Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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 21
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	16 February 2022
Centre ID:	OSV-0005854
Fieldwork ID:	MON-0027128

About the designated centre

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

Designated Centre 21 is a large bungalow located in a campus in West Dublin. The centre can accommodate up to seven residents, and provides support for men with intellectual disabilities. Support is also available for residents who have non-complex health care needs, physical disabilities and behaviour support needs. The bungalow has seven bedrooms, four bathrooms, laundry facilities, a kitchen, large dining and living areas and a sensory room. Designated Centre 21 is managed by a person in charge, who is a registered nurse, and support is provided to residents 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:	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 (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 16 February 2022	10:00hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This report outlines the finding of an announced inspection of this designated centre. This inspection was carried out to assess compliance with the regulations following the provider's application to renew registration of this designated centre.

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection and also wore personal protective equipment (PPE).

During the inspection, the inspector met briefly with all residents present in the centre. Residents living in the centre were unable to provide verbal feedback about the service, therefore the inspector carried out observations of residents' daily routines and of their home and support arrangements.

The centre consisted of one residential bungalow situated on a congregated campus setting. Observations carried out in the home noted it was nicely decorated and efforts had been made to make it as homely as possible. However, a number of premises improvements were required to ensure the centre was maintained to a good standard and could provide residents with the most optimum service provision.

For example, most resident bedrooms were very small. Residents bedrooms consisted of a single bed, a sink, a small wardrobe and a chest of drawers. There was limited space for residents to engage in personal hobbies or private activities in their bedroom spaces due to the lack of circulation space in the rooms.

The inspector observed one resident was in receipt of palliative supports, at the time of the inspection. Staff were observed engaging with the resident in a gentle and kind way, supporting them to change position at times and receive personal care.

The inspector observed the space in the bedroom was very cramped and small when more than one staff member and a manual handling hoist was in the bedroom. Staff had to move items in the room and back in and out of the space in order to move the hoist into the room and ensure there was adequate room to manoeuvre it. Despite this, the inspector observed the resident to appear very comfortable and settled during the course of the inspection. Staff checked on them regularly and put music and turn on pleasant lighting in the room for the resident during the course of the inspection.

There were adequate spaces in the centre to store resident's mobility aids, hoists, PPE and incontinence wear. This had been provided due to a reduction in resident numbers in the centre and some bedrooms now vacant.

One resident bedroom had been enhanced whereby two of the small bedrooms had been configured to a larger bedroom space. In this bedroom the resident was provided with an overhead tracking hoist and lots of circulation space for their

mobility aid. The resident liked to spend time in their bedroom space and watch birds outside. A bird table had been placed near their window which encouraged birds to land near their window which the resident liked.

While overall, the designated centre appeared clean, there were aspects the inspector observed were not maintained in the most optimum sanitary manner. The assisted bath required thorough cleaning. The inspector observed a collection of black grime along the seal of the side door of the assisted bath and some grime deep in the plug hole.

Some aspects of the bathroom space were not aesthetically pleasing. For example, the tiles on the floor were cracked and damaged. The area was used to store a seated weighing scales, incontinence wear, a laundry segregation trolley and spare metal waste bin receptacle holders.

The shower room area of the home also required enhancements. The inspector noted there was an unpleasant smell in the room and on further review of the space ascertained that the extractor fan for the room was not operational and therefore, ineffective in removing steam from the space. Staff informed the inspector that the room could become very warm and full of steam when supporting residents to shower. The inspector also observed leak stain marks around the ceiling extractor fan.

Residents' toilet provisions were institutional in layout and design. Residents were provided with two toilet cubicles with doors that were not fully flush with the floor. Some infection control measures were not the most optimum as no toilet had a toilet lid which would contain airborne particles during flushing.

However, other aspects of the premises were pleasant and homely and it was observed the provider had made a number of premises enhancements. For example, the centre was provided with a small kitchen area with well maintained kitchen units and worktops. A well proportioned sensory room was also available to residents and a large dining room area was also provided. The living room area was fitted out with comfortable seating and a large flat screen TV with a good selection of TV channels.

