



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 5
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	18 October 2022
Centre ID:	OSV-0005832
Fieldwork ID:	MON-0029040

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 5 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering a quality, person-centred service, provided by a competent, skilled and caring workforce, in partnership with the person, their advocates and family, community, and allied healthcare professionals. The centre comprises four homes located in suburban areas of West Dublin, and is intended to provide long stay residential support for no more than 15 male and female residents with varying support needs. The objectives of the centre are to provide a comfortable safe home that maintains and respects independence and wellbeing, and to provide a high standard of care and support in accordance with evidence based practices. The staffing consists of a full-time person in charge, social care workers, care staff, and a nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 18 October 2022	08:45hrs to 17:45hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector observed information on infection prevention and control, and masks and hand sanitising facilities were readily available.

The centre comprised four separate two-storey houses located across west Dublin. The houses were located in housing estates and within close proximity to amenities and services. The inspector visited all of the houses and completed a thorough walk-around. The houses were found to be clean, tidy, comfortable, and nicely decorated and furnished. Residents had their own bedrooms and there was sufficient living and communal space. Some of the houses had been recently renovated.

Upkeep and attention was required in some of the houses, such as painting and repair to furniture. However, they were of a low risk and had been reported to the provider's maintenance department for attention. There were also nice garden spaces for residents to use. One of the houses had Halloween decorations displayed as the residents there were planning a big Halloween party. Overall, the inspector observed a homely and relaxed atmosphere in the houses.

The inspector found that some of the fire containment measures and evacuation arrangements required improvement, and this is discussed further in the report. There were good arrangements to support effective infection prevention and control (IPC) measures, such as access to hand washing facilities, waste receptacles, and signage on IPC matters. However, some improvements were required to strengthen the measures and are discussed further in the report.

The resident observed easy-to-read information displayed in the houses on complaints, safeguarding and abuse, independent advocacy services, the Assisted Decision-Making (Capacity) Act, and human rights principles. There were no visiting restrictions or any other type of restrictive practice implemented in the centre, and the inspector observed residents having free access around their homes, for example, preparing meals and engaging in activities of their choice.

In advance of the inspection, questionnaires were sent to the residents for them to express their views on the service provided in the centre. Most of the questionnaires were completed by residents with support from staff. The feedback was positive and reflected satisfaction in relation to the residents' homes, food and mealtimes, rights, activities, care and support plans, and staffing within the centre.

The questionnaires noted some of the activities that the residents enjoyed, such as day trips, gym, social clubs, educational classes, shopping, eating out, beauty treatments, animal care, cinema, swimming, attending day services, socialising, and working. One questionnaire was completed by a resident's family on their behalf.

Their feedback was very positive and complimented the staff team and homely atmosphere in the resident's home.

The annual review of the centre, carried out in March 2022, had also consulted with residents and their families. The residents' feedback was positive. Three families provided feedback which was generally positive, there was one expression of dissatisfaction and it had been addressed by the person in charge.

The inspector met many residents during the inspection, and some chose to speak with the inspector. In the first house, a resident showed the inspector their bedroom and said they were very happy with it. They told the inspector about their part-time job and plans for the day which included swimming and going to buy tickets for an event. They were planning to meet their family at the weekend and go to the cinema. They told the inspector that liked the food in the house and often cooked their favourite meals.

The resident also showed the inspector a visual planner which they used to help them plan their week. They had a busy schedule which included sitting on the provider's service user's council. They told the inspector that they liked the staff in the centre and could speak to them if they had any problems. They also knew about the fire evacuation procedures. Another resident proudly showed the inspector their new laptop, and spoke about some of their goals that they were planning with their key worker such as going to concerts and museums. The resident said they got on well with their housemates and sometimes enjoyed doing activities together.

