



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 26
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	23 November 2023
Centre ID:	OSV-0005839
Fieldwork ID:	MON-0041654

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 26 is a designated centre operated by Stewarts Care DAC. Designated Centre 26 comprises of four separate homes across four different locations in West Dublin. Residents are provided with long stay residential supports in community based settings. The centre is registered to accommodate up to eight residents and is staffed by a person in charge, nurses, social care staff and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 23 November 2023	09:30hrs to 15:30hrs	Karen McLaughlin	Lead
Thursday 23 November 2023	09:30hrs to 15:30hrs	Michael Muldowney	Support

What residents told us and what inspectors observed

This report outlines the findings of an unannounced risk-based inspection of this designated centre. The inspection was conducted to assess compliance with the regulations following the receipt of unsolicited information to the Office of the Chief Inspector of Social Services. The inspectors were greeted on their arrival by a staff member completing the night duty shift. Staff on duty made contact with the person in charge, who attended the centre later in the morning to support the inspection.

The provider had previously applied to vary the registered footprint of the centre to reconfigure it to make up two residential houses which could accommodate up to five residents across both. This was a focused inspection of one of the two houses that made up designated centre where the previously received unsolicited information related to.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

Inspectors met the residents who lived in the home, staff on duty and the person in charge and observed the care and support interactions between residents and staff throughout the day. Due to their communication needs and preferences one resident did not verbalise their opinions on care and support in the centre. However, the other resident showed their bedroom off and talked to one of the inspectors about what they liked to do around the house.

On arrival, the inspectors were shown around the communal areas by a staff member on duty. Overall, the house was homely, with photos of the residents on the walls. There were two main areas for residents to enjoy in the communal space, the kitchen and the living room. These rooms were accessible to all residents. Both had Television's and one resident was watching a concert in one room while the other two residents were still in bed. The residents bedrooms had been personalised with the residents' preferences in mind. Inspectors observed specialised equipment used by residents to support their mobility, for example, manual hoists and wheelchairs. Stickers on the manual hoist indicated that it was recently serviced.

Residents were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. A care staff told inspectors that residents were supported to express their wishes and preferences, and spoke about the activities they enjoyed such as attending social clubs, exercise classes, shopping, and going for walks. Some residents were intending to go to a theatre show that evening. They said that residents had a good quality of life, and the centre was adequately resourced, for example, staffing and access to multidisciplinary team services, to meet their needs. They told inspectors that residents' behaviour support and safeguarding plans were effective. They had no concerns, however they said

that they could easily raise any potential concerns they may have.

The programme manager told inspectors that they have had no concerns about the centre, and was satisfied with the quality of service provided to residents. They were also satisfied that residents had sufficient opportunities to partake in social and leisure activities in line with their wishes and personal preferences.

In summary, inspectors found that aspects of the care and support provided to residents in the centre was effective and of a reasonably good quality. However, some improvements were required to ensure suitable arrangements were in place to meet residents' assessed needs at all times and to enhance the quality of care being provided.

This is discussed in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This unannounced inspection was carried out following receipt of unsolicited and solicited information which raised concerns in relation to governance and management, appropriate medicines practices, and ensuring residents were being supported in line with their assessed needs and personal preferences.

Following the receipt of this information, the provider was requested to submit written assurances on these matters to the Office of the Chief Inspector of Social Services. Inspectors assessed the implementation of these assurances during the inspection, and found that while some areas required improvement, overall the provider was ensuring a good quality of service to residents.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service.

The centre had a clearly defined reporting structure in place which identified lines of authority and accountability. The provider had appointed a person in charge who was suitably qualified and experienced. The person in charge was present on the day of inspection and informed the inspectors of the arrangements in place to support them in having oversight of the designated centre. They had regular oversight and support meetings with their programme manager, who in turn reported to a director of care. The person in charge was further supported by a social care worker and a team of health care assistants.

There was a planned and actual roster maintained for the designated centre. A

review of the rosters found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rosters were clear and provided the full name of each staff member, their role and their shift allocation.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed or were scheduled to complete mandatory training including fire safety, safeguarding, manual handling, positive behaviour support management and infection prevention and control.

Furthermore site specific training had been provided by the quality team around the provision of meaningful activities.

Supervision records reviewed were in line with organisation policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

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

The designated centre was managed by a suitably qualified and experienced person in charge. The centre was sufficiently resourced to meet the needs of all residents.

There were a series of audits in place which comprehensively identified issues. Specific and measurable time-bound action plans were derived from these audits. The inspectors noted actions were progressed across the sample of provider-led audits reviewed during the course of the inspection.

The centre was adequately resourced in line with the statement of purpose.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. Overall, the inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

The inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The inspectors found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

While the inspectors found that aspects of residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support, some improvement was required in relation to the oversight of behaviour support plans, social and health care plans and the safe and timely administration of medication.

Positive behaviour support plans were developed for residents where required. However, one of the plans required review and the plans in general were not readily available for staff to follow. Staff on day of inspection were not aware of behaviours of concern listed in the support plans and therefore unable to implement the plan should the behaviours arise.

The person in charge had ensured that residents' needs had been assessed to inform the development of written care and support plans. The plans were maintained in electronic and paper format. The assessments and plans reflected input from the provider's multidisciplinary team where required. However, some of the care plans were found to require review and updating to ensure that they contained up-to-date information.

