



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 15
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	08 February 2021
Centre ID:	OSV-0005860
Fieldwork ID:	MON-0027118

About the designated centre

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

Designated Centre 15 is intended to provide long stay residential support for up to nine men with intellectual disabilities. Designated Centre 15 comprises of two residential units, located on a campus in West Dublin operated by Stewarts Care Limited. One residential unit is a wheelchair accessible bungalow, the second residential unit is a two story house also located on the campus. Designated Centre 15 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate, their family, the community, allied healthcare professional and statutory authorities. Each resident has their own bedroom and additional living room spaces and kitchen facilities in both residential units are available for preparing snacks and meals for residents. The centre is managed by a person in charge and senior manager. Staff working in the centre comprise of nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Monday 8 February 2021	12:15hrs to 18:30hrs	Ann-Marie O'Neill	Lead
Monday 8 February 2021	12:15hrs to 18:30hrs	Amy McGrath	Support

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, inspectors carried out the inspection mostly from a room located away from the designated centre.

Inspectors ensured physical distancing measures and use of personal protective equipment (PPE) was implemented throughout the course of the inspection and during interactions with residents and staff. During the course of the inspection, inspectors visited each residential unit in the centre, for a period of time, to meet with residents and staff.

Two residents in one residential unit met with and spoke to an inspector. The residents shared their views on the centre and both were satisfied with the quality of care and support that they received. Residents said they were more comfortable now that there were just two residents living in the house following a transition of a resident from the home. Residents described that there was more space, and one resident was particularly happy that they had a larger bedroom.

Residents told the inspector that they enjoyed the meals provided in the centre and that they had sufficient choice and variety. Residents were familiar with the fire safety precautions in the centre. One of the residents described how their day to day routine had changed due to public health guidance, this resident was happy with the support that they had received to maintain their family contact and engage in activities and hobbies. One resident shared that they were happy to now have access to the Internet and enjoyed using their devices to check the news and keep in touch with family.

Residents in the second residential unit greeted the inspector and engaged in some short conversations about interests they had and music they liked. Residents appeared happy and content. The inspector observed a resident using an electronic device to engage in their on-line day activity programme. It was noted that this activity programme had continued despite the COVID-19 restrictions in place.

Discussion with the person in charge for the centre demonstrated their understanding of the importance of maintaining a meaningful day programme for residents and how this impacted positively on their daily lives and reduced personal risk behaviours for some residents. A second resident was observed using an electronic device to watch music videos of their preferred musician and singing to the music.

While residents' bedrooms were small, it was noted each resident's bedroom was decorated in a homely manner and personalised to match their interests and personalities. New dining furniture had been provided and flooring in the kitchen had been changed. These improvements did contribute to an improved homely aesthetic in the residential unit but further substantial premises upgrades were required. This is further discussed later in the report.

It was evident from reviewing resident meeting documents and electronically uploaded photographs of residents engaging in activities, that an improved person centred model of support and focus was in place.

Resident meetings occurred in the centre and focused on important dates and events for residents. Plans were established to mark these occasions and promote a culture of valuing each resident and their individual personalities. Residents were seen to routinely contribute to decisions about their day to day lives, such as meal planning and goal setting. Residents were informed of changing public health guidance through residents meetings, and were also given information on areas such as advocacy, rights and fire safety.

In addition, residents had improved access to Internet facilities and use of electronic devices which they could use to engage in activities of their specific interest. For example, a resident with a specific interest in aeroplanes now had access to an electronic tablet device and used social media to look up information and videos on this specific topic of interest.

It was also noted some residents were experiencing difficulties with COVID-19 pandemic restrictions and not being able to see their families. The person in charge described some measures that were to be implemented to support those residents to receive family engagement again in a planned manner and underpinned by a risk assessment and public health guidelines.

