



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 22
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	07 October 2020
Centre ID:	OSV-0005834
Fieldwork ID:	MON-0028364

About the designated centre

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

Designated Centre 22 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality and person-centred services. These services are provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities. Designated Centre 22 intends to provide long stay residential support for up to 10 residents with high support needs. Designated Centre 22 comprises of two two-storey houses. One of these houses is located on the provider's campus, and contains ten bedrooms, two shower rooms, five bathrooms with toilet facilities, two kitchens, two large living areas, an office and a sun room. The other premises is located in the town near the provider's campus and contains two bedrooms, two living areas, two bathrooms, one dining room and a kitchen. The centre is staffed by a team of nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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
Wednesday 7 October 2020	10:30hrs to 15:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector did not meet with the residents who live in the centre, in order to facilitate public health guidance with regard to physical distancing. Residents were observed in their home, engaging with staff and participating in their environment. The inspector visited one unit of the centre. The inspector observed that residents were well dressed and cleanly groomed. Residents appeared to be comfortable in their home and communicated their needs to staff using their preferred communication methods. Residents were seen to be dining in each others company, watching television and getting ready to go for a walk.

Capacity and capability

The inspector found the governance and management arrangements within the centre were ensuring a safe and good quality service was delivered to residents.

The provider had reviewed the management arrangements in the centre since the previous inspection. The centre had a well defined management structure with clear lines of responsibility and authority. The impact of these changes was reflected through clear improvements in the oversight systems and quality of care delivered to residents. The inspector reviewed the implementation of the compliance plan submitted by the provider at the time of registration, and found that the majority of actions had been completed. The provider had carried out an annual review of the quality and safety of the service, and there were quality improvement plans in place, where necessary. The inspector found that the centre was adequately resourced to meet the assessed needs of residents.

The staffing arrangements, including staffing levels, skill-mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge. Nursing care was available to residents as outlined in the statement of purpose. It was found that staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. The provider had developed a clear contingency plan for implementation in the event of staff absence due to COVID-19.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Training in areas determined to be mandatory by the provider had been provided to all staff, such as safeguarding, fire safety and positive behaviour support. The provider had amended training delivery methods in some cases, to ensure that essential training was available in a format that facilitated public health guidance. There were formalised supervision

arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis. The person in charge was supervised by a programme manager.

Regulation 15: Staffing

Residents were supported by a team of nurses and care assistants, who had the appropriate skills and experience to meet residents' needs. There was a planned and actual roster maintained by the person in charge and staffing arrangements facilitated a continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There were established supervision arrangements in place for staff, including clinical supervision for nursing staff.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The provider had completed an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis.

Judgment: 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, however, some improvement was required with regard to the centre's premises.

Residents' healthcare needs were assessed by a general practitioner (GP), and there were health support plans in place for any identified healthcare needs. Residents had access to a wide range of allied healthcare services, including the provider's own clinical team and a range of community services. Arrangements to meet residents' healthcare needs had been amended, this was to ensure that residents could achieve best possible health during a period where access to some services was restricted. The inspector reviewed residents' healthcare support plans and found that these provided clear guidance and were informed by an appropriately qualified healthcare professional.

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint-free environment, and while there were a number of restrictive practices in place, such as door locks, these were used as a measure of last resort and for the shortest duration. Any restrictive intervention had been assessed to ensure that it was in line with best practice.

Where required, residents had access to members of the multidisciplinary team to support them to manage behaviour positively, for example, psychiatry, psychology and a clinical nurse specialist in behaviour. Behaviour support measures ensured that efforts were made to identify and alleviate causal factors, For example, in the case of one resident, support plans included measures to improve communication. Records indicated that behaviour support reviews had resulted in restrictive interventions being reduced and discontinued, where possible.

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 maintained in a clean and hygienic condition throughout. There were hand-washing and sanitising facilities available and there were infection control information and protocols available to guide staff practice. The inspector found that the provider had developed a response plan in relation to COVID-19 and had promptly implemented a variety of measures to manage this risk. There was an appointed infection prevention and control coordinator and there were established lines of communication with public health departments.

The design and layout of the premises was found to be appropriate in meeting residents' assessed needs. There was adequate communal and private space. Most of the provisions of Schedule 6 of the regulations were found to be available to residents, for example, bathrooms and shower facilities were of a suitable standard, however, there were no laundry facilities in the centre. Residents' clothes were laundered in a facility outside of the centre. While generally the premises was in a good state of repair, there were some cosmetic issues that needed to be addressed, such as painting and wall damage. The inspector also found that the decor of the centre required updating to ensure it was decorated in a homely and comfortable

manner.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The premises was found to be in a state of good repair, although there was some painting required throughout one premises. There were no laundry facilities available in the centre, although there were arrangements for residents' clothes to be laundered.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were measures in place to mitigate the risk of infection in the centre, including specific measures in relation to COVID-19. The centre was maintained in a clean and hygienic condition. There were hand-washing and sanitising facilities available.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were assessed, and appropriate healthcare was made available to each resident in line with their needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured residents had access to a range of clinical supports in order to support their wellbeing and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced, where possible.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 22 OSV-0005834

Inspection ID: MON-0028364

Date of inspection: 07/10/2020

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Ongoing painting has continued over the last month. The PIC will complete a full review of the premises and will lease with technical services.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2020