Residents' bedrooms, albeit small, were individually decorated and personalised as much as possible. The inspector did note some areas of residents' bedrooms that required repainting where pictures had been removed, for example or where wear and tear had occurred.

The provider had also made provisions for a utility space that contained a washing machine, dryer and sink area with a small counter space and cupboards for storing laundry detergent and alginate bags.

The inspector spoke to a recently appointed quality improvement staff member who was in the centre at the commencement of the inspection. They described their role which was to enhance the quality of service provision in centres across the provider's organisation. The quality improvement staff member was carrying out a review of the activity provision in this centre and had identified some areas where

staff needed support in re-introducing residents to activities outside of the centre now that pandemic restrictions were reducing.

On the day of the inspection, the inspector observed some residents getting ready to go out horse-riding. Other residents had recently gone to the cinema with staff and others were resuming swimming sessions.

The inspector reviewed aspects in relation to fire safety precautions. While overall, the provider had put good containment systems in place and provisions for ensuring timely and effective evacuation of residents with the provision of fire evacuation aids, further improvement was required.

The fire panel for the bungalow was located outside of the building. The fire alarm system could alert staff of the presence of a potential fire with the sound of the alarm activating within the bungalow itself. However the fire panel could not identify, for staff, the exact location that triggered the alarm in the respective bungalow. Therefore, staff did not use the fire panel as part of the evacuation procedures as it was not accessible or addressable. The provider had however, identified a suite of fire upgrade works were required across the congregated campus setting and had a phased plan to address this.

In summary, residents living in this designated centre were experiencing good care with some areas that required improvement in relation to the premises, infection control and some aspects of the fire safety systems.

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

Capacity and capability

As discussed, the purpose of the inspection was to inform the registration renewal of the designated centre. The inspector found the provider was operating and managing this centre in a manner that ensured residents' needs were met by a staff team who were delivering a reasonably good standard of care.

Overall, it was noted there had been a considerable drive by the provider to audit and review the quality of the service in advance of the inspection and a number of quality improvements had been addressed or were in the process by the time of the inspection.

Information, for the purposes of processing the registration renewal of the centre, had been submitted to the Office of the Chief Inspector as required.

There were revisions required to the floor plans provided to ensure they accurately reflected the layout and function of rooms in the centre. Some additional revisions were required to the statement of purpose to ensure they accurately set out the working whole-time-equivalent of the person in charge and identified correctly the managers for the centre. The provider did provide this revised information shortly after the inspection, however, an updated insurance certificate was required for the purposes of progressing the registration application.

The person in charge reported to a programme manager who in turn reported to the director of care. The person in charge was knowledgeable of the needs of residents. They were responsible for this and one other designated centre, both located in close proximity on the grounds of the congregated campus. It was found that they had the appropriate qualifications and management experience to meet the requirements of Regulation 14.

An annual review had been completed for 2021 by the provider. This review met the requirements of Regulation 23. The inspector noted the annual report was very comprehensive in scope, examined the provider's compliance against the disability standards and regulations, sought resident and family feedback and provided a scope of recommendations to improve the service for the next year.

The provider had also completed the required six-monthly provider led audits for the centre. These audits were also comprehensive and provided an improvement action plan to bring about enhanced compliance.

As discussed, the provider had carried out a considerable scope of auditing and reviews prior to the inspection. Relevant appropriately qualified stakeholders had carried out audit reviews of fire safety, risk management, safeguarding and infection control in the centre. An overarching quality and compliance tracker was in place which incorporated an action plan for improvement and included the findings from the provider's six-monthly provider-led audits and additional audits that had been carried out.

This demonstrated the provider had enhanced their governance and oversight arrangements for the centre and within their organisation and ensured they were well informed of the risks presenting in their designated centres and the actions needed to bring about an improved quality service.

