Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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 3
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	23 March 2022
Centre ID:	OSV-0005858
Fieldwork ID:	MON-0027760

About the designated centre

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

Designated Centre 3 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities. Designated Centre 3 comprises of three homes in Co. Dublin. The centre is staffed by nursing and care staff and managed by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

How we inspect

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 23 March 2022	08:50hrs to 17:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore appropriate personal protective equipment (PPE) 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 COVID-19 information displayed at the front entrance and masks and hand sanitising facilities were readily available.

The centre comprised three premises within close proximity to each other. The premises were close to many local amenities and services such as shops, cáfes, pubs, and public transport links. Two of the premises were two-storey houses located beside each other. Both of these houses accommodated four residents and consisted of single-occupancy bedrooms, kitchen and living areas, bathrooms, and spacious back gardens. The third premise was a large two-storey building accommodating ten residents. This building contained single -occupancy bedrooms with en-suite bathroom facilities. Some of the bedrooms contained kitchen appliances such as microwaves and kettles. The residents shared communal kitchen and living areas. Maintenance works were required in all three premises such as painting and renovation. Issues were also found in the premises in relation to fire safety arrangements and infection prevention measures.

The inspector met many residents during the course of the inspection and some residents chose to speak to the inspector. In the first house, a resident told the inspector that they liked living in their home and the people they lived with. When asked, the resident told the inspector that they would speak to staff if they had a problem, and knew what to do in the event of the fire alarm activating. In the second house, a resident told the inspector that they were happy in their home and liked the staff and their housemates. The resident also told the inspector about the fire evacuation procedures. In the third house, a resident told the inspector that they were happy living in their home, and spoke about how staff help them with household chores such as cooking, cleaning, and washing clothes. The resident was keen to return to their day service as it had been curtailed due to the COVID-19 pandemic. Another resident spoken with expressed satisfaction with the service and told the inspector about the activities that they liked to do, such as shopping, eating out and walking. However, this resident was also keen to return to their curtailed day service and said they were bored at home. The person in charge was escalating the residents' complaints about their day services. Another resident said that they liked their home, enjoyed their independence, and were happy with the support they received from staff.

As part of the inspection, all eighteen residents completed questionnaires on their views of the service. Overall, the feedback was very positive and indicated that residents were happy living in the centre and with the support they received.

The inspector spoke to the family member of one resident. The family member was very complimentary of the person in charge and the staff working in the centre. The

family member was happy with the quality and safety of care provided to their loved one, and said that they would feel comfortable raising any concerns with staff.

The inspector also met and spoke with several members of staff during the inspection. The inspector observed staff engaging with residents in a kind and respectful manner, and residents appeared relaxed in the company of staff. Staff spoken with described the quality of care and support provided to residents as being very good. The staff spoke about residents in a professional manner and were knowledgeable on the residents care and support needs, safeguarding procedures, fire safety systems, and infection prevention control measures.

From what the inspector was told and observed during the inspection, it appeared that overall, the residents received a good quality and safe service. Residents were supported in line with their assessed needs and personal preferences, and their rights were being upheld.

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

The registered provider had implemented governance and management systems to deliver a safe, consistent, and appropriate service to residents that met their needs. However, some of the systems and associated arrangements required enhancement to ensure that they were effective.

There was a clearly defined management structure with lines of authority and accountability. The person in charge reported to a programme manager who in turn reported to a Director of Care. There were adequate systems for the management team to communicate and for the person in charge to escalate issues to the senior management. The centre was managed by a full-time person in charge. The person in charge commenced in post in February 2022, but had previously worked in the centre and had a clear understanding of the service to be provided to residents. The person in charge had a strong focus on person-centred care in line with a human rights based approach. However, it was found that the person in charge did not have at least three years' experience in a management or supervisory role and did not have an appropriate management qualification. The person in charge was due to commence a management role in the coming weeks.

The registered provider and person in charge had implemented systems for the oversight and monitoring of the service provided in the centre. The provider had carried out an annual review of the quality and safety of care. There were also unannounced provider led audits of the centre, however, not all of these audits had taken place every six months as per the regulations. Other audits had been undertaken on risk, infection prevention and control, and health and safety. The

actions from audits were inputted into a compliance tracker that was monitored by the person in charge to ensure progression and completion of actions.

