



Office of the Chief Inspector

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

Name of designated centre:	Stewarts Care Adult Services Designated Centre 23
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	06 February 2019
Centre ID:	OSV-0005843
Fieldwork ID:	MON-0026572

About the designated centre

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

Designated centre 23 is intended to provide long stay residential support for service users to no more than seven men with complex support needs. This centre is a wheelchair accessible bungalow, which offers residents their own individual bedrooms, kitchen, a communal living room, sunroom/ dining room, relaxation room and open access to a secure back garden. The centre is staffed with nurses, healthcare assistants and activity staff under the management of a person in charge. Healthcare is supported by medical doctors, a clinical team and nursing care is available within the centre.

The following information outlines some additional data on this centre.

Current registration end date:	
Number of residents on the date of inspection:	7

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
06 February 2019	10:30hrs to 16:00hrs	Louise Renwick	Lead

Views of people who use the service

The inspector met six of the seven residents living in the centre on the day of inspection, and observed what it was like to live there. Residents appeared relaxed and content in their home, had ample space to spend time alone if they wished. Mealtimes were relaxed and pleasant with enough staff available to support residents with their meals. The environment was homely and pleasantly decorated with photographs of residents and important people in their lives.

Capacity and capability

The provider had submitted a plan to the Office of the Chief Inspector to reconfigure six large designated centres based on the campus, into 19 smaller designated centres to improve the oversight and management of the care and support being delivered to residents. This proposed designated centre consisted of one large bungalow for seven male residents, and was previously a unit under a larger designated centre called "Stewarts Adults Services Palmerstown Designated Centre 2" which had catered for 30 residents overall under the responsibility of one person in charge. The provider had applied to register this centre as a stand alone centre, and the findings of this inspection were to inform the decision on registration. Inspectors reviewed the application, and followed up on previous areas of non-compliance relevant to this centre from the last inspection report dated 22 February 2018. Inspectors also reviewed a written improvement plan submitted by the provider in relation to this centre to support their application to register.

The inspector found that the provider had taken appropriate action and strengthened the governance and management structure and systems overall. The provider had demonstrated that they had improved their capacity and capability to operate this centre through appropriate systems and processes to ensure the safe delivery and oversight of the service. The written improvement plan for the centre clearly demonstrated how the provider would continue to improve the lived experience of residents over the next three years. The improvement plan submitted gave clear accountability and responsibility to key managers and staff to ensure actions were carried out, and the improvement plan was reviewed on a monthly basis through formal management meetings.

There was a clear management structure in place which had been improved further since the last inspection of this centre in February 2018. The person in charge was a clinical nurse manager who reported to a programme manager. The programme manager reported to the the Director of Care of Residents and the Director of Nursing (who also held the role of assistant Director of Care). Staff were

aware of who was in charge and the lines of reporting in place for the centre. The person in charge was based in the centre for large periods of a working week, and staff informed the inspector that both the person in charge and programme manager were now visibly present in the centre on a daily basis.

There were clear systems in place to ensure the executive management team and the provider had oversight and were informed of the quality and safety of the care and support being delivered in this centre. For example, monthly care management team meetings were now occurring. The purpose of this meeting was to discuss the care and support being delivered in this centre based on a comprehensive report brought by the relevant programme manager. Following this, the director of care (residents) would present the information to the executive management team. The inspector was shown one of the reports that was submitted to the meeting in January, and found that it contained relevant information about the care and support being delivered, along with other information regarding the centre.

A new sub-committee of the board was put in place in January 2019 for Quality, Safety, Risk and Policy, and this sub-committee met on a monthly basis. A number of personnel had been identified to report into this sub-committee on areas such as residential services, fire safety, risk, policy development and review. This sub-committee would further inform the provider of any matters of concern in each centre and ensure that quick action could be taken to improve the quality of care being delivered to residents.

The inspector found that local management systems were in place, and improvements as noted in the improvement plan had begun to positively impact on the running of the centre. For example, there were regular staff meetings and the minutes of these showed a clear agenda along with the identified actions that were required. The person in charge had introduced a "safety pause" as part of handover on each shift, to focus staff on any areas such as risk, falls, safeguarding and to clearly allocate staff duties at the start of each shift. The provider had arranged for an unannounced visit to the centre in October 2018 and the person in charge and staff team had addressed all actions identified in the report from this visit.

There was a schedule of audits in place that was ensuring oversight and identifying areas for improvement. For example, a two weekly medication audit by the night nurse team, a recent audit on residents' finances and an infection control audit carried out at the end of 2018. The inspector found the person in charge had responded to and acted upon any issues identified through these audits and made changes to practice to bring about improvements.

The provider had ensured the centre was well resourced and had employed a team of nurses, healthcare assistants and activity staff to work in the centre. The staffing levels had been recently assessed and increased in line with residents' needs. There was a stable staff team in place, and the two vacancies at the time of the inspection were being recruited. The person in charge had arrangements in place to cover any staffing deficits until these posts were filled. Staff spoke positively about the residents they support and the way that the centre was managed. Staff

demonstrated a good understanding of the residents in their care.