In summary, based on the feedback from residents and what inspectors observed, residents living in this designated centre were experiencing an improved quality service in one part of the designated centre with some positive impact also noted in the second residential unit. This was due to the provider implementing their compliance improvement plan which was aligned to a restrictive condition placed on the registration of this designated centre.

However, premises upgrades in both residential units of the centre were required to ensure residents had the most optimum environment to meet their assessed needs. This was more pronounced in one of the residential units and had a greater impact on the residents living there. While provider-led audits had frequently identified the premises required improvement, at the time of inspection, these improvements had not been addressed in a substantial way to impact positively on residents' lived experiences. Staff training also required improvement to ensure they had the required up-to-date skills to meet the needs of residents.

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

Overall, inspectors found the provider had implemented their compliance improvement plan which was aligned to a restrictive condition of their registration. The purpose of the plan was to improve the compliance within the centre by implementing an improvement plan linked to a number of regulations. This inspection found good levels of compliance in the regulations reviewed on this inspection. However, further improvements were required to ensure all residents living in the centre experienced a good quality service in an environment that met their assessed needs.

The centre was registered in May 2019 for nine residents with a restrictive condition placed on the registration linked to the provider's centre improvement plan. As discussed, the provider had met the matters of the restrictive condition and improved compliance was found on this inspection.

There was evidence of regular quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These audits included the provider unannounced six-monthly visits as required by the regulations and audits by the person in charge at a centre level in areas such as infection control and medication management. These quality assurance audits identified areas for improvement and plans for addressing most of these issues. However, a recurrent feature of these audits identified premises improvements were required for both residential units, in particular one residential unit.

While it was demonstrated the provider had the capacity to identify where improvements were required, it was not demonstrated they had the capability to address these matters in an effective way.

Inspectors reviewed planned and actual rosters for both residential units. From a look back review it was found that the centre operated with a staffing compliment which was in line with the whole-time-equivalent ratios as set out in their statement of purpose. Staff rosters demonstrated the role of the staff member, shift hours and identified where annual leave or sick leave on the actual rosters and where staffing resources had been assigned to cover these working hours.

The person in charge was a registered nurse and appointed in a full-time position as required by the regulations. As per the provider's compliance improvement plan, they were assigned 50% of their time supernumerary to ensure protected time for management and administrative work.

The staff team consisted of nurses and health care assistants. While staff had received mandatory training as required by the regulations, there were gaps in refresher training found across all areas reviewed.

In the time prior to the inspection the provider had identified, through their own training audits, that only 20% of staff had received refresher training. Improvements had been put in place by the provider to address this and at the time of inspection it was found 60% of staff had received refresher training in all required areas. While this demonstrated the effectiveness of the provider's audits in

identifying where improvements were required; this inspection found further improvements were necessary. For example, not all staff had received refresher training in hand hygiene, infection prevention and control, or fire safety.

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and was only responsible for this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured staffing resources for the centre were in line with their statement of purpose.

Planned and actual rosters demonstrated the role of the staff member and the shift they were working on a specific day. Actual rosters demonstrated what shift the staff member actually worked and identified where sick or annual leave had been taken by them, for example.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training systems for the centre were not ensuring all staff had refresher training across a number of key training areas.

Refresher training gaps were noted in the area of fire safety, safeguarding and infection control, for example.

Judgment: Not compliant

Regulation 23: Governance and management

While the provider had addressed the matters of their compliance improvement plan which was aligned to a restrictive condition of registration, they had not made substantial improvements to the premises of one residential unit that made up the

designated centre.

Provider-led audits consistently identified the requirement for premises improvements but these had not been sufficiently addressed to ensure a positive impact for residents.

Judgment: Not compliant

Quality and safety

Overall, inspectors found the provider had improved the quality and safety of service provision in this designated centre. However, further improvements were required in relation to the premises and facilities for residents. Some improvement was also required to ensure residents had access and control of their personal finances.