The provider had prepared a written statement of purpose. The statement of purpose had been recently updated, however, it required revision as parts of it were generic and not specific to the centre. To support their governance of the centre, the provider had prepared written policies and procedures on the matters set out in Schedule 5. The inspector reviewed a sample of the policies and found that some required review and update as they had not been reviewed within three years of approval.

On the day of inspection, there was a staff skill-mix of nurses, day staff, social care workers, and care assistants working in the centre. There were also student social care workers. The staff skill-mix was appropriate to the residents' needs, however, there was a nursing half-time equivalent vacancy. The vacancy was being managed by the person in charge to reduce any potential adverse impact on residents. The person in charge maintained a planned and actual rota of staffing working in the centre. The maintenance of the rotas required improvement as they did not record the full names of all staff.

To support staff to deliver care and support in line with best practice, a suite of training was available. The inspector reviewed the training records for staff working in the centre. It was found that some staff required training in a number of areas such as positive behaviour support, use of personal protective equipment, fire safety, hand hygiene, and medication administration.

The inspector spoke to nursing and care staff during the inspection. Staff spoke about residents in a kind and professional manner. Staff described the quality of care and support provided to residents as being very good, and explained how residents' needs were met in line with their will and preferences. Staff also spoke about the safeguarding procedures implemented in the centre, and fire evacuation plans. Staff told the inspector about infection prevention and control procedures implemented in the centre, such as the management of soiled laundry and bodily fluids, use of cleaning products, and the COVID-19 precautions.

The person in charge provided formal and informal supervision to staff. Formal supervision took place on a monthly basis and the person in charge maintained supervision records. Staff spoken with were happy with the level of support and supervision they received, and advised that they could easily raise concerns and issues with the person in charge and management team. In addition to the supervision arrangements, there were monthly team meetings. The team meetings allowed for the sharing of relevant information. The inspector reviewed a sample of the recent team meeting minutes and found them to be comprehensive. The meeting minutes from January 2022, reflected agenda items such as safeguarding, COVID-19, infection prevention and control, and residents' needs. The minutes were signed by staff to indicate that they had read them. Daily handover notes were also maintained to communicate pertinent information about residents.

There was a comprehensive complaints policy and procedure. There was also

accessible information available to support residents' understanding of the complaints procedures. Recent complaints made by residents had been recorded and escalated by the person in charge for resolution.

Regulation 14: Persons in charge

The person in charge was full-time and had commenced in post in February 2022. The person in charge had a good understanding of the residents' needs and was promoting a human rights based approach to care and support within the centre.

However, the person in charge did not have a minimum of three years' experience in a management or supervisory experience, and did not have an appropriate qualification in health or social care management.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider has ensured that the skill-mix of staff working in the centre was appropriate to the number and assessed needs of residents. The staff complement consisted of nurses, social care workers, day staff, and care assistants. On the day of inspection there were also student social care workers in the centre.

There was a nursing half-time equivalent vacancy. The vacant shifts were usually filled by nurses, however, occasionally by non-nursing staff who were trained in the safe administration of medication. The provider was recruiting to fill the vacant post.

The person in charge maintained a planned and actual rota showing staff on duty in the centre. However, the rota did not always include the full names of all staff working in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents. The person in charge maintained staff training records. The training records were reviewed by the person in charge and inspector, and found deficits which posed a risk to the quality of care and support received by residents:

- One staff required safeguarding of residents refresher training.
- One staff required hand hygiene training.
- Two staff required fire safety refresher training.
- Two staff required Children First training.
- Two staff required safe administration of medication training.
- Five staff required manual handling refresher training.
- Five staff required emergency medication training.
- Sixteen staff required positive behaviour support training.
- Seventeen staff required personal protective equipment training.

The person in charge had ensured that staff were appropriately supervised. Informal and formal supervision was provided by the person in charge. Formal supervision was taking place on a quarterly basis and the person in charge maintained records of the supervision meetings.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the designated centre with associated lines of authority and accountability. There was an established management team with reporting and communication mechanisms. The management team had a good understanding of the residents' assessed needs and associated supports.

