



# 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 15
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	08 June 2023
Centre ID:	OSV-0005860
Fieldwork ID:	MON-0039061

## About the designated centre

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

Designated Centre 15 is intended to provide long stay residential support for up to eight men with intellectual disabilities. Designated Centre 15 comprises of two residential units, located on a campus in West Dublin operated by Stewarts Care Limited CLG. One residential unit is a wheelchair accessible bungalow and is home to six men with intellectual disabilities and complex needs. The second residential unit is a two story house also located on the campus and is home to two residents with intellectual disabilities. Each resident has their own bedroom and additional living room spaces and kitchen facilities in both residential units are available for preparing snacks and meals for residents. The centre is managed by a person in charge and senior manager. Staff working in the centre comprise of nurses and health care assistants.

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

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 8 June 2023	10:30hrs to 16:30hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The inspector met with residents, staff members and the person in charge, and observed support interactions between staff and residents.

The designated centre was made up of two premises on a campus setting in West Dublin. One bungalow comprised of six bedrooms, a kitchen and dining room and a living room. There was a staff office and two bathrooms. The other house comprised of two bedrooms both en-suite, a kitchen/dining area, sitting room and staff office. The centre is registered to accommodate eight people.

When the inspector arrived at the first house, they were greeted by the person in charge. There were four residents present on arrival, one of whom was watching television in the sitting room, two were in bed and another was preparing to leave the centre and go out with a family member. One resident was attending their day service and the other was out with staff. When they returned they spent time in the garden area which had recently been enhanced to make it a pleasant space for residents to use. In the afternoon three of the residents went for a swim and a coffee after. There was one resident present in the other house and the inspector was informed that the other resident had gone to visit family.

The inspector had the opportunity to meet two of the six residents who lived in one house and was shown around the other house by one of residents who lived there. The resident told the inspector that they enjoyed going out independently on public transport and had plans to head out for the afternoon. This resident told the inspector they also enjoyed woodwork and had been provided with their own shed which was equipped with a table, chair, electricity points and heating. They showed the inspector around the shed and proudly showed the range of tools he had for chopping wooden pallets and carrying out other tasks.

In both houses, residents appeared comfortable in their respective homes and engaged with staff members who were seen to be responsive to their needs and requests. Staff were observed interacting with residents in a kind and personable manner, and residents appeared relaxed and familiar with staff. The person in charge informed the inspector that a social care worker was employed to support residents to access and engage in meaningful activities in the community they would otherwise receive through the providers' day services.

On arrival at the centre, the inspector observed some infection control practices that were in place. There were signs on the door relating to current public health guidance, and hand hygiene facilities and personal protective equipment (PPE) were available on entry.

Both premises were found to be visibly clean and tidy throughout. Environmental cleaning was managed by a designated housekeeping staff, with support from other staff members. This was found to facilitate a good standard of hygiene and cleanliness. Daily cleaning duties were in progress and a fully equipped trolley with cleaning supplies was in use.

The entrance to one house had a ramp for wheelchair access and a handrail to support those with mobility issues accessing the house. The garden had recently been redone and tidied for summer, with garden furniture painted and cleaned. The inspector was informed that funding for a gazebo had been applied for so as to support residents to access the garden area during the summer months. The other garden was nicely landscaped and well maintained. The inspector was informed that this space was going to be used to facilitate activities organised by the residents of the house such as BBQ's and garden parties.

The hall in both houses had photos of the residents framed on the wall. Also, the wall in the halls had the house floor plans clearly displayed alongside the provider's philosophy of care, certificate of registration and the location of the fire assembly point.

The sitting rooms in each house had photos on the wall of residents going on holidays or attending birthday parties. The person in charge had requested funding for new curtains in the living space of one house with a view to making the house more homely. She advised that residents will be involved in the process of picking new curtains for their home.

There were full hand sanitiser dispensers in all of the communal areas and paper towels and soap available at each sink. These arrangements formed part of the overall measures in place to promote good hand hygiene.

Residents' bedrooms were decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

The kitchens were appropriately stocked with pedal operated bins and colour coded chopping boards. Guidance on the correct method for thawing food correctly (food regeneration) in one kitchen was accessible to all staff as was the procedure for safe disposal of food waste. The fridges were clean and food was labelled correctly and in date. One of the houses received prepared meals from the provider's central kitchen on site. There was guidance around food preparation and reheating clearly displayed in the kitchen and records of temperature checks were made available to the inspector. The other house prepared and cooked meals for the residents and the inspector observed one of the residents having lunch. The resident informed the inspector, that he and staff were putting together a book of meals they enjoyed so that staff can support them in meal-planning. The residents in this house were supported by staff to be involved in the daily chores in the house such as cleaning up after meals and the recycling.