The person in charge had ensured staff were appropriately trained in mandatory areas of safeguarding, fire safety and manual handling to meet the needs of residents. At the time of inspection, staff were undergoing skills improvement training in epilepsy management, with some staff already trained in this area and ongoing skills promotion in this area.

While it was demonstrated staff had received a supervision meeting with their line manager in the previous year, it was not demonstrated they had received such meetings in line with the time-frames as set out in the provider's supervision policy and procedures. This meant, while a staff supervision process was in place, it was not being implemented frequently enough.

The person in charge maintained a planned and actual roster. The inspector reviewed the rosters for the centre over the previous weeks and noted overall the staffing levels in the centre had been maintained within the WTE numbers as set out in the statement of purpose. There had been some staff changes in recent times and new staff had begun working in the centre.

Rosters for the centre clearly demonstrated full staff names, their role and the hours worked in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration of the centre.

Some aspects of the application required revision.

For example, the floor plan of the centre did not accurately reflect the function of some rooms. This was addressed during the course of the inspection and a copy of this was sent to the Office of the Chief Inspector shortly after the inspection.

- While the provider had submitted an insurance certificate as part of the registration renewal, at the time of inspection it was no longer in date. The provider was require to submit an updated insurance certificate for the centre to the Chief Inspector.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and was responsible for this designated centre and another centre, located in close proximity on the congregated campus setting.

The provider had made arrangements to ensure the person in charge had a reasonable management remit by ensuring each designated centre they managed consisted of only one bungalow.

The person in charge had the required management qualifications and experience to meet the requirements of regulation 14.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual rosters.

These clearly outlined the full name of staff, staff working shift and role.

On review of staffing rosters it was demonstrated the staffing levels and skill-mix were maintained to the levels as set out in the whole-time-equivalent numbers of the statement of purpose.

The working roster for the person in charge was also maintained and demonstrated the shifts and hours they worked each week.

Schedule 2 staff files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with suitable training such as fire safety, safeguarding vulnerable adults, manual handling, management of potential and actual aggression, and infection control. Refresher training arrangements were also in place and it was demonstrated all staff had received refresher training in these areas.

The provider had also undertaken to enhance the skills of staff working in the centre by introducing training in the administration of emergency rescue medication for the management of seizures. This ensured there were enhanced first response measures in the centre for residents during the day and at night time. This skills improvement initiative was ongoing at the time of inspection, not all staff had signed up to taking the training yet.

The provider had a staff supervision system in place. Some small improvement was required to ensure staff received a supervision meeting with their manager within the time-frames as set out in the provider's supervision policy and procedures.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had submitted a full and complete application to renew registration.

The provider had completed an annual report for the previous year that met the requirements of Regulation 23.

The provider had completed required six-monthly provider-led audits for the centre. These audits were comprehensive and provided an action plan to improve compliance in the centre.

The provider had also instated additional quality oversight auditing in the centre by ensuring audits and quality reviews were carried out by key qualified provider stakeholders in specific areas.

For example, quality and risk audits had been completed in the area of infection control, risk management and fire safety.

The provider had appointed a full-time person in charge for the centre that met the requirements of Regulation 14.

The provider had ensured there were clear lines of responsibility and reporting for the management oversight of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of Schedule 1 of the regulations.

However, some revisions were required.

- While the statement of purpose accurately outlined that the person in charge worked as one whole-time-equivalent, some additional clarity was required to describe how they allocated their time between the two designated centres they managed, for example, how much of their one WTE was assigned to this designated centre..
- Some senior managers for the centre had changed, the statement of purpose had not been updated to reflect the new senior manager stakeholder.

The provider made arrangements to revise the statement of purpose and submitted the updated copy to the Office of the Chief Inspector shortly after the inspection.

Judgment: Compliant

Quality and safety

This inspection found that residents were in receipt of a good service, for the most part, that was meeting their social and health care needs within the context of COVID-19. Improvements were required in the area of infection control, premises, risk management, positive behaviour support and fire safety arrangements.