There were management systems to ensure that the service provided was safe, consistent and monitored. However, improvements were required to the monitoring systems. Although a suite of audits and an annual review had been undertaken, not all of the six monthly unannounced provider lead audits have not taken place every six months. Actions from audits were tracked and reviewed to ensure they were progressed and implemented.

There were effective arrangements to support, develop and manage staff, and for staff to raise concerns about the quality and safety of care provided to residents. Staff receive regular formal and informal supervision, and regular team meetings took place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose. The statement of purpose had been recently updated and was available to the residents

and their representatives. However, parts of the statement of purpose were generic, particularly in relation to the specific care and support needs that the designated centre intended to meet.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had provided an effective complaints policy and procedure. The procedure was in accessible format for residents to understand. Residents were supported to make complaints and had access to independent advocacy services. Complaints made by residents were recorded and escalated by the person in charge. Recent complaints in relation to availability of transport had been resolved. Complaints regarding access to days had been escalated and were being managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies and procedures were available in electronic and paper copies for staff to refer to. The inspector reviewed a sample of the policies and found that the policies on recruitment and selection of staff, and record retention and destruction had not been reviewed with three years of approval. However, the provider was undertaking a review of outstanding policies.

Other policies reviewed by the inspector such as the policies on visitors, food safety, Garda vetting, behavioural support, restrictive practices, medication management, risk management, safeguarding of residents, and complaints, had been reviewed within three years.

Judgment: Substantially compliant

Quality and safety

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, some improvements were required in relation to the premises, infection prevention and control measures, fire-safety precautions, and restrictive practice arrangements.

The designated centre comprised of three premises. Two of the premises were two-storey houses situated beside each other. The houses were generally homely, nicely decorated, and met the needs of the residents, however, maintenance and upkeep was required such as painting and renovation work. The third premise was a large two-storey building accommodating ten residents in single-occupancy bedrooms with en-suites. Some renovation work was also needed in this building. Some residents used electric beds and hoists. There were records to indicate that the hoists had been serviced, however, there were no servicing records for the beds.

The provider and person in charge had implemented systems to protect residents from the risk of infection. There were written policies and procedures on infection prevention and control measures available to staff in electronic and paper form. The person in charge had also completed risk assessments regarding infection with corresponding control measures. Audits were completed to monitor the effectiveness of infection prevention and control measures. The audits were comprehensive and identified actions for improvement. Cleaning records and checklists detailed the cleaning duties to be undertaken in the centre. The records required enhancement to ensure that all areas such as fans were included in the checks. Aspects of the premises presented infections hazards and risks, such as mould, rust, and damaged property, and the stock of cleaning equipment required review to ensure that it was sufficient. The inspector spoke to a number of staff, and found them to be appropriately knowledgeable on the infection prevention and control matters discussed.

In response to the COVID-19 pandemic, the provider had established a COVID-19 control team to manage potential COVID-19 outbreaks. There was a written contingency plan, however, it was unsigned and undated. The person in charge had completed a COVID-19 self-assessment tool demonstrating a commitment towards quality improvement. There was information and training available to staff on COVID-19 and the appropriate use of personal protective equipment, and the information was also discussed at team meetings to increase staff awareness. Residents also had access to easy-to-read information on COVID-19 and infection prevention.

Fire safety management systems and precautions were implemented in the centre. Fire prevention, detection, containment, and fighting equipment was present in all three locations, such as fire alarms, emergency lights, fire blankets, fire doors, and fire extinguishers. The fire alarms, fire blankets, extinguishers, and emergency lights had been serviced, and staff were also completing daily fire checks. The inspector tested a sample of the fire doors across the centre, and found that some had no self-closing devices, and some did not close properly. One door in a high risk area was not a fire door. The fire panel in the ten bedded building was not addressable to indicate the location of a potential fire and this posed a risk due to the size and layout of the building. Rear exit doors in two houses were found to be key operated which presented a risk of an impeded prompt evacuation.

Staff received fire safety training, and staff spoken with told the inspector about some of the fire precautions. There was also up-to-date fire evacuation plans and personal evacuation plans to guide staff in supporting residents to safely evacuate in

the event of a fire. Fire drills took place to test the evacuation plans. The inspector reviewed a sample of the fire drill records and found that improvements were required. For example, in one house, there had been an eleven month time period between drills, and drills did not test if the least amount of staff on duty could safely evacuate all residents.