In one house, a resident required oxygen therapy and an oxygen containing receptacle was safely stored and reviewed regularly to ensure appropriate

arrangements were in place. There was a first aid box observed in the offices of both houses. There was a notice on each notice board to remind all staff of upcoming training refreshers and information about the activity schedule for the gym residents used.

Some improvements were required in relation to the premises to ensure good infection control standards could be promoted and implemented. Some areas of the premises in one of the houses was observed to be cluttered. For example, the main bathroom was used to store a laundry trolley containing dirty laundry that was waiting to be sent to the providers centralised laundry service. The person in charge had identified that storage space was an issue and made a request to senior management for these areas to be addressed. The inspector did note however, that the bathrooms themselves were clean however, in one of the bathrooms paint on the ceiling above shower had started to crack and peel. The hand rail was rusting and brown staining on floor of shower seemed to be permanent discolouration.

Furthermore, some furniture was damaged and needed replacing. The table in the dining room for example was chipped and the varnish had come off in places. A wardrobe in one of the resident's bedrooms was broken with a handle missing on one of the drawers. A resident's chair needed repair or replacement because the leather was cracked and peeling and the wooden arm rest was chipped. These had all been identified by staff and management and had been reported to maintenance as areas that required improvement.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. They observed staff using several measures to reduce the risk of transmission of infection. This included regular hand washing and use of personal protective equipment (PPE) when preparing food.

It was also clear that the management and staff had supported residents in understanding infection prevention and control measures. For example, the inspector observed in residents care plans how they were supported to make informed decisions about vaccinations and attend medical appointments. Infection prevention and control (IPC) and health matters were discussed regularly at residents meetings.

From speaking with the person in charge, staff and residents, it was evident that many precautions had been taken to keep residents safe from the risk of infection without negatively impacting their quality of life.

Overall, the inspector found that the residents were receiving a good quality service, supported by a staff team in line with the residents assessed needs. The centre was operating with good IPC measures and the provider was ensuring the risk of healthcare-associated infection was being effectively managed, despite some areas for improvement being found in relation to premises.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures in relation to infection prevention and control. The findings of this review will be presented under two headings before a

final overall judgment on compliance against Regulation 27: Protection against Infection, is provided.

## Capacity and capability

Overall, it was found during this inspection that the provider's management arrangements ensured that a good quality and safe service was provided for the residents living in this centre. The residents' quality of life was well-supported and residents were safeguarded from infectious diseases, including COVID-19 as a result of the measures being implemented by the provider to ensure good infection control standards in the centre.

There was a clear organisational structure to manage the centre, with a suitably qualified and experienced person in charge who reported to the programme manager. The person in charge was found to be present in the centre, knew the residents and their support needs, and was available to staff as required. They worked a regular shift pattern with the rest of the staff team but had assigned specific management days throughout the roster. They were responsible for ensuring that the provider's systems and policies regarding infection control were implemented and were knowledgeable and familiar with the organisation's infection, prevention and control policies and procedures.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and this was made available to residents and their families who had been consulted in the process. All eight residents had been consulted for the annual review. Residents reported that they were happy living here. One asked for a gazebo, another said they were happy with the meals provided. Three of the residents communicated that they would like a more consistent staff team and four would like to be offered different activities to engage with. Feedback from one resident's family indicated they too were dissatisfied with staff shortages. The staffing issue has since been rectified and was evident on the day of inspection, where the inspector observed residents being supported to engage in different activities within their home and out in the community.

The last six-monthly unannounced review of the quality and safety of care and support in the centre identified the need for a specific IPC audit as soon as possible. This IPC audit was carried out in January 2023 and identified actions were reported to maintenance for review. The person in charge told the inspector that all actions identified through this audit were completed in a timely manner. A second IPC audit took place in April 2023 and the findings of this audit are currently under review with management.

In addition, the designated centre had up-to-date, regular and recent health and safety audits as well as weekly and fortnightly medication audits carried out by the nurse on duty.



Residents were supported by a team of nurses, social care workers and healthcare staff. Staff had received training in a range of areas related to IPC, such as hand hygiene, breaking the chain of infection, and COVID-19. It was found there was sufficient staff available, with the appropriate skill set, to meet the IPC needs in the centre. The person in charge was endeavouring to provide continuity of care and support to residents when covering a vacancy and staff leave gaps. For example, they said that staff worked additional hours to cover the gaps in the roster. Where relief staff were required, the person in charge utilised the same small group of relief staff to cover shifts.

The inspector reviewed a sample of recent staff meeting minutes and observed that COVID-19 and the infection control measures in place were frequently discussed. Staff also had an opportunity to discuss any IPC issues or information at daily handovers. A written handover also allowed for the allocation of task and staff duties for the day.

The provider had developed an infection, prevention and control policy which was up to date. The policy referred to the roles and responsibilities of staff, staff training and education, hand hygiene, sharps and waste management.

There was a nominated person for infection control of the designated centre.