The provider had adhered to their restrictive condition by successfully supporting a resident to transition from one residential unit within the centre. This transition had been aligned to the compliance improvement plan for the centre and had resulted in significant positive improvements in the lived experience of residents in that residential unit. For example, residents reported that the communal space was limited before and that their home was more comfortable with reduced resident numbers. The transition also alleviated an ongoing safeguarding issue in the unit, and residents stated they felt safer and happier in their home.

The premises of this unit of the centre was found to be suitable, in terms of size and lay out, to meet the needs of residents. While there were some minor improvements required in terms of decoration (for example some rooms required painting) overall, the premises was in good condition and equipped to meet resident's needs. Further improvements were required however, to ensure the premises met the assessed needs of residents living in the second residential unit.

Provider-led audits had consistently identified the toilet and showering facilities were not suitable to meet the needs of residents and to ensure their privacy and dignity while using them. Audits identified flooring in most areas of the residential unit required replacement, the hallway of the unit was dark and narrow and some residents' bedrooms were small and lacked adequate space for residents to store their belongings or engage in activities away from the communal space in the centre.

An inspector visited the residential unit during the course of the inspection to review these aspects. While it was noted the provider had refurbished some areas of the premises some key areas required substantial improvement. The inspector reviewed the toilet and showering facilities available for residents and other aspects of the premises during the inspection.

Toilet and showering facilities were unsuitable to meet the assessed needs of the

residents living in the residential unit. Their configuration and layout could not contribute to promoting residents' self-help skills or adequately maintain their privacy and dignity. For example, the shower room door opened directly onto the hallway of the premises and did not provide adequate space for residents to receive staff support during personal hygiene.

Discussions with the person in charge confirmed the difficulties this posed for residents and staff supporting them, when using these facilities, to ensure their privacy and dignity due to the location and size of the space.

A number of residents living in the designated centre required positive behaviour supports. In some instances residents presented with personal risk behaviours that required positive behaviour supports to maintain their safety and dignity. Inspectors reviewed the arrangements in place to manage these assessed needs for residents. From a sample of plans reviewed it was demonstrated residents had received up-to-date behaviour support reviews from appropriately qualified allied professionals.

In some instances there had been a reduction in behaviours that challenge incidents and instances where residents engaged in personal risk behaviours that had a negative impact on themselves. This was due to an improved focus on activity provision for residents and a lessening of environmental restrictions and improved social care practice focus.

A register of restrictive practices were maintained. Where restrictive practices were in place the personal risk they were to manage was clearly identified and risk assessed. Restrictions had also been reviewed by the provider's Human Rights Committee as part of an additional quality assurance mechanism.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing PPE correctly during the course of the inspection. Some residents observed wearing a mask during the inspection told an inspector that it was their choice to also wear a mask and demonstrated an understanding of the importance of using PPE to protect them from COVID-19. Residents and staff were scheduled to receive their vaccine in the days following the inspection and there was evidence of consent for vaccinations sought by the person in charge for residents.

Centre specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre with the most recent versions of public health guidance maintained in this folder.

Personal protective equipment (PPE) was in good supply and hand washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to General Practitioners and public health testing services was also available for the purposes of

reviewing and testing residents presenting with symptoms of COVID-19.

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre. A review of fire safety precautions in both residential units visited during the inspection demonstrated this. Fire and smoke containment measures were in place with fire doors and hold open devices or magnetic door holders in place. Servicing records for the fire alarm, fire extinguishers and emergency lighting were up-to-date. Residents had participated in fire safety drills during the day time and practice drills for night time evacuations were also recorded. Each resident had a personal evacuation procedure in place. Some residents spoke to the inspector regarding the fire safety arrangements and were found to be knowledgeable of the control measures in place as well as the evacuation arrangements.