Individualised assessments of residents' needs were undertaken to inform personal plans. The inspector reviewed a sample of the residents assessments and care plans. The assessments and plans were comprehensive and up-to-date. There were personal plans on health, and social care needs. The person in charge was also utilising the support of a clinical liaison nurse for support with care plans. Further care plans required development such as a care plan in relation to a resident's mobility needs. Residents had access to their own general practitioner and other allied health professionals. Residents were also supported to partake in national screening programmes.

The centre was operated in a manner that respected residents' rights. Residents were found to have choice and control over their daily lives, and were supported in line with their will and preferences. Residents attended house meetings and discussed matters such as menus and activity planning. There was also accessible information for residents on complaints, human rights, and protection. Residents had access to independent advocacy services if needed, and three of the residents sat on the provider's residents council. Residents were active members in their communities and participated in activities meaningful to them. Some residents were in paid employment in cafés and pubs. Other residents attended day services or were supported by staff in the centre to have a meaningful day, and enjoyed activities such as shopping, walks, visiting family, gym, yoga, swimming, and community classes. Staff and management spoken with demonstrated a human rights based approach to care and support.

Behaviour support plans were developed for residents with behaviours of concern. The plans were up-to-date and were available to guide staff in appropriately supporting residents in managing their behaviours. Environmental restrictive practices were implemented in one house and included locked doors, gates, presses, and restricted window access. The use of the restrictions were recorded on a daily basis and while they were considered to be the least restrictive options, the oversight and duration of the use required improvement. Some restrictive practice protocols were overdue review and did not demonstrate informed consent from residents or their representatives.

The provider had implemented systems to safeguard residents from abuse. There were comprehensive written policies and procedures and associated roles and responsibilities in protecting residents. Staff had completed training in order to appropriately respond to safeguarding concerns. Residents had also been supported to understand self protection and safeguarding. Safeguarding concerns and incidents were reported, and safeguarding plans were developed as required. The number of safeguarding incidents had reduced since the last inspection. However, there was on-going resident incompatibility issues in one house, and despite the measures implemented, safeguarding risks remained. There were plans for a

resident to transition to a centre more appropriate to their needs, that would resolve the on-going incompatibility issues. However, no time-frame for the transition had been established.

Regulation 17: Premises

The premises were found to be bright, tidy, and homely, and residents indicated to the inspector that they were happy with their homes. However, some maintenance and upkeep was required, for example:

- Premise one: The flooring in the living room was damaged and painting was needed in the kitchen.
- Premise two: Painting was needed on the exterior of the house, in the kitchen, and some bedrooms. There was damage to flooring in a bedroom and gaps in the floor boards in the living room.
- Premise three: Painting was needed in a kitchen. Flooring was damaged in an en-suite bathroom. A press in a bedroom was also damaged.

Some residents used an electric bed and hoist. The hoists were found to have been serviced but there were no records to indicate if the beds were serviced.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider and the person in charge had established and implemented measures and arrangements to protect residents from the risk of infection, however, some enhancements were required. The registered provider had prepared written policies and procedures on infection prevention and control matters such as waste management, sharps, COVID-19, and laundry, that were readily available to staff. The person in charge had also completed risk assessments regarding infection with corresponding control measures.

Aspects of the premises presented infection hazards and risks. In the first house, a bathroom fan was dirt and rust was observed. In the second house, there was mould observed in the laundry room, and the kitchen skirting boards were dirty and stained. A bathroom cabinet was damaged and there was rust on a radiator, and therefore these items could not be cleaned properly. Bathroom vents were dirty, and there was mould in an en-suite. In the third property, the vents in the utility room and some en-suites were dirty, mould was present in an en-suite.

There was sufficient supply of personal protective equipment with accompanying guidance, and staff were observing wearing face masks in line with public health guidance. There was a system for using different colour-coded cleaning equipment.

The availability of some equipment was low, for example, there was only one mop pole.