In the second house, two residents spoke to the inspector. The first resident, the inspector met, said they liked living in the house and were happy with their bedroom. They liked the staff and said they could talk to them if they were unhappy. However, they did not like when other residents referred to them by a particular name. Staff advised the resident that they would help them with this. The resident spoke about how they liked to participate in cooking and cleaning chores. The inspector read through some of the resident's care plans with them and the resident said they were happy with the contents of the plans.

Another resident also spoke to the inspector. They said they were happy in the centre and enjoyed spending time with their housemates. They were complimentary of staff and found them to be helpful and supportive. They had a busy social life, and liked to spend time with their family, play sports, and work. They advised the inspector that they had found the COVID-19 national restrictions difficult, and were glad that most had lifted. The resident was proud to tell the inspector about a recent programme they had participated in that involved teaching students from a large university about working with people with disabilities.

In the third house, one resident spoke to the inspector with the support from staff. The resident told the inspector about the activities that they enjoyed, such as swimming, hill walking, board games, walks, and using the local library. The resident liked living in the centre and enjoyed the food which sometimes included takeaways. The resident was being supported by their key worker to plan a big personal goal.

Another resident briefly spoke to the inspector and told them about their plans to go to Kilkenny on a day trip. The inspector briefly met another resident when they returned from their paid employment job. They told the inspector that they enjoyed their job. The residents living in this home had recently hosted afternoon tea for the other residents from the centre, and the inspector was advised that it was a very enjoyable day.

In the fourth house, there was only one resident present. The resident did not verbally communicate with the inspector, but appeared relaxed and content. The resident had been out for lunch and a walk earlier in the day. The inspector observed staff supporting the resident to have a beauty treatment and later using their smart tablet device.

The inspector met several staff members during the inspection. The inspector observed all of the staff engaging with the residents in a very kind and respectful manner, and they appeared to have a good rapport. The person in charge was very knowledgeable on the residents needs and it was clear that they were promoting a person-centred and human rights-based approach to the service provided in the centre. The person in charge was satisfied with the quality and safety of the service provided in the centre.

Other staff spoken with described the quality and safety of the service as being very good. They spoke about how residents' rights were being promoted, and choices respected. They had no concerns about the service provided to residents, but felt comfortable in raising any potential concerns with the person in charge. They also spoke to the inspector about their duties, safeguarding of residents, training, fire safety, residents' care plans, and infection prevention and control measures. They were found to be knowledgeable on the topics discussed.

From what the inspector was told and observed during the inspection, it appeared that overall, residents had very active and rich lives. They received a good quality service and were being supported through a human rights-based approach to live their lives in a manner that was in line with their needs, wishes and personal preferences. However, some aspects of the service were found to require improvement, such as infection prevention and control measures, development of personal plans, and fire safety arrangements.

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

Capacity and capability

There were effective management systems in place to ensure that the service provided to residents in the centre was safe, consistent and appropriate to their needs.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and worked across the four houses in the centre. The person in charge was suitably qualified and skilled, and found to have a good understanding of their role and of the supports required to meet the assessed needs of the residents in the centre. There were three social care workers who had additional responsibilities to support the person in charge in the management of the centre. The person in charge was supported in their role by a programme manager and Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre to assess the quality and safety of service provided in the centre. The person in charge monitored actions identified from audits and reports to ensure that they were progressed and completed to improve the quality and safety of the service.

The skill-mix in the centre comprised social care workers, nurses, and care assistants. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. The person in charge maintained planned and actual rotas showing staff working in the centre. Residents also had access to multidisciplinary team services as required.

Staff working in the centre completed training in areas such as, fire safety, safeguarding of residents, management of aggression, positive behaviour support, manual handling, and supporting residents with modified diets as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents. Training records indicated that staff required training in infection prevention and control.

