



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adults Services Designated Centre 20
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	14 June 2021
Centre ID:	OSV-0005857
Fieldwork ID:	MON-0032227

About the designated centre

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

Designated centre 20 is a full time residential service that provides care and support to up to eight adult men with intellectual disabilities, and can accommodate residents with complex support needs. It is a large bungalow, with eight bedrooms, situated in a campus setting. The centre is staffed by a team of nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 14 June 2021	10:15hrs to 16:30hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to meet with seven residents during the inspection.

A review of centre documentation found that residents and their representatives were consulted regarding the running of the centre. Residents' representatives generally expressed a satisfaction in how the service was delivered. A residents' representative commented that in response to the COVID-19 pandemic, "staff have begun to face time us which is so good to see him and reassured me of how he is".

The centre is a large bungalow based in a congregated setting. It was adequately decorated and in keeping with residents needs. Parts of the centre required modernisation, including a bathroom. However, in general the centre was comfortable and met residents needs.

The inspector observed a low arousal environment with residents sitting comfortably with each other. Residents appeared very comfortable with staff. The centre was free from unnecessary restrictions and residents had ample communal space throughout the centre. The inspector observed staff supporting residents in a kind and respectful manner. This included staff spending time with residents and facilitating activities and these interactions contributed to a homely environment.

During the inspection, the inspector observed good infection control practices, which included appropriate COVID-19 precautions. In line with national guidance, visitors access was limited to essential access only. However, the provider did have contingency arrangements in place, to ensure where appropriate, visitors could meet residents in a safe manner. There was appropriate hand sanitising facilities and staff wore appropriate personal protective equipment (PPE).

The next two sections of the report present the findings of this inspection in relation to capacity and capability and quality and safety.

Capacity and capability

This inspection found that while residents were happy in their home, the current governance and management arrangements required improvement. Overall the governance and management arrangements within the centre did not ensure that appropriate training was in place to ensure residents healthcare needs could be met.

There was a management structure in place that identified the lines of accountability

and responsibility. The provider had ensured that an annual review of quality and safety of care was completed and there was evidence that this was completed in consultation with residents. The provider had also ensured that an unannounced inspection of the centre were completed every six months, these inspections self-identify pertinent areas for improvement and this drove some improvement within the centre. However, areas of non compliance identified on this inspection were consistent with non compliance in other centres the provider had responsibility for. Therefore the provider failed to demonstrate that it had the capacity and capability to share learning and drive change in a timely manner. For example there was a lack of appropriate training in the administration of emergency medication for non nursing staff.

Staff were provided with suitable training such as fire safety, manual handling, positive behaviour support and infection control. However, not all staff had received or were scheduled to receive training required to support residents with their assessed needs. For example non nursing staff did not have appropriate training to facilitate the administration of emergency medicines. Therefore where nursing staff were not available, some residents assessed needs could not be met in a timely manner. The provider noted that a provider wide program of improvement was underway and that the training of non nursing staff in the administration of emergency medication was being explored. However, no confirmed training dates were in place for staff in this centre. A review of supervision records noted that the frequency of staff supervision had not been completed in line with the organisations policy.

Staffing numbers at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the roster it was clear that there was an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster which was maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. The inspector observed staff supporting residents in a caring and dignified manor during the inspection.

Regulation 15: Staffing

Staffing levels took into account the statement of purpose and size and layout of the building. Nursing care was provided in line with the statement of purpose. There was a planned and actual roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

The arrangements for training and development in the centre require improvements. While there was a training plan in place, not all refresher training was completed as required. Additionally, not all staff had received or were scheduled to receive training required to support residents with their assessed needs. For example non nursing staff did not have appropriate training to facilitate the administration of emergency medicines. Furthermore, the frequency of staff supervision had not been completed in line with the organisations policy.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had ensured that an annual review of quality and safety of care was completed and there was evidence that this was completed in consultation with residents. The provider had also ensured that an unannounced inspection of the centre was completed every six months, these inspections self-identify pertinent areas for improvement and this drove some improvement within the centre.

However, areas of non compliance identified on this inspection were consistent with non compliance in other centres the provider has responsibility for. Therefore the provider failed to demonstrate that they had the capacity and capability to share learning and drive change in a timely manner. For example the lack of training in the administration of emergency medication for non nursing staff.

Judgment: Not compliant

Quality and safety

Overall, this inspection found that the day to day practice within the centre ensured residents were safe. Arrangements were in place to ensure that residents were safeguarded during the pandemic. However, improvements were required in some systems to ensure residents emergency healthcare needs could be met and to ensure appropriate fire precautions were in place.