In response to the COVID-19 pandemic, the provider established a COVID-19 control team, and there was other resources available such as an infection prevention and control officer and nurse. There was information displayed on COVID-19 and infection measures throughout the centre, and staff also had access to public health guidance and training. There was also easy-to-read information for residents on hand hygiene, COVID-19, and vaccines. The person in charge had completed a COVID-19 self-assessment tool and a comprehensive infection prevention and control audit had been undertaken to monitor the effectiveness of the measures implemented in the centre. Actions were identified from the audit and were reviewed by the person in charge to ensure that they were progressed for completion. A COVID-19 contingency plan had been developed but required enhancement as it was undated and unsigned. Staff COVID-19 checks were not always recorded twice daily as per the provider's policy.

Staff were knowledgeable on the infection prevention measures discussed with the inspector. One staff member told the inspector about how to use of a spill kit, cleaning products, and the management of soiled laundry. Another staff member spoke to the inspector about cleaning arrangements, cleaning products, and COVID-19 precautions such as symptom checks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety managements in the centre. There were fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers, and emergency lights. The alarms, blankets, extinguishers, and lights had been serviced, and staff were also completing daily fire safety checks. However, some deficits in equipment were found. While there was a detection and alarm system, the fire panel in the ten bedded building did not alert staff to identify the exact location of fire, should it occur. The provider had a comprehensive plan in place to upgrade the fire panel.

The inspector tested a sample of the fire doors in the centre. In the first two house, some of the fire doors did not close properly and some required self-closing devices. The door between a utility room and kitchen did not appear to be a fire door. Rear exit doors were key operated which presented a risk to prompt evacuation in the event of a fire. In the third building, one of the fire doors was broken and had been reported to the maintenance department for fixing.

Staff working in the centre had completed fire safety training. Staff and residents spoken with told the inspector about the fire evacuation procedures. The person in charge had also prepared written fire evacuation plans and personal evacuation

plans. The plans were up-to-date and readily available to guide staff in supporting residents to evacuate in the event of a fire. Fire drills also took place within the centre. The inspector reviewed a sample of the fire drill records. The frequency of fire drills was not in line with the provider's policy. There was period of eleven months in between some fire drills, and in addition, it had not been demonstrated that all residents could be safely evacuated from one house with the least amount of staff on duty.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident was carried out. The assessments were reviewed on an annual basis. The person in charge had ensured that personal plans were developed for residents outlining the supports they required. The personal plans viewed by the inspector up-to-date, however, it was found that some additional plans required development, such as a plan regarding a resident's mobility needs

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each resident. The person in charge had ensured that residents had access to allied health professionals as required. Residents were also support to partake in national screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents were supported with positive behaviour support plans where required. The behaviour support plans were overseen by a clinical nurse specialist and had been recently updated. The plans were readily available to staff to follow.

Environmental restrictions had been implemented in one of the houses. The restriction were considered to be the least restrictive option. However, it was found

that the duration of use of some restrictions was not for the least amount of time required. For example, the front door was locked due to the behaviours of one resident, however, the door remained locked even when the resident was not present in the house. Furthermore, the protocols for some restrictions required review and did not reflect if the restrictions had been implemented with the informed consent of the resident or their representative.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had implemented systems to protect residents from abuse. The systems were underpinned by a comprehensive policy and procedures. Staff also completed safeguarding training in order to prevent, detect and response appropriately to safeguarding matters. Residents were supported to understand self-care and protection through easy-to-read information and discussions at house meetings. Intimate care plans had also been prepared to ensure that residents were assisted in a manner that respected their dignity and privacy.

Safeguarding concerns in the centre were reported, and safeguarding plans were developed as required. The plans were up-to-date and available for staff to refer to. The number of safeguarding incidents had reduced since the previous inspection. However, due to the incompatibility of residents in one house, there were on-going safeguarding concerns and risks for residents. The provider was planning on transitioning one residents to a more appropriate centre that would resolve the incompatibility issues, however, there was no time-frame for the transition.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider operated the centre in a manner that respected residents' rights and dignity. Residents were consulted with in the running of the centre, and their choices, will and preferences were supported and upheld. Residents had access to independent advocacy services and information about their rights. Staff and management spoke about residents in a person-centred and professional manner.

Residents were supported to be active members in their community and to participate in activities meaningful to them.