The person in charge provided support and formal supervision to staff working in the centre, and staff spoken with advised the inspectors that they were satisfied with the support they received. The social care workers were available to support staff in the absence of the person in charge, and they could contact the programme manager or on-call service if outside of normal working hours. Staff also attended regular team meetings which provided an opportunity for them to any raise concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, residents' needs, complaints, infection prevention and control, staffing, training, audits, and the provider's policies.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The registered provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

The registered provider had established an effective complaints procedure for residents and their representatives to utilise. The procedure was an easy-to-read format and underpinned by a comprehensive policy. Complaints made by residents and their families had been managed appropriately.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and had commenced working in the centre in February 2021. The person in charge had relevant social care and management qualifications, and was found to be suitably skilled and experienced to manage the centre.

The person in charge had a clear understanding of the service to be delivered in the centre and was promoting a human rights-based approach to the care and support provided to residents. They demonstrated a good understanding of the regulations and standards pertaining to the Health Act 2007, as amended.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses, social care workers, and care assistants. The person in charge was satisfied that the current skill-mix and complement was appropriate to the number and assessed needs of the residents. The inspector observed staff engaging with residents in a professional and kind manner, and it was clear that they had a good rapport and understanding of the residents' needs, personal preferences, and wishes.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of the staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspector reviewed a log of the staff training records provided by the person in charge. Staff had completed training in areas such as, fire safety, safeguarding of residents, management of aggression, positive behaviour support, hand hygiene, infection prevention and control, manual handling, and epilepsy management. As described under regulation 27, several staff required training in infection prevention and control.

The person in charge provided informal and formal supervision to staff. Formal supervision was scheduled every three months as per the provider's policy. The person in charge maintained supervision records and schedules. In the absence of the person in charge, staff could contact the social care workers or programme manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours. Staff spoken with told the inspectors that were satisfied with the support and supervision they received.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

There was a clearly defined management structure with associated lines of authority and accountability. There were three social care workers in the centre and they had responsibilities to support the person in charge in managing the centre. The person in charge met with the social care workers on a regular basis to discuss the operation of the centre. The person in charge was supported in their role by a programme manager who in turn reported to a Director of Care. The person in charge prepared a monthly report for the programme manager to support their oversight of the centre. The report provided information on a range of topics, such as staffing, fire safety, complaints, and health and safety. There were good arrangements for the management team to communicate and escalate any issues,

and they were found to have a good understanding of the service provided in the centre and the residents' needs.

The registered provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents. Audits had also been carried out in the areas of health and safety, fire safety, risk management, and infection prevention and control. The person in charge maintained a compliance tracker plan which monitored actions to drive improvement in the centre.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised and was available to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure. The procedure underpinned by a comprehensive policy which outlined the associated roles and responsibilities, and stages for managing a complaint. The complaints procedure was also in an easy-to-read format for residents to refer to. However, the inspector found that the information regarding some of the complaints officers required updating.

The inspector found that complaints made by residents and their representatives had been managed appropriately and appeared to be resolved to the satisfaction of the complainants.

Complaints were regularly discussed at staff team meetings to ensure that staff were familiar with the procedures.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Residents spoken with were happy living in the centre, and generally the service provided was safe and of a good quality. However, improvements were required in the areas of infection prevention and control (IPC), personal plans, and fire safety.

Assessments of residents' health, personal and social care needs had been carried out which informed the development of personal plans. Personal plans were available to staff to guide them on the interventions to support residents with their assessed needs, and staff spoken with were familiar with the content of the plans. Residents also demonstrated knowledge of their care plans, particularly their social plans and goals. However, the inspector found that some plans required development to reflect a resident's specific care need related to IPC.

Where required, positive behaviour support plans were developed for residents. The plans viewed by the inspector were up to date and staff spoken with were aware of the contents. Staff also completed relevant training in behaviour support. There were no restrictive practices or interventions in the centre.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Safeguarding concerns were reported and screened, and safeguarding plans were developed as required. Staff spoken with were familiar with the content of the plans and the procedure for reporting any concerns.

A programme had recently been introduced in the centre to support residents with their self-protection and relationships, and the inspector was advised that it was having a positive impact. Intimate personal care plans were also developed to guide staff in supporting residents in this area in a manner that respected their dignity and integrity.