On review of training records, inspectors found that staff were provided with a suite of mandatory training, with oversight in place to ensure any training needs were identified. The person in charge and programme manager had completed a risk assessment on staff competencies and identified additional training that would enhance the skills of the team supporting residents. At the time of the inspection, plans were being put forward to the provider to support training in palliative care for two staff nurses, along with more in-depth training for staff in infection control.

The provider had appointed a full time person in charge to manage the centre. The person in charge was a clinical nurse manager, had qualifications in nursing and education, and had recently completed a masters degree in quality and safety in healthcare management. While the person in charge was also responsible for one other designated centre, the inspector found this arrangement was satisfactory. The person in charge was based in the centre for a large portion of the week and had both formal and informal supervision systems in place.

There was a system in place to review individual incidents and adverse events, as well as monitoring all events for trends or patterns. There was clear pathways established to escalate any risks related to adverse events to the executive management team.

The provider had ensured a written statement of purpose was maintained that was in line with Schedule 1 of the regulations. Inspectors found that it was a fair reflection of the services and facilities provided.

Overall, the inspector found that the changes made at senior level were positively impacting on how the centre was governed and operated. The person in charge and programme manager were clear on their roles and responsibilities, and had taken action when audits and reviews had indicated areas in need of address. Staff were clear about their roles and responsibilities and were happy that there was now a stronger management presence in the centre. The inspector found that the provider had improved their capacity and capability to govern the centre and in turn to deliver a safe and good quality service to residents.

Regulation 14: Persons in charge

There was a full time person in charge employed to work in the centre, who met the requirements of Regulation 14. The person in charge was suitably skilled, experienced and qualified and provided clear leadership for the staff team. The person in charge was also responsible for one other designated centre, and the arrangements for this were sufficient to ensure effective oversight and operational

management was in place across the two centres by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was a stable and consistent staff team working in the centre, that was made up of nurses, care assistants and activity staff members. The centre was staffed sufficiently each day to ensure residents' needs were met and residents were appropriately supervised. At the time of inspection, there was two staff vacancies in the centre, which the provider was actively recruiting. The person in charge had adequate arrangements in place to cover these vacancies until staff were in post.

There was a planned and actual roster maintained by the person in charge. However, the rosters did not clearly reflect all additional hours worked and the person in charge's time in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

On review of the training records, and through speaking with staff the inspector found that staff were offered training and refresher training to support them in their role. There was a system in place to ensure all training needs were identified and training was kept up to date.

The person in charge had applied for staff to receive additional training in the area of palliative care, and infection control.

There was a strong system of supervision at the designated centre. Staff meetings were held monthly, and individual supervision with staff was carried out on a three monthly basis. Staff were informally supervised through the presence of the person in charge and programme manager who were in the centre regularly.

Judgment: Compliant

Regulation 23: Governance and management

The provider had strengthened the governance and management structure and

systems in the designated centre, and the care and support being delivered to residents was well monitored. There was good local oversight arrangements in place, and evidence of action taken and learning gained from audits, reviews and supervision.

The provider had carried out an unannounced visit in October 2018 and actions from this report had been addressed. The provider had plans to conduct an annual review on the centre by March 2019. Medicines management was audited on a regular basis, and the provider had recently audited infection control practices in the centre.

There was clear and effective communication pathways between the different levels of staff working in the centre and the service overall.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose in place which clearly reflected the care and support and facilities on offer in the designated centre. The statement of purpose met the requirements of Schedule 1.

Judgment: Compliant

Quality and safety

The provider had strengthened their capacity and capability to govern, oversee and operate the designated centre, and this was beginning to result in good quality and safe care and support for residents living there. The inspector found that residents had a safe and comfortable place to live in a centre that met their individual and collective needs. Residents had a stable and familiar staff team to support them and enjoyed access to meaningful activities and community facilities. Residents were supported in a person centred way with their changing needs at end of life, and actively involved in all decisions about their care. The person in charge and staff team were encouraging and supporting residents' relationships with their families and friends. Governance and management had improved at a senior level, and this had improved the oversight in the designated centre and brought about positive changes for residents living there.

The inspector found that residents were protected through effective risk management systems and safeguarding practices in the designated centre. There was a safeguarding policy in place, an appointed designated officer and the process

for recording and responding to allegations or concerns of a safeguarding nature were clear. Any identified safeguarding issue was appropriately recorded and reported in line with national policy guidelines, and additional measures to keep people safe from harm were effective without being restrictive. Residents who displayed behaviour of concern were assessed and supported by the clinical team through well thought out support plans. The inspector found these plans to be person centred, respectful of the individual and effective at supporting residents' behaviour. There was a focus on promoting a restraint free environment.