There was a schedule of maintenance in place for fire safety equipment. The inspector reviewed servicing check records and noted they were up-to-date. The designated centre had undergone a fire safety audit by a stakeholder of the provider with a remit in fire safety which identified where improvements were required and action plans had been put in place to address these, with a number of the areas identified addressed prior to the inspection.

Containment measures were, for the most part, in place in the designated centre. Fire doors were fitted with door closers and smoke seals. The door to the utility room, that contained the washing machine and dryer, was not a fire door and did not have a door closer or smoke seal fitted. The room adjacent to the utility room space was the bathroom and toilet area

While doors leading from the bathroom area to the rest of the bungalow ensured the area was compartmentalised to some degree, additional containment measures were required to prevent the spread of smoke or fire to the area that residents used for bathing and toileting.

Recorded fire drills had been carried out and documented records of these were maintained in each residential bungalow. Staff had received training in fire safety management with refresher training available and provided as required. Personal evacuation plans were in place for each resident.

The fire alarm panel for the bungalow was located outside the premises. The location of the panel required review as it was not readily accessible for staff and in addition were not addressable and therefore not used as part of the evacuation procedures for the centre.

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. A copy of this plan was submitted to the Chief Inspector by way of demonstrating an assurance to that the provider had plans in place to improve fire safety measures in their centres to the most optimum standard in a phased manner and would include this designated centre.

The inspector reviewed infection control management in the centre and noted good contingency planning was in place. Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection which were in line with recent changes to public health guidance.

The provider had ensured a comprehensive infection control audit of the designated centre had been completed by a clinical nurse specialist in Infection Control. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. The audit had recently been carried out and had identified areas for improvement, some of which had been addressed by the time of inspection.

For example, the audit had identified sharps boxes were over full with some needles having been re- sheathed, demonstrating poor sharps management practice in the centre. The inspector reviewed the management of sharps in the centre on the day of inspection to ascertain if appropriate action had been taken on foot of the audit. The person in charge showed the inspector the sharps boxes and it was noted they had been replaced and securely stored in the office of the centre. This demonstrated the infection control audit had identified poor standards and had brought about improvements.

However, some additional infection control standards required improvement. Some areas of the centre were observed to not be maintained in a hygienic manner to ensure good infection control standards. For example, the bath was not maintained to a high standard of cleanliness, there were no splash backs present behind any of the personal sinks in residents' bedrooms. The inspector also observed a build up of lime-scale on bedroom sink taps and the presence of mould on the seal around the sinks also.

There was evidence to demonstrate the provider's risk management policies and procedures were implemented in the centre. A risk register was maintained and recorded risks presenting in the centre and control measures in place to manage and mitigate these risks.

The person in charge also carried out a process of reviewing incidents occurring in the centre, establishing trends and using this information to inform analysis of the risk presenting in the centre. This ensured risks that were assessed were accurate with an appropriate risk rating for each.

Some residents in the centre presented with behaviours that presented personal risks of choking. However, this risk was not identified on the centre's risk register and therefore, there were no associated risk of choking risk assessments and additional support planning control measures in place. While the person in charge confirmed that the behaviour presentation, by the resident, occurred infrequently, improvements were required to ensure robust risk management systems were in place to mitigate and manage the risk.

The inspector reviewed a sample of behaviour support plans for the centre. It was noted that residents living in the centre could engage in self-injurious type behaviours from time-to-time and personal risk behaviours with a potential sensory function to the behaviour.

While there were appropriate behaviour support planning arrangements in place, it was not demonstrated that proactive supports, to manage residents' sensory needs, were also in place, to complement the behaviour support plans.

This required improvement to ensure residents with sensory based behavioural presentations were in receipt of sensory based activities, interventions and supports that met their assessed needs and could mitigate and reduce some self-injurious behaviour risks.

While a sensory room space was made available in the centre, it was not demonstrated that a sensory activity plan, based on each resident's sensory assessment of need, had been established to ensure residents received the most optimum best use of the space and further support the reduction of sensory based behaviours.

