



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 27
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	13 October 2020
Centre ID:	OSV-0005855
Fieldwork ID:	MON-0027732

About the designated centre

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

Designated Centre 27 provides long stay residential support for up to eight women with complex support needs. The centre aims to support people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a team of nurses and care assistants. The centre is located on the provider's campus in a Dublin suburb. It is comprised of a bungalow with eight bedrooms, a large living area, two dining areas, a small kitchen, four bathrooms, and a multi-sensory room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

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
Tuesday 13 October 2020	12:10hrs to 15:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

While all residents were present in the centre on the day of inspection, the inspector did not have an opportunity to speak with any residents due to physical distance guidelines. Some residents greeted the inspector and residents were observed in living and dining areas of the centre throughout the course of the inspection. Residents appeared to be comfortable and content in their home. The premises were decorated with homely soft furnishings and seasonal decorations. The inspector observed resident and staff engagement which was found to be responsive and respectful, and interactions with staff were seen to be caring and attentive.

Capacity and capability

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The centre was adequately resourced to meet the assessed needs of residents. While there were some areas of improvement required, these had been identified by the provider and there were action plans in place for the most part.

The provider had carried out 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. A review of the reports related to these visits found that a comprehensive review of the safety of care and quality of service received by residents had been undertaken. The person in charge also conducted a range of quality and safety audits, such as medication audits and training audits; and where areas for improvement were identified there were clear quality improvement plans in place.

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Nursing care was available to residents as outlined in the statement of purpose. There was a planned and maintained roster that accurately reflected the staffing arrangements in the centre. 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 a clear contingency plan in place in the event of staff absences due to COVID-19.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. There were formalised

supervision arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis. The supervision arrangements were found to facilitate staff development and opportunities for staff to raise concerns if necessary. The person in charge was supervised by a programme manager.

There were records maintained of incidents that occurred in the centre, and all adverse incidents had been notified as outlined in the regulations.

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 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. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. The provider had completed an annual review of the quality and safety of the service, and unannounced visits were carried out on the provider's behalf on a six-monthly basis. The centre was sufficiently resourced to meet the assessed needs of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given notice of all adverse incidents, as outlined in the regulations.

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 required to meet residents' needs, however some improvement was required with regard to premises.

The layout and design of the premises was appropriate to meet residents' needs. There was sufficient private and communal space for residents' use, including large dining and living areas and a multi-sensory room. Generally, the premises was found to be in a state of good repair and was well decorated, although the premises required painting throughout. This had been identified by the provider and there were plans in place to address it.

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.

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

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. A review of records found that where medication errors occurred, these were investigated and addressed as outlined in the provider's policy, and corrective action was implemented where necessary.

There was a risk management policy and associated procedures in place, and the person in charge had received training in risk management. There was an accurate

risk register maintained that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency. There were no active safeguarding risks at the time of inspection. There were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices.

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. Generally, the premises was found to be in a state of good repair although there was some painting required throughout.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices.

Judgment: 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 29: Medicines and pharmaceutical services

There were systems in place to ensure that the ordering, receipt and storage of medicines was carried out in accordance with the provider's policy. There were a range of audits in place to monitor medicines management.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 27 OSV-0005855

Inspection ID: MON-0027732

Date of inspection: 13/10/2020

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
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A full review of premises was undertaken by the pic on Friday the 13th of November. After this review pic contacted technical services for technical service manager to complete a walk around with pic to identify outstanding issues that had already been raised. Technical service manager visited B 11 on the 17th of November. It was agreed with technical services manager that Kitchen cabinet doors need to be replaced along with the unit under the sink and kitchen needs repainting. Bedroom corridor door needs to open into the living room to allow for fixing magnet to the door. Flooring in bedroom corridor needs replacing along with all doors needing repainting. Sensory room needs repainting and new sofa is required. Some bedrooms need repainting. Curtain pole is required on back exit door (end of corridor) Dining table to be replaced with a new 6 seater dining table. On the 19th of November technical services manager reported to PIC and PM that all outstanding work will be completed before 1st February 2021.</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 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	01/02/2021