The inspector found there to be improved systems in place for the monitoring of residents' health and the health assessments and care planning documentation had improved in both their content and guidance. The inspector reviewed the care plans for some residents who had life limiting conditions and spoke with the person in charge about end of life care. The inspector found there to be clear written plans that focused on the holistic needs of residents at this time, and good links with external hospital teams. Advice from the wider clinical team and external teams was collated into plans and families were fully involved in the process. Residents' preferences and views were included in the planning stages to ensure their wishes could be honoured. Residents had access to their General Practitioner (GP) along with a clinical team provided on campus by the provider.

Staff and management were aware of residents' likes and dislikes, the activities that they enjoyed and how they wished to spend their day. Staff met with residents on a weekly basis to support them to plan out the week ahead, and to ensure their daily routine included activities that they enjoyed. While the inspector found that residents were enjoying their activities and community involvement, there was a need for a more comprehensive assessment of residents' social and personal needs. The inspector was informed that the provider was currently seeking a new assessment tool which would encompass all needs for residents.

The staff team were actively encouraging and supporting residents to maintain relationships with their families and friends. There had been family days arranged over the past year, to invite families to the centre to enjoy music and food and to spend time in their relative's home. Staff had supported residents to visit their home places and to maintain good connections with their natural supports.

The inspector found that the premises was clean and well maintained and had been decorated in a homely way. The centre consisted of a large bungalow and offered residents their own private bedrooms, communal spaces and additional rooms so that residents could spend time alone if they wished. There was a second living room that could be used for residents to meet with their families in private if they so wished.

The inspector found good levels of compliance with the Regulations inspected at this inspection, and found that the provider had a clear written improvement plan to continue to improve all further areas of care and support, and to sustain progress made to date. Overall, the changes at senior level to the governance and management of the centre was now impacting positively on the quality and safety of

the care being given to residents.

Regulation 13: General welfare and development

Residents had access to activities and occupation in line with their preferences.

Residents were supported to maintain links with their families and friends.

Residents were supported to use community facilities and amenities.

Judgment: Compliant

Regulation 17: Premises

The premises were kept in a good state of repair, and nicely decorated.

The premises met the individual and collective needs of residents.

The requirements of Schedule 6 were met.

Judgment: Compliant

Regulation 18: Food and nutrition

While residents' meals were supplied by a central kitchen on campus, residents were now being supported to buy, prepare and cook meals in the designated centre at the weekends, and the person in charge had plans to extend this throughout the week.

Residents' were supported at mealtimes by a suitable number of staff and residents' needs were identified and monitored in relation to food, nutrition and hydration.

Judgment: Compliant

Regulation 26: Risk management procedures

There was an improved risk management system in place in the designated centre. The risk management policy had been updated and there was evidence that risks were well identified, assessed, managed and reviewed. The person in charge had received training in risk management, and this was being rolled out to all staff in the coming months.

There was a system for recording of adverse events, and adverse events were reviewed by the person in charge and monitored for trends and patterns. Action was taken to reduce the likelihood of adverse events happening again.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' healthcare needs were assessed and planned for. Assessments were multidisciplinary, and advice from allied health care professionals were included in healthcare plans.

Residents' social and personal needs were identified through various means and residents were engaging in lives of their choosing, spending time doing activities that they enjoyed and accessing the community. That being said, a more comprehensive assessment of residents' social and personal needs was required.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well monitored.

Residents had access to a General Practitioner and a clinical team which consisted of a psychiatrist, psychologists, occupational therapist, physiotherapist, speech and language therapist, clinical nurse specialist in behaviour, social workers, dietitian and sensory services. Residents also had access to dental services, optician services and chiropody services.

Residents received support at times of illness and at the end of their lives which meets their holistic needs and respected their dignity, autonomy, rights and wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge and staff team had reduced the use of restrictive practices in the designated centre. Any restrictions were monitored, reviewed regularly and used in line with national policy and evidenced based practice.

Staff had received training in the management of potential and actual aggression, and had been offered training in how to positively support residents with behaviour of concern. There was input from a clinical nurse manager in behaviour as well as the wider clinical team to ensure behaviour of concern was assessed to identify and alleviate the cause, and written support plans were in place that were person centred.

Judgment: Compliant

Regulation 8: Protection

Residents were protected through clear safeguarding processes. The person in charge was the identified Designated Officer who fully understood their responsibilities. Any safeguarding issues or concerns were recorded and reported in line with national policy. Safeguarding plans were multidisciplinary in nature and were effectively supporting residents.

Staff had all received training in the protection of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 23 OSV-0005843

Inspection ID: MON-0026572

Date of inspection: 06/02/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Vacancies have been recruited. The person in charge will maintain rosters. These rosters will reflect additional hours worked and the person in charges time in the centre.</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: An assessment of need template will be developed. Each resident will be supported to complete an assessment of need by their keyworker, and their circle of support. The personal plan will be reviewed to ensure that it reflects the assessment of need. The personal plan will be available in an accessible format</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 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	30/05/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/12/2019

