



# 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 19
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	20 December 2021
Centre ID:	OSV-0005853
Fieldwork ID:	MON-0032307

## About the designated centre

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

Designated Centre 19 provides long stay residential care and support to up to eight adult women with complex support needs. The centre is comprised of a large bungalow, located in the provider's campus in Dublin, which contains numerous designated centres and facilities such as catering, laundry and day services. The bungalow is wheelchair accessible, and contains eight bedrooms, a small kitchen, and ample communal space. It is located in close proximity to local amenities, transport links and community facilities. The centre aims to provide a comfortable home that maintains and respects independence and wellbeing, and provides a high standard of care and support in accordance with evidence based practice. The person in charge is a social care worker, and care and support is provided by a team of nurses and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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
Monday 20 December 2021	10:10hrs to 16:10hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

The inspector arrived to the centre without prior announcement and was greeted by a staff member and person in charge. A member of staff carried out a visitor check, which included a temperature check, prior to entry.

In line with public health guidance, the inspector did not spend extended periods of time with residents. However, the inspector did have the opportunity to observe residents in their home during the course of the inspection. The inspector used these observations in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall the inspector found that residents enjoyed a good quality of life, and the centre was resourced to meet residents' assessed needs.

On arrival the inspector noted that staff were busy supporting residents with their morning routines, although there was a calm and homely atmosphere. Residents appeared comfortable in their home and the inspector observed staff speaking with residents in a friendly and respectful manner. Staff appeared knowledgeable with regard to residents' communication techniques and were seen seeking agreement from residents during care tasks (such as support with eating) and meeting residents expressed needs in a timely manner.

The premises is located in a campus setting in Dublin, with a number of other designated centres and facilities located on the same grounds. The premises comprises a large bungalow with nine bedrooms, two bathrooms (each of which had bathing facilities) and three additional bathrooms with toilet facilities, a large dining area, small kitchen and small laundry area, an office, a sensory room and a number of storage areas.

The premises was warm, clean and tidy. Communal areas were decorated for Christmas with a Christmas tree in the living room and various ornaments and festive lights both inside and outside of the building. There were personalised Christmas stockings with residents' names stitched on them hung on the wall in the living area. Staff were observed preparing for Christmas celebrations and were seen wrapping gifts for residents, and on behalf of residents to exchange gifts with their loved ones.

The inspector met with all eight residents who lived in the centre. One resident was observed using the sensory room during the inspection. Another resident was seen doing puzzles in the sun room of the centre, and some residents baked cakes with staff in the afternoon. The inspector saw one resident going for a walk around the campus in the afternoon of the inspection.

The centre was staffed by a team of nurses and support workers. It was noted that staffing levels had increased since the previous inspection and this was seen to have a positive impact on the day to day experience for residents, with increased

opportunities to engage in leisure or recreation activities in their home and in the community. It was also found that staff were cooking some meals and snacks in the premises, with a reduction in meals coming from the communal catering service in the campus.

## Capacity and capability

The inspector found, that for the most part, the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. The provider had enhanced the oversight arrangements since the previous inspection and this was noted to have improved the quality and consistency of areas of service provision such as daily activities, meal times and person centred care. While the governance arrangements were seen to be effective in delivering a safe and good quality service, non-compliance was found in relation to the registration regulations; specifically documents associated with the registration process.

A new person in charge had been appointed prior to the inspection. It was evident that the person in charge was knowledgeable in relation to their role and responsibilities, and was familiar with residents and their assessed needs. The person in charge had sufficient experience in a supervisory role at appointment to their role in accordance with the requirements of the regulations.

The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits on a six monthly basis. There were a range of other audits and reviews carried out by the person in charge and on behalf of the provider in areas such as infection control, medicines management, meal time experience, and meaningful activities. These audits informed a quality improvement plan overseen by the person in charge, and were found to effect positive change in the centre

The provider had implemented the actions from the previous inspection in relation to staffing. The staffing numbers had increased since the previous inspection and it was found that the staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. The increase in staff was noted to increase residents' access to opportunities for leisure and meaningful activities. There was a planned and actual roster maintained by the person in charge.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety. While most staff had received the required training to fulfil their role, it was found that a staff member who was newly recruited had not received fire safety training or training in infection prevention and control.

Improvement was required with regard to staff supervision. Records indicated that some staff had not received supervision as frequently as set out in the provider's own policy. The person in charge had plans in place to commence a programme of supervision with the staff team. There were supervision arrangements in place for the person in charge.

