred, in particular the communal living space. Plans were in place to upgrade the bathrooms and a kitchen in one bungalow also.

The provider had implemented a range of infection prevention and control measures to protect residents and staff from the risk of acquiring a health care associated infection. The inspectors saw that the designated centre was clean and that staff were wearing appropriate personal protective equipment (PPE). There were sufficient hand washing and sanitising facilities.

The provider had made marked improvements to the fire precautions provided to the designated centre since the last inspection. 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 and this designated centre is due to be upgraded in the coming weeks.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. Residents were observed engaging in activities together such as mealtimes and going on outings in the community.

The provider had implemented measures to identify and assess risks throughout the centre. All residents risk assessments were individualised based on their needs and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans. There was a risk management policy in place. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

There were suitable care and support arrangements in place to meet residents' assessed needs. A number of residents files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Regulation 13: General welfare and development

All residents had day service provision and had access to transport and the community when they wanted.

They were supported to access activities pertaining to their own likes and dislikes such as arts and crafts.

Residents and staff in one of the bungalows were preparing to go on holidays the following week and residents were busy making plans with staff on what activities

they would like to do.

Judgment: Compliant

Regulation 17: Premises

The provider had taken measures to amend the premises and facilities in response to feedback from the last inspection. The premises upgrade since last inspection had been progressed.

Painting and decorating of the communal areas had been completed and both houses had a homely feel. The centre was observed to be a clean and tidy, warm and comfortable environment. The communal areas of the centre had been redecorated with residents choosing the colour of the paint and soft furnishings.

Residents bedrooms were personalised to their own tastes, with photos of family members and friends as well as artwork made by the residents themselves.

A schedule of work has been approved including bathroom upgrades and a new kitchen for one bungalow so that residents can prepare their own meals as opposed to receiving them from the main kitchen on campus, an air fryer was being used in the interim.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy was in place which was up-to-date.

There was a centre specific risk register in place and associated risk assessments which had been risk rated and assessed.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable infection control procedures were in place. To reduce the risk of infection spread, the centre was equipped with hand sanitiser dispensers placed

throughout the centre. In line with public health advice all staff were wearing face masks.

The designated centre was clean and tidy. There was a comprehensive cleaning schedule in place. Staff members completed the necessary daily and weekly cleaning chores according to the provider's cleaning schedules. These schedules were regularly spot-checked by the person in charge.

There was appropriate infection control plans, procedures and contingency plans in the event of an outbreak. Staff spoken with were clear on the practises and procedures required and how these tasks were carried out, and these were observed by inspectors during the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

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 this 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. However, as part of this plan one of the bungalows in this designated centre was preparing to have the fire panel installed in the coming fortnight after the inspection. Therefore, while improvements were required there were comprehensive arrangements in place for these to be suitably addressed.

There were fire doors throughout the designated centre to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements.

A fire drill took place in one of the bungalows the morning of the unannounced inspection before the inspector arrived and records showed that these drills were frequent in their occurrence.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each residents files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

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.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Some of the residents expressed to the inspector that they feel their rights are respected and that they have the freedom to exercise control and choice in their daily lives.

They were consulted in the decoration of the communal living areas, with one resident picking the colour scheme and curtains for the living room.

Residents were further supported to make their own choices in terms of meal planning and were supported to carry out their own laundry tasks where possible. This was reflected in the audits as well as the daily reports and residents meetings.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0038584

Date of inspection: 29/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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> <p>Two staff are outstanding for onsite fire training. Will be completed by the 31/07/2023. Training is reviewed on a quarterly basis and is addressed with all staff at quarterly Supervisions.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire panel upgrade has been completed in one home of Designated Centre 16 (Bungalow 6) and staff have received training in Fire Panel orientation. Two outstanding staff require Fire Panel training, this will be completed by 31/5/23.</p> <p>Fire panel upgrade has been scheduled for second home of Designated Centre 16 (Bungalow 4) for January 2024, training will be completed for all staff in Fire Panel usage as soon as panel upgrade is completed.</p> <p>All new staff starting in Designated Centre 16 will complete Fire Panel training as part of their induction week.</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	31/07/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2024