It was observed that the provider had endeavoured to provide residents with a homely environment. Residents' bedrooms were nicely decorated and personalised. Residents were also provided with mobility aids and equipment to meet their assessed needs. However, as discussed, residents' bedroom spaces were small and limited in circulation space for manual hoisting and for residents to spend time in their bedrooms. Toilet and bathing facilities were institutional in layout and design and required enhancements.

Medication systems were well managed in the centre. Medication was securely stored in the centre. Each resident had their own individual supply of medications which were provided by residents' community based pharmacy. Medications were clearly labelled and open dates were documented on all liquid and cream medications. Medication administration charts were legible and clearly recorded. Appropriately trained staff administered medications in the centre only. Suitable systems were also in place for returning out-of-date medications to the pharmacy, records were maintained when such medications were returned.

Regulation 13: General welfare and development

A recently appointed quality improvement staff member had been appointed by the provider.

Part of their role which was to enhance the quality of service provision in centres across the provider's organisation.

The quality improvement staff member was carrying out a review of the activity provision in this centre at the time of inspection and had identified some areas where staff needed support in re-introducing residents to activities outside of the centre now that pandemic restrictions were reducing.

On the day of the inspection, the inspector observed some residents getting ready to go out horse-riding. Other residents had recently gone to the cinema with staff and others were resuming swimming sessions.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was maintained to a reasonably good standard.

The general cleanliness of the centre was adequate and the provider had made arrangements to decorate the centre to make it as homely as possible.

Residents were provided with single occupancy private bedrooms, a separate kitchen area, a large dining room space with seating options, comfortable living room space and a separate sensory room.

However, improvements were required to ensure residents were provided with the most optimum home environment to meet their needs.

- The extractor fan in the shower/toilet area was not working. Staff reported the room could become very warm and steam could build up in the space very quickly.
- A malodour was noted in the shower/toilet area.
- A leak was observed around the non-functioning ceiling extractor fan in the toilet/shower room.
- Six of the seven resident bedrooms were very small in size and were limited in space for residents to spend time in and engage in personal hobbies or private time. The inspector observed staff moving a manual handling hoist in and out of one of the small bedrooms and noted the bedroom space was very cramped when more than one staff member was in the room and additional manual handling equipment.
- The bathroom area was a cluttered space which stored the centre's seated weighing scales, metal waste receptacle frame, the laundry segregation trolley and incontinence wear and products. This impacted on the aesthetic quality of the space for residents to enjoy bathing and relaxing.
- Toilets provided were cubicles with three quarter doors that were not flush with the floor, giving an institutional aesthetic to the space.
- Tiles in the bathroom and toilet space were cracked and broken in some areas.
- Some areas of the centre required re-painting or touch ups to manage general wear and tear.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was evidence to demonstrate the provider's risk management policies and procedures were implemented in the centre.

A risk register was maintained and recorded risks presenting in the centre and control measures in place to manage and mitigate these risks.

The person in charge also carried out a process of reviewing incidents occurring in the centre, establishing trends and using this information to inform analysis of the risk presenting in the centre. This ensured risks that were assessed were accurate with an appropriate risk rating for each.

Some residents in the centre presented with behaviours that presented personal risks of choking. However, this risk was not identified on the centre's risk register.

While the person in charge confirmed that the behaviour presentation, by the resident, occurred infrequently, improvements were required to ensure robust risk management systems were in place to mitigate and manage the risk.

The person in charge and provider were required to add risk of choking to the risk register for the centre.

The person in charge and provider were required to create risk assessments and additional support planning which identified control measures, provided staff guidelines/training and set out emergency response measures to mitigate and manage this potential personal risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

It was noted good COVID-19 outbreak contingency planning planning was in place.

Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day.

Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection which were in line with recent changes to public health guidance.

The provider had ensured a comprehensive infection control audit had been completed by a clinical nurse specialist in Infection Control for each residential home that made up the centre.