The inspector observed residents to have active lives and participate in a wide range of activities within the community and the centre. Residents chose their activities in accordance with their will and personal preferences. Some residents attended day services, volunteered or worked in paid employment, while others were supported by staff in the centre with their social and leisure activities. Residents were also supported to maintain relationships meaningful to them, for example, with their families, partners, friends and neighbours.

There was a good quantity and variety of food and drinks in the centre for residents to choose from. Residents were involved in the purchase, preparation, cooking, and

planning of meals. The inspector observed some residents preparing their own meals. Some of the residents spoken with told the inspectors that they were happy with the food and drinks in the centre, and that they were able to choose their favourite meals. Some residents required support with their meals, and corresponding plans were available for staff to refer to. There was also information on healthy eating for residents to refer to.

Some of the houses had been renovated since the previous inspection. Overall, they were found to be bright, clean, nicely decorated and furnished. There was sufficient communal space, and nice gardens for residents to enjoy. The premises were meeting the residents' needs, and residents spoken with were happy with their homes. Some minor upkeep and repair was required, and had been reported for attention.

The fire safety systems were found to require enhancements, particularly in relation to the fire doors. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire. The effectiveness of the plans was tested as part of regular fire drills carried out in the centre.

However, the records viewed by the inspector indicated that in some houses there had been no drill reflective of a late night-time scenario. One of the evacuation routes in one house also required more consideration to ensure that it could be used effectively at all times. Staff completed fire safety training and were found to be knowledgeable on the fire evacuation procedures. Some residents also told the inspector about how to evacuate if the fire alarm activated.

There were infection prevention and control (IPC) measures and arrangements to protect residents from the risk of infection, however some improvements were required to meet optimum standards. The provider had prepared comprehensive IPC policies and procedures, and there was access to public health guidance. There was also good support available from the provider's IPC team, and within the centre there were COVID-19 lead workers with associated responsibilities.

A recent COVID-19 outbreak had been managed well. However, the associated protocols and plans required expansion. There were good arrangements for the oversight and monitoring of the IPC measures through audits, assessment tools, and discussions at team meetings. Staff had completed relevant IPC training and were knowledgeable on the IPC matters that they discussed with the inspector.

The centre was clean, however some items required enhanced cleaning such as washing machine drawers, and bathroom fans, and damaged flooring in an ensuite bathroom impacted on ensuring the most optimum infection control arrangements were in place. There was a supply of personal protective equipment. Some of the other arrangements, for example, the management of soiled laundry, required improvement to ensure that the required equipment was available in all houses.

Regulation 13: General welfare and development

Residents were supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. Some residents were in paid employment. Some attended day services while others were supported by staff in the centre to access and engage in activities meaningful to them.

There were two vehicles shared between the four houses, and the inspector was advised that access to it was sufficient. Some residents independently used public transport which was close to the centre. The houses were all within close proximity to many local resources and amenities which some residents cycled or walked to.

Residents were also supported to develop and maintain their personal relationships, for example, through visiting family and neighbours, spending time with partners, and socialising with friends.

Judgment: Compliant

Regulation 17: Premises

The centre comprised four separate houses. The premises were found to be appropriate to the number and needs of the residents. The houses were generally well maintained, and where upkeep was required it had been reported to the provider's maintenance department. Overall, the houses were comfortable, homely, and clean. There was sufficient communal space including inviting outdoor spaces for residents to use. There was sufficient bathroom facilities, and the kitchen facilities were well equipped and in a good state of repair. Residents had their own bedrooms which were decorated in accordance with their personal tastes.

Residents spoken with told the inspector that they were happy with their homes.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals. Residents were involved in shopping for groceries, and some liked to cook in the centre. The inspector observed one resident cooking their own breakfast.