Generally residents' healthcare needs were supported appropriately. Residents had good access to healthcare supports, such as a General Practitioner (GP) of their choice and access to a variety of multi-disciplinary supports such as dietitians, occupational therapists and speech and language therapy. However, residents' emergency healthcare needs could not always be met, as they were not consistently supported with appropriately trained staff. For instance residents who may require emergency medicines relating to their assessed healthcare needs were accompanied

in the community without suitably qualified staff. They therefore could not be administered this medicine in accordance with their agreed healthcare plans. An immediate action was issued regarding this risk and the provider gave appropriate assurances, that measures had been put in place to ensure suitably qualified staff would be working within the centre.

There were arrangements in place to ensure that each resident had a comprehensive assessment of need and a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. Generally appropriate supports were in place to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans. Restrictive procedures were implemented when assessed as required. This included the use of mechanical and environmental restrictions. These restrictions were implemented in line with the providers policy on restrictive practices. Documentation reviewed demonstrated that there had been a reduction in the use of restrictions within the centre. There was a clear emphasis that when restrictions were required, they should be the least restrictive option and only used for the shortest duration possible.

The provider had systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. Staff had a good understanding of safeguarding processes and this limited the impact of potential safeguarding incidents. Appropriate intimate care plans were in place to guide staff on how to best support residents with their personal care needs.

There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. There were procedures in place for the prevention and control of infection. Suitable cleaning equipment was in place and stored appropriately. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. The provider had developed an appropriate COVID-19 contingency plan, which included adopting relevant public health guidance, such as daily staff temperature checks, individual isolation plans if residents developed symptoms and staffing contingency plans. The provider engaged regularly with the Department of Public Health and made key information in relation to infection control measures available to staff.

The centre had a risk management policy in place for the assessment, management and ongoing review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. The person in charge and provider had ensured that pertinent risks were placed on the register and were reviewed regularly. This included risk assessing the potential impact of residents and staff acquiring COVID-19, how to support residents to safely use their community and receive visits, when public health advice permitted this.

The provider had ensured that there were fire safety measures in place, including detection and alarm system and fire fighting equipment. However, improvements

were required in fire containment measures, as not all fire doors had self closing mechanisms. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire. Regular fire drills were conducted within the centre. However, these drills required improvement as they did not demonstrate that the centre could be safely evacuated when the maximum number of residents were on site and the minimum number of staff on the rota were available.

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had introduced a range of measures to protect residents and staff from acquiring COVID-19. These arrangements included excellent infection control procedures, the use of appropriate PPE (Personal Protective Equipment), social distancing, good hand washing facilities, hand sanitising facilities, clinical waste arrangements and laundry facilities.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. However, one high risk area did not have a adequate self closing mechanism attached to the door.

Regular fire drills were taking place, however they required improvement as they were not reflective of all possible fire scenarios. For example, these drills did not demonstrate that the centre could be safely evacuated when the maximum number of residents were on site and the minimum number of staff on the rota were available.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need for each resident. The outcome of this assessments were used to inform an associated plan of care and this was recorded as the residents' personal plan.

Judgment: Compliant

Regulation 6: Health care

Residents' emergency healthcare needs could not always be met, as they were not consistently supported with appropriately trained staff. For instance residents who may require emergency medicines relating to their assessed healthcare needs were accompanied in the community without suitably qualified staff. They therefore could not be administered this medicine in accordance with agreed their healthcare plans.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who are at risk from their own behaviour. Restrictions were managed in line with the providers' policy and there was evidence that they were under review.

Judgment: Compliant

Regulation 8: Protection

The person in charge initiated and carried out an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adults Services Designated Centre 20 OSV-0005857

Inspection ID: MON-0032227

Date of inspection: 14/06/2021

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Registered Provider has undertaken to ensure that appropriate training for staff members is provided. The staff of the Designated Centre shall be able to manage health needs in the centre such as the delivery of rescue medicine for epilepsy or asthma as identified. This training is facilitated on a monthly basis. Staff supervision is being promoted to ensure compliance to be in line with the organisations policy.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The non-compliance identified on this inspection were consistent with non-compliance in other centres the provider has responsibility for. The provider has ensured adequate governance and management oversight arrangements in this centre. Six-monthly provider led audits of the quality and safety of the service have been carried out in the centre. This training is scheduled to be held on a monthly basis.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The identified non-compliance in the centre has been identified and resolved. The mechanisms for all self-closing door are operational. The fire officer has been invited to review the Fire drills to ensure compliance, incorporating all potential outcomes.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Residents' emergency healthcare needs are now appropriately supported with appropriately trained staff. The provider is providing training to ensure all non-nursing staff on an on-going basis to meet the assessed needs of residents.</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.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2021
Regulation	The registered	Not Compliant	Orange	30/09/2021

28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.			
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.	Not Compliant	Orange	31/12/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	31/10/2021