This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. In addition, the audit had identified some infection control risks and the inspector noted these had been suitably addressed prior to the inspection.

There were good laundry infection control facilities available in the centre. There were provisions for segregating dirty laundry, alginate bags were provided and used as part of overall laundry management in the centre and utility facilities provided space for staff to sluice and segregate linen and residents' clothes in a manner that supported good infection control systems.

However, some improvements were required:

- The inspector observed the bath for the centre required a deep clean. The inspector observed a collection of grime along the seal of the side door to the assisted bath and deep in the plug hole of the bath.
- There was a build up of lime-scale on a number of the taps in residents' bedrooms.
- There were no splash backs on sinks in residents' bedrooms.
- There was a small collection of mould around the seals of some bedroom sinks.
- Toilets did not have a toilet lids for containing airborne particles after flushing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire equipment for the centre had been serviced and up-to-date records maintained.

Recorded fire drills had been carried out and documented records of these were maintained in the centre.

Staff had received training in fire safety management with refresher training available and provided as required.

Personal evacuation plans were in place for each resident.

The fire alarm panel for the bungalow was located outside the premises.

The location of the panel required review as it was not readily accessible for staff and in addition were not addressable and therefore not used as part of the evacuation procedures for the centre.

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

A copy of this plan was submitted to the Chief Inspector following the inspection by way of demonstrating an assurance to HIQA that the provider had plans in place to improve fire safety measures in their centres to the most optimum standard.

The door to the utility room, that contained the washing machine and dryer, was not a fire door and did not have a door closer or smoke seal fitted. The room adjacent to the utility room space was the bathroom and toilet area.

While doors leading from the bathroom area to the rest of the bungalow ensured the area was compartmentalised to some degree, additional containment measures were required to prevent the spread of smoke or fire to the area that residents used for bathing, toileting and using the sensory room.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication was securely stored in the centre. Each resident had their own individual supply of medications which were provided by residents' community based pharmacy.

Medications were clearly labelled and open dates were documented on all liquid and cream medications. A medication storage fridge was also provided in the centre and daily temperature checks were recorded.

Medication administration charts were legible and clearly recorded.

Appropriately trained staff administered medications in the centre only.

Liquid medicines and medications that required crushing were clearly documented on medication administration charts and suitable facilities for crushing medications were available in the centre.

Suitable systems were also in place for returning out-of-date medications to the pharmacy, records were maintained when such medications were returned

Judgment: Compliant

Regulation 7: Positive behavioural support

It was noted that residents living in the centre could engage in self-injurious type behaviours from time-to-time and personal risk behaviours with a potential sensory function to the behaviour.

While there were appropriate behaviour support planning arrangements in place, it was not demonstrated that proactive supports, to manage residents' sensory needs, were also in place to complement their behaviour support plans.

This required improvement to ensure residents with sensory-based behavioural presentations were in receipt of sensory focused interventions and supports that met their sensory assessed needs and could help to mitigate and reduce some self-injurious behaviour risks.

While a sensory room space was made available in the centre, it was not demonstrated that a sensory activity plan, based on each resident's sensory assessment of need, had been established to ensure residents received the most optimum best use of the space, guide staff practice and further support the reduction of sensory based behaviours.

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
Capacity and capability	
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	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 21 OSV-0005854