Residents told the inspector that they liked the food in the centre and were happy with the selection of food and drinks. Residents also said that they enjoyed their favourite meals on a regular basis. The inspector observed information on healthy eating for residents to consider and this topic was regularly discussed at their meetings. The inspector observed a good variety of food and drinks, which was hygienically stored.

Some residents required specialised and modified diets. Feeding, eating, drinking, and swallow (FEDS) plans had been prepared and were readily available for staff to follow. Residents also had access to speech and language therapy input as required. Staff had completed relevant training in this area where required.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects were found to require improvement.

There was a suite of policies and procedures on infection prevention and control for staff to refer to, as well as information from public health. There was also signage and posters throughout the centre on IPC and COVID-19 for staff and residents to refer to. The provider had an established IPC team and they provided support and guidance on IPC matters. There were also COVID-19 lead workers in the centre with associated responsibilities. Covid-19 protocols and outbreak plans had been prepared, however they required expansion to consider other potential infections beyond COVID-19.

The person in charge had completed self assessment tools to assess the effectiveness of the IPC measures, and was satisfied that they were sufficient. Detailed IPC audits had also been carried out. Health and safety checklists were also completed which reviewed aspects of IPC such as hand hygiene, personal protective equipment (PPE), and sharps.

Staff and residents were offered COVID-19 vaccines if they wished, and there was information on the vaccines in an easy-to-read format.

Generally, the houses were clean and tidy. The flooring in one ensuite bathroom had detached from the wall and required attention to mitigate the risk of bacteria harbouring.

Staff in the centre were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. There were safety data sheets for the cleaning chemicals. Colour coded cleaning products were used to reduced the risk of cross contamination of infection.

The washing machine drawer in one house was dirty which presented a risk of bacteria cultivating, and a bathroom fan required cleaning.

There were arrangements for the management of soiled laundry and bodily fluid spills, for example, alginate bags and spill kits. However, the inspector found that there were no alginate bags in one house.

The storage of a sharps box in one house also required improvement to ensure it was safe.

There was good access to hand hygiene facilities and personal protective equipment (PPE) in the centre.

Staff were required to complete IPC training, however the training records viewed by the inspector with the person in charge indicated that several staff required the training.

Staff spoken with advised the inspector on the arrangements for soiled laundry and bodily fluid spills, use of PPE, cleaning procedures, and reporting of IPC concerns. They also advised the inspector that residents had been supported to understand IPC measures through discussions and ongoing reminders.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems, however some improvements were required. There was fire detection, containment, and fighting equipment, and emergency lights in all of the houses. The inspector viewed a sample of the servicing records in the house, and found that the fire extinguishers, alarms, emergency lights, and fire blankets were up to date with their servicing. Staff in the centre were also completing regular fire safety checks.

Fire safety audits and risk assessments had been completed by the provider's person with responsibility in this area. An audit in one house, in September 2022, recommended that the fire panel be upgraded, and a new one had been ordered, however was not yet installed.

The effectiveness of the fire containment measures required improvement. The inspector tested several of the fire doors across the centre. The majority closed properly with the exception of one, and the person in charge addressed this during the inspection. The inspector also noted that some fire doors did not have self closing devices, and one door did not have a visible intumescent strip. In the same house, upgrades to a particular fire door were recommended in July 2022, however these actions had not yet taken place.

The arrangements for evacuating the residents from one house required further assessment as the side gate was locked and the key required to open it was kept within the house which could impact on the timeliness and effectiveness of the evacuation route.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating. Fire drills were carried out to test the effectiveness of the evacuation plans. The inspector viewed a sample of the recent drills carried out. The inspector found that in one house there had been no drill to reflect a night-time scenario.

Staff had completed fire safety training and were familiar with the evacuation arrangements. Some of the residents also advised the inspector on the evacuation arrangements.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs were assessed. The inspector viewed a sample of the assessments and found them to be comprehensive and up to date, one assessment was incomplete in some minor areas but the person in charge completed it during the inspection. The assessments informed the development of personal plans.