Prior to the inspection, the provider had made an application to renew the registration of the centre. It was found that there were some inaccuracies in the documentation received, with conflicting numbers of residents in some documents received. The statement of purpose contained most of the information required by Schedule 1 of the regulations, however there were further inconsistencies found in relation to the premises and facilities in the centre.

Overall, it was found that the provider had implemented agreed actions to improve the quality and safety of the service, which had resulted in tangible improvements in the lived experience of residents. There was a clear governance structure in place with defined roles and responsibilities. The centre was sufficiently resourced to meet the assessed needs of residents.

#### Registration Regulation 5: Application for registration or renewal of registration

The application to renew the registration of the centre contained some inaccuracies and required review and correction.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

There was a person in charge appointed to manage the centre. They were responsible for two designated centres and had sufficient capacity to carry out their role. The person in charge had sufficient experience in a supervisory role prior to appointment to the role.

Judgment: Compliant

#### Regulation 15: Staffing

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave whilst ensuring continuity of

care.

Judgment: Compliant

### Regulation 16: Training and staff development

There were arrangements in place to monitor and meet staff training and development needs. One staff member had commenced employment prior to receiving training in fire safety or infection control.

A review of supervision records found that supervision meetings had not been carried out at intervals set out in the provider's policy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Substantial improvement was found with regard to the governance and management arrangements in the centre. There were clearly defined roles and responsibilities with effective oversight and monitoring systems in place to oversee the quality and safety of care. The provider had implemented most of the actions set out in the previous compliance plan, with a specific focus on staffing and improving the lived experience of residents on a day to day basis.

The provider had ensured that an unannounced visit was carried out at six month intervals and that an annual review of the quality and safety of the service was produced.

Judgment: Compliant

### Regulation 3: Statement of purpose

While the statement of purpose contained the information required by Schedule 1 of the regulations, some of this information was found to be inaccurate.

Judgment: Substantially compliant

## Quality and safety



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. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs. There was some improvement required with regard to fire containment measures, most of which were identified in the provider's own audits.

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Residents had access to a general practitioner and a wide range of allied health care services. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriate health care professional.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency. There were safeguarding plans in place where necessary to protect residents from the risk of abuse.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was found to be clean and hygienic and there were a range of hygiene checklists and audits in place to ensure that this was maintained. There were hand washing and sanitising facilities available for use, including in residents' bedrooms. There were suitable waste management and laundry arrangements in place. Staff had access to up-to-date infection control information and protocols. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment available.

The provider had ensured that regular fire drills were taking place and could demonstrate that residents could be safely evacuated out of the building. An emergency evacuation had been carried out on the morning of the inspection due to the sounding of a smoke alarm; this was carried out in accordance with the emergency evacuation plan. The provider had also ensured that the fire detection systems and fire fighting equipment had been serviced appropriately. Fire safety training was available to staff, and all but one staff member had completed this training. A review of fire doors in the house found that some did not have adequate automatic closing functions and others required repair or servicing. This had the potential to impact negatively on fire containment measures. The provider had a plan in place to improve the fire containment measures in the centre.

## Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre. The centre was maintained in a clean and hygienic condition throughout, hand washing and sanitising facilities were available for use, infection control information and protocols were available to guide staff and staff had received relevant training. The provider ensured the arrangements in place to manage infection prevention were audited on a scheduled basis and there was a quality improvement plan in place.

Judgment: Compliant

## Regulation 28: Fire precautions

A review of fire doors in the house found that some did not have a self close device, some fire doors did not have adequate smoke seals, one did not shut fully when tested and one was damaged from wear and tear. Most of these issues had been identified in the provider's own fire safety audit and there were plans in place to address them.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident.

Judgment: Compliant

## Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 19 OSV-0005853

Inspection ID: MON-0032307

Date of inspection: 20/12/2021

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:            A new application to vary has been submitted to reflect the accurate number of beds that the DC is requesting registration for.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            The identified staff during this visit has completed Fire Safety Training and Infection Control training following inspection.</p> <p>During the inspection, the inspector checked electronic records of staff supervision which showed gaps. However signed hard copies of more recent supervisions were available in Staff supervision folder onsite. The delay in uploading supervision records has been addressed with HR since this visit.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:            The Statement of Purpose has been revised since this visit, inaccuracies and floor plan has been amended.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

(1) All identified fire doors now have a self-close device.

(2) A full intumescent strip has been fitted to the identified door for adequate smoke seal.

(3) Identified fire door has been adjusted and tested and is now shutting fully.

(4) An action plan is currently in place to replace the identified fire door that is damaged from wear and tear.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	18 February 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 continuous professional development programme.	Substantially Compliant	Yellow	18 February 2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	18 February 2022



Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	18 February 2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	18 February 2022