Under the national standards, it is important that providers ensure their staff have the competencies, training and support to enable safe and effective infection prevention and control. All staff IPC training was up-to-date. Staff members spoken with were aware of how and to who to raise any infection prevention and control concerns. Staff were knowledgeable regarding standard and transmission based infection precautions.

## Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with National guidance for residential care facilities. It was evident that infection control management was part of the overall risk management arrangements in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspector observed that residents were supported with their assessed needs in a person-centred manner and had access to healthcare professionals and a multidisciplinary team as required. The person in charge had ensured that residents' needs were assessed and the assessment outcomes identified needs that in turn informed the development of personal plans. The inspector reviewed a sample of resident care plans and found them to be detailed, up-to-date, informative and relevant. Residents were informed of medical appointments in advance and

supported to attend.

There was easy-to-read guidance on COVID-19 and infection prevention and control (IPC) in the designated centre. IPC was discussed regularly at residents' meetings. The inspector reviewed a sample of the meeting minutes, topics also discussed included medication management, health, welfare and development.

Residents had been supported to avail of national immunisation programmes in accordance with their wishes. Isolation plans for each resident were not personalised and generic in nature however, there was a guide to each resident's likes/dislikes which supported the centre's isolation plans alongside individualised risk assessments which took into account each resident's needs.

The provider had taken measures to improve the premises and facilities in response to the findings from the last inspection. The premises upgrades had been progressed and completed. Painting and decorating of the communal areas had been completed in one of the houses.

Some areas of the premises in the other house were found to be worn. For example, some furniture was damaged and needed replacing including a dining table, a desk used by a resident and a number of armchairs. Staining and rust was observed in a bathroom in the same building and the paint on the ceiling above the shower was beginning to crack and peel.

All outstanding maintenance had been identified by the provider through recent IPC audit. There was a designated utility room in one of the houses that was equipped with a washing machine and dryer, hand wash facilities, and appropriate PPE. The utility room was found to be clean, free of clutter and neatly organised in one house. However, in the other house there was inadequate space for the storage of equipment, for example the laundry trolley was observed to be stored in the bathroom.

A key measure for minimising the risks that can come with infectious diseases is ensuring that effective cleaning is carried out consistently. The premises was visibly clean and tidy in all areas and staff were observed cleaning areas of the centre in line with the cleaning checklist in place, and used a colour coded system of cloths and mops. The inspector observed appropriate infection control practices in place concerning waste disposal.

While laundry management was outsourced to the provider's centralised laundry service, there was very little room to store the trolley used to transport soiled or dirty laundry to and from one of the homes. The second residential house was observed to have suitable laundry facilities. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry and in particular. Alginate bags were provided for soiled laundry, there was suitable storage of towels and the washing machine and tumble dryer were observed to be clean.

The inspector observed sufficient hand washing facilities in the centre, including accessible hand wash sinks and ample supply of hand sanitiser. There was an

adequate supply of personal protective equipment (PPE) in the centre to be used in the event of an outbreak of infections.

The provider had implemented systems to support the provision of information, escalation of concerns and responses to infection prevention and control matters. The provider produced a current contingency plan in response to COVID-19, which outlined how the centre prepared for and would respond to an outbreak of COVID-19.

## Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The provider was able to clearly demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27. This was evident by the following:

- There was evidence of quality assurance audits being performed on a regular basis to check on the safety and effectiveness of the care being provided. This included the annual review for 2022, which identified areas for improvement, in particular the limited storage in one house.
- There was good local oversight of infection control risks in the centre by the person in charge who carried out regular IPC focused audits. The designated centre had an IPC lead identified.
- There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs.
- The staff team were up to date in IPC training. Staff members spoken with had a good knowledge of standard and transmission-based precautions. Staff were seen adhering to standard precautions throughout the day.
- Residents were receiving care and support in line with their assessed needs, and the inspector observed practices which were consistent with the National Standards.
- The premises and the environment was visibly clean and well maintained. Policies and procedures were in place to guide safe practices in areas including laundry procedures, hand washing facilities and cleaning procedures. Schedules were in place to ensure that all aspects of the premises was regularly cleaned and deep cleaned.

While, the registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection. Some improvements were required in order to fully meet the standards.

- One house had insufficient storage for equipment and laundry receptacles.

- The bathrooms in this house also needed attention to ensure effective infection prevention and control measures could be implemented.
- Some furniture used by residents needed repairing or replacement.

Judgment: Substantially 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>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 15 OSV-0005860

Inspection ID: MON-0039061

Date of inspection: 08/06/2023

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The rusty shower chair and grab rails in the shower room has been replaced since inspection. Rusted floors were thoroughly cleaned.</p> <p>Dining chairs and tables, resident corner chair and stool in the living area have been ordered as required. Awaiting installation of same by 31st July 2023.</p> <p>New storage shed was installed on the 30th of June 2023.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/08/2023