Inspection ID: MON-0027128

Date of inspection: 16/02/2022

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
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The provider has submitted an updated insurance certificate for the centre to the Chief Inspector as part of a re-registration submission.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The provider continues to enhance the skills of staff working in the home. As the training courses are available, staff are engaging in the provision of same. The Person in Charge advocates for the on-going training to ensure the changing needs of the residents are met with appropriately skilled staff. Members of the Multi-Disciplinary Team are also on hand to support staff training. Clinicians involved in the creation and implementation of interventions attend the home to provide said training. The person in charge is committed to all staff receiving their supervision as detailed in the provider's policy.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The provider's technical services department have been engaged to have the outstanding issues and concerns addressed and updated as required.
There is a twofold approach to improving the quality of the homes:
The first is the technical services mending issues as they are identified in a manner as time permits such as an extractor fan not working or a leak in a shower room ceiling.
Secondly the provider has tasked a team to go through the homes and identify areas where a home improvement team can make marked improvement in the lived experience of residents. The home improvement team address issues such as areas of the home which required alteration. These plans as identified include replacing flooring, reducing or removing a potentially institutional aspect to the home, painting and kitchen area improvements. Also toilets have been identified as being part of the improvements plan to greatly reduce the institutional aesthetic to the space.

The Person in charge promotes increased vigilance in relation to the cleaning and infection control of the area to ensure the odour is resolved and no longer presents in the home. This is an on-going body of work that is supported in the home.
The provider has commenced a de-congregation plan to reduce the number in each home from seven down to six. This process is not yet complete however. The reduction in numbers of resident in the home will seek to further enhance the lived experience of the residents in the home and encourage the residents to engage in personal hobbies of choice or private time.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Procedures have been put in place to manage the risks within the home. Risk department and Multi-Disciplinary Team member have been requested to provide support to the home. Risk audit and results are provided to the Person in Charge to support the mitigation of risks as identified.
The choking risk has been added to the Risk register. The risk register is being updated on an on-going basis to reflect the needs of the residents.
The Person in charge supported by the Programme manager is engaging with the relevant members of the Multi-Disciplinary Team to support with the individualised interventions for the residents of the home.
An Occupational Therapist has been identified to support the resident identified at time of inspection is engaging with a comprehensive diet of sensory tools.
Specifically related to the behaviours associated with the choking risk the clinician has offered interim alternatives to the staff team in the home. These include, yet are not limited to, strongly flavoured foods and drinks and also redirection and distraction

techniques. The clinician has identified that the behaviours are fundamental to the resident and their presentation. Training on the delivery of the interventions will be provided by the relevant clinician in the home. With the implementation of a comprehensive sensory program this will be used in collaboration of a Positive Behaviour Support Plan and a range of engaging leisure activities.

Further supports identified include specific staff training on how to support residents who could present as a choking risk during the course of the day. Detailed risk assessments incorporating Positive Behaviour Supports interventions support the delivery of care to the residents.
The Person in Charge will also engage the supports of the safeguarding manager to deliver training supports the staff. Ensuring the 1-1 staff are supported and the rationale for the 1-1 staffing being clearly identified, will form part of the safeguarding manager's supports. The involvement of the safeguarding manager will enhance the delivery of care by members of the multidisciplinary team.

A timetable to assess the efficacy of the interventions will be implemented in the home to ensure greater governance and management on an on-going basis. This will be included into the providers established compliance tracker for the home.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
With the supports of the household and technical services department the Person in charge will act to resolve the concerns identified in the inspection to ensure compliance.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire doors have been ordered and awaiting a date for the placement of same.

The fire officer has been requested to complete a follow audit based on the findings on the days of inspection to ensure compliance.

The provider has submitted a proposed plan to the regulator indicating the plans for the alarm panels in homes on campus.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The provider is addressing the provision of Positive behaviour support to the home with the training department. This training will be provided in the home by the clinician as appropriate. As identified previously the Person in Charge will be assisted by the Programme manager and members of the MDT.

A referral has been submitted seeking an Occupational Therapist to further enhance supports provided to the residents of the home. The clinician will draft and create a sensory plan which will be work in tandem to the resident's individual assessment of need. As the interventions are improved upon the requisite training will be made available to the staff supporting the residents in the home.

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
Registration Regulation 5(3)(a)(e)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by a copy of any contracts of insurance taken out in accordance with Regulation 22 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.	Substantially Compliant	Yellow	31/03/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2022

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	31/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2022
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	Substantially Compliant	Yellow	30/04/2022

	standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2022
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/04/2022