There were arrangements in place to ensure that residents participated in and contributed to decisions about their care and the running of the centre. The inspectors viewed minutes of residents' meetings and saw that residents were supported to express their views and opinions on the operation of the centre, and found that residents' expressed views influenced change. Inspectors found that residents were supported to make informed decisions about their care; the person in charge ensured that there was accessible information available in areas such as health care, fire safety and infection prevention and control. Staff in the centre had received guidance in relation to supporting residents to exercise their capacity to make decisions about their care.

While there were practices in place to promote residents' rights, some improvement was required with regard to ensuring residents had access to their own finances. It was found that limited progress had been made in relation to supporting residents to open their own bank accounts. Arrangements to manage residents' finances continued to restrict residents' right to have control over their own personal finances.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. Staff had received training in safeguarding vulnerable 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.

Residents' personal care needs had been assessed and there were care plans in place that guided the provision of intimate care that was respectful of residents' individual preferences. However, as discussed, some premises aspects could not fully support the implementation of privacy supports for residents during some personal care times.

Regulation 17: Premises

The provider had not ensured the premises of one residential unit could meet the assessed needs of residents, for example.

Flooring throughout most parts of the unit required replacing.

Toilet and showering facilities could not adequately meet the needs of residents.

Bedrooms were small in size and could not promote residents' opportunities to engage in personal activities away from the communal area.

Some parts of the other residential unit of the centre required re-painting in areas.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had ensured appropriate infection control measures were in place which were in line with Public Health Guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured appropriate fire safety precautions were in place. Servicing records were up-to-date. Fire drills had been carried out with an associated personal evacuation plan in place for residents. Some residents spoken with demonstrated a good understanding of fire safety and evacuation procedures.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents requiring positive behaviour supports had received a review by an appropriately qualified allied professional. Support planning was in place which promoted proactive strategies and preventative measures to mitigate the risk of behaviours that challenge occurring. In some instances it was noted there had been a reduction of behaviours that challenge and incidents of self-injurious behaviours.

A restraint free environment was promoted in the centre. Where restrictions were in place they were for an identified purpose and implemented for the least amount of

time possible to manage a specific risk. Some residents had benefited in a positive way to an environment with lessened restrictions with a noted reduction in self-injurious behaviour incidents occurring.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure residents were safeguarded. There was evidence of National safeguarding vulnerable adults policies and procedures in place and implemented if and when required.

Judgment: Compliant

Regulation 9: Residents' rights

While there were established practices in the centre that promoted residents' rights, improvement was required to ensure that residents' right to manage their own finances was fully upheld.

Aspects of the premises in one residential unit impacted on residents' privacy supports during personal care times.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0027118

Date of inspection: 08/02/2021

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Additional refresher training has been scheduled by the education and training department. An audit has been completed on the 23rd of February by education and training for staff requiring refresher training in the DC. The PIC now has clear tracking through this audit tool to identify any outstanding training for staff. All staff within the DC will have completed any outstanding training before the 31st of May</p> <p>All staff supervisions will have a section on staff training. The pic will then be able to identify any staff training that is due to be reviewed and this will then be communicated to each staff member through their supervision.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Technical services manager and register provider did a walk around in DC 15 on Monday the 1st of March. It was agreed that the bathroom facilities will be approved and completed before 31ST July 2021. New flooring has also been approved. Drawings and pricing have been completed and approved by the identified builder to the project</p> <p>All work will be done once all residents have had their covid vaccines. All residents will move into unused property on campus while the work is being completed for one week. Outstanding paint work has been approved and will be completed before the end of July for the other home in the DC.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: It has agreed that the bathroom facilities will be approved and completed before 31ST July 2021. New flooring has also been approved. Drawings and pricing have been completed and approved.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The new bathroom facilities will be completed by the end of July 2021. The new bathroom facilities will ensure residents have privacy and required supports during personal care.</p> <p>All residents are due to receive their own bank cards by the 31st of May. Residents will be supported through SALT and their keyworkers to manage their own finances.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/05/2021
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.	Not Compliant	Orange	31/07/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	31/05/2021

	is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	31/05/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/07/2021