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	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 3 OSV-0005858

Inspection ID: MON-0027760

Date of inspection: 23/03/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: 3 years' experience will be reached on 10th June 2022. Person in Charge has completed 3 day management course on week of 25th April. Results due before end of June 2022, cert to be forwarded to HIQA as soon as received.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Nursing vacancy has been filled as of 18th April 2022. With immediate effect rosters now include full names of all staff working in the centre. This is audited by the PIC on a weekly basis.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training: Safeguarding – all staff completed	

Hand Hygiene – all staff completed except for one staff on long term sick leave.
Fire Safety – 1 staff outstanding – currently on annual leave, training will be completed before 31/5/22
Childrens First – all staff completed
Safe Administration of medication – one outstanding, will be completed before 31/3/22.
Manual Handling – 4 outstanding – Theory completed, all booked on practical courses.
Midazolam (Emergency Medication training) 3 staff outstanding – addressed at supervision and to be completed before 31/5/22.

Behaviour Support Plan training session is planned for 17/5/22.
Infection control training has been addressed at supervision – all staff to complete within 3 months.

All supervisions have been completed for Q1 and are scheduled for Q2.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
6 monthly audits were completed in March 2022 and are now scheduled for every 6 months.
Staff supervisions have been completed for all staff (except for 1 who is on long term sick leave) for Quarter 1. Quarter 2 supervisions are scheduled and will be completed before 31/6/2022.

Staff meetings have been held in 3 homes within the centre and are scheduled for remainder of 2022.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Statement of Purpose has been updated to be more specific to the Designated Centre and has been forwarded to the Inspector.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Record Retention and Destruction Policy has been updated by policy committee and is in final stage of review with Data Protection and Freedom of Information Officer.
All outstanding policies including Recruitment and Selection of Staff Policy are under process of review by Policy Committee and are being assigned to relevant department heads for final review before dissemination.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Service records for beds and property are now available on shared drive for all managers.
Home improvement team are scheduled to commence works in DC 3 in October 2022 and will address painting and flooring requirements.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Home improvement team commencing in area from Oct 2022 – will address painting and flooring needs identified.
Cleaning schedule has been updated to be more specific to area and use of same is being audited by PIC or Social Care Worker on weekly basis.
Colour coded cleaning equipment is being used in all homes in the DC.
Covid Contingency Plan has been updated. For review again before end of May 2022.
All staff Covid Checks completed twice daily and audited on weekly basis.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire Panel upgrade is scheduled as per plan submitted to HIQA in March 2022.
Fire doors – self closers have been requested – due to be completed before 31/5/22.
Door between kitchen and utility to be replaced – has been requested and is on order, awaiting supply.

Thumb locks have been fitted in to rear exit doors to replace key operated system.
Fire door which required repair on day of inspection was repaired following day 24th March 2022.

Night time fire drills are scheduled and will take place on ongoing regular basis managed by the PIC in consultation with Fire Officer. Fire drills now take place using least amount of staff on duty.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
PIC has liased with OT manager who is currently developing mobility assessment for one resident with high mobility needs.
Care plans are in the process of being audited and migrated on to Eclipse system.
Ongoing review carried out by the PIC and Social Care Workers in the DC.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Environmental restrictions have been reviewed and recording systems updated to ensure they only used when required, utilizing the least restrictive option. The PIC now audits recording of restrictive practices to ensure accurate records are maintained and that restrictions are not in place when not required.

Restrictive Practice Protocols have been updated to reflect the informed consent of the resident or their representative.

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding incidents in the home require transition for one resident in the home due to incompatibility. Single dwelling property has been identified by transition team and offer has been made and accepted. MDT has been scheduled to take place in May 2022 to facilitate same. Transition plan in progress.	

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Substantially Compliant	Yellow	30/06/2022
Regulation 14(3)(a)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a minimum of 3 years' experience in a management or supervisory role in the area of health or social care.	Not Compliant	Orange	30/06/2022

Regulation 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Not Compliant	Orange	30/06/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	18/04/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a	Not Compliant	Orange	31/05/2022

	continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered	Substantially Compliant	Yellow	30/09/2022

	provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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	31/05/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and	Substantially Compliant	Yellow	31/05/2022

	building services.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/10/2022
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	30/04/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/04/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/08/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	31/05/2022

	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).			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/04/2022
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/03/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/10/2022