The registered provider had prepared written policies and procedures outlining the practices for ordering, receipt, prescribing, storing, disposal, and administration of medicines. However, practices relating to the storage, receipt, and administration of medicines required enhanced oversight and consideration.

Not all staff were trained to administer medicines to residents. Inspectors found that on some occasions it was unclear if a suitably trained staff member was on duty at all times. On discussions with the the programme manager they outlined plans that were underway to enhance the staff rotas to show staff with medication training.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Regulation 13: General welfare and development

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents welfare and self development. One resident expressed to the inspector that they felt like they had freedom to exercise control and choice in their daily lives.

Furthermore, the provider had implemented a quality improvement plan for this regulation which included a review of all key-working sessions to ensure they were person-centred and not generic in their delivery. Training and support specific to this house was provided to the staff team by the providers quality team.

All residents had their own personalised day service provision and had access to transport and the community when they wanted. They were supported to access activities pertaining to their own likes and dislikes such as attending sporting activities and events.

Inspectors reviewed residents daily records and activity planners, and found that they mostly aligned. Records showed that residents had participated in activities such as arts and crafts, shopping, tai-chi, cooking, baking, eating out, and attending exercise and social clubs. Activity activation was age appropriate and in line with the residents needs and interests.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had prepared written policies and procedures outlining the practices for ordering, receipt, prescribing, storing, disposal, and administration of medicines. There were also arrangements for the oversight of the medicines practices such as regular medication management audits. However, inspectors found that some of the practices and procedures required enhancements.

Inspector observed that residents' individual medicines were clearly labelled and securely stored in locked presses. However, one medication was stored in an unlocked fridge. Furthermore, the temperature in the fridge was not been recorded to ensure it was suitable.

Inspectors viewed a sample of the residents' medicine administration record sheets and the associated documents including the protocols for administering medicines as required. The records contained the required information, as specified in the provider's policy, and were generally well maintained. However, on one recent

occasion it was not recorded if a resident had received their medicines as prescribed.

Inspectors also found that the arrangements for receiving medicines required more formalisation to ensure that residents would promptly receive medicines if their usual pharmacy providers were closed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' personal, social and healthcare needs were assessed to inform the development of care and support plans. Inspectors viewed a sample of residents' care plans including plans on intimate care, dementia, epilepsy, communication, and dysphagia. The plans reflected input from the provider's multidisciplinary team where required, for example, nursing specialists and speech and language therapy. Inspectors observed one resident eating foods outside of their dysphagia care plan recommendations. Staff told inspectors that the residents regularly ate this certain food type, however it was noted as an 'exception' food in their care plan.

Some of the residents' communication plans viewed by inspectors also required review and updating to ensure that the detail was up to date and provided sufficient guidance to staff on how to effectively communicate with residents. The person in charge told the inspectors that they were in the process of carrying out these reviews.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Restrictive practices were regularly reviewed and notified to the Chief Inspector in line with the regulations.

Residents who had behaviour support needs had plans in place. Staff spoken with informed the inspectors that two of the residents required support in promoting positive behaviour.

Following a review of these plans only one resident had an up-to-date positive behaviour support plan in place available to the inspectors and staff on the day. The other was in review. This meant that information to adequately guide and support staff to manage behaviours that challenge, in a consistent way, was insufficient and therefore impacting on the quality of care the resident was receiving.

All staff in the designated centre had received appropriate training in managing behaviour that is challenging and positive behaviour support. However, on the day of inspection, when asked about specific behaviours of concern all staff were unaware of some the behaviours presenting. For example, a particular behaviour support plan had a list of triggers for the resident, with guidance how to react and debrief using proactive strategies which would best support the resident. As a result, the inspectors were not assured that the systems in place to support residents with behaviours of concern were effective.

Judgment: Substantially compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The provider had ensured staff were trained in adult safeguarding policies and procedures.

Safeguarding incidents were notified to the safeguarding team, and to the Chief Inspector in line with regulations.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 26 OSV-0005839

Inspection ID: MON-0041654

Date of inspection: 23/11/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Lock for the medication refrigerator and thermometer was installed on the 10/12/2023. The Person In Charge has put in place fridge temperature checklist and temperature is checked and recorded daily.</p> <p>Incident report was completed for consideration with the incident management system and protocol for reporting medication errors followed as per policy. The staff concerned has booked to complete refresher safe administration of medication management for non-nursing staff training on the 15th and 16th of January 2024. Incident was discussed at the monthly area staff meeting for learning.</p> <p>The person In Charge has developed a contingency plan for safe administration and supply of medication and this has been communicated to all staff during area staff meeting and at morning handover, new staff are made aware of the protocol during induction.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Personal support plans have been updated by the Person in Charge and overseen by the Programme Manager on the 28/11/2023 and are all in date to guide practice.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive</p>	

behavioural support:

The updated positive behaviour support plan for PER879 was attached to the service user record system on the 24/11/2023 and copy sent to the inspectors on the 29/11/2023.

All staff read and signed the positive behaviour support plans for the residents in the Designated Centre. The Person In Charge has included discussions on positive behaviour support plans as an item of agenda during quarterly supervision.

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 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	30/04/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that	Substantially Compliant	Yellow	30/04/2024

	medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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	30/04/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/04/2024
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	Substantially Compliant	Yellow	30/04/2024

	process.			
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