The inspector viewed a sample of residents' care plans. The plans reflected good access to multidisciplinary services to support residents with their needs, for example, psychology, speech and language therapy, nursing, and behavioural specialists. The plans were readily available and up to date. The inspector found that two care plans required development in relation to residents' health needs which presented an infection risk.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern. Staff received training in the management of aggression and positive behaviour support, and the provider had prepared a policy on positive behaviour support for them to refer to. Positive behaviour support plans had been developed for residents where required. The inspector viewed a sample of the plans

and they were found to be up to date. Staff spoken with had a good understanding of the plans.

There were no restrictive practices or interventions in the centre, however the provider's had prepared a written policy on this matter.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. There was also safeguarding information displayed in the centre for staff and residents to refer to. Staff spoken with able to describe the safeguarding procedures. The inspector found that safeguarding concerns were reported and screened, and safeguarding plans were developed as required. The safeguarding plans were available in the centre and staff spoken with familiar with the content of the plans. One of the plans was found to require a minor update.

To support residents with self-protection, a social thinking programme had been recently introduced in one of the houses. The person in charge advised the inspector that the programme was having a positive effect, and there were plans to introduce it in the other houses too.

One of the residents advised the inspector that they would speak to staff if they felt unsafe, and others said they could speak to staff if they had any concerns.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity. There was also a policy in relation to intimate care to guide staff practice.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that respected and promoted the rights of the residents.

Residents were supported to make decisions and choices about their lives. Residents were consulted with and participated in the organisation of the centre through scheduled house meetings.

The inspector viewed a sample of the recent meeting minutes. Regular agenda items included the provider's service users' council (which some of the residents sat on), activity planning, menu planning, national standards for disability services, and rights.

Different standards and human rights were discussed at each meeting to support residents' knowledge in these areas.

Residents were actively supported to exercise their rights, for example, one resident expressed a wish to live independently, and was being supported to explore this goal.

Resident also had access to independent advocacy services if required.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 5 OSV-0005832

Inspection ID: MON-0029040

Date of inspection: 18/10/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge has addressed the flooring in one ensuite bathroom that had detached from the wall to Tech Services on 26th of October 2022 for repair and aims to be completed by January 2023.</p> <p>The washing machine drawer in one house has been cleaned and included in weekly cleaning rota completed on Wednesday 26th October 2022.</p> <p>The storage of a sharps box in one house that required improvement has been replaced to small sharps box that can be stored safely. This was completed on 18th of November 2022.</p> <p>The Person in Charge has addressed to Learning and Development the Staff that required to complete IPC training and has included the staff on their next available IPC Training, this is due to be completed by January 2023.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The recommended fire panel has been upgraded and completed with new fire panel in place since 20th of October 2022.</p> <p>All fire doors that required closure adjustments were adjusted and fixed following the inspection, 20th of October 2022.</p> <p>All fire doors now have self closing devices, while the Person in Charge has addressed</p>	

the Intumescent strip to Tech Services and due to be completed by 31st of December 2022. The Person in Charge has discussed upgrading of fire doors with Fire Safety officer which aims for the work to be completed by end December 2022.

The Person in Charge has reviewed the arrangements for evacuating the residents from one house and updated the fire evacuation plan and replaced the safety system of the side gate to ensure the residents can evacuate timely and effectively. This was completed 20th of October 2022.

The Person in Charge has arranged a schedule to complete one fire drill at 10pm and one fire drill at 6.30am yearly to reflect a night time evacuation scenario, one due to be completed before 31st of December 2022.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The plans were readily available and up to date. The Person in Charge has ensured that the two care plans that required development in relation to their health needs which presented an infection risk has been updated along with the risk assessment and protocol which is now in place since 26th of October 2022.

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 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	31/01/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	20/10/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	20/10/2022

	reviewing fire precautions.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022
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 followed in the case of fire.	Substantially Compliant	Yellow	31/12/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	26/10/2022