



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Adult Respite Home Centre 14
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	20 November 2019
Centre ID:	OSV-0004104
Fieldwork ID:	MON-0023379

About the designated centre

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

Stewarts Adult Respite Home is a centre that comprises of three houses; two five bedroom semi-detached houses located in a suburb of North Kildare, and a nine bedroom house located in a rural area of South Meath. The centre can provide respite accommodation to up to 15 adults with intellectual and physical disabilities. The larger house can accommodate up to five people who use wheelchairs, and the ground floor of the premises is accessible to residents with mobility support needs. The centre provides overnight residential care and support, and is closed during the day. The provider organisation is Stewarts Care. The centre is managed by a person in charge, who is a clinical nurse manager (CNM) 3, and is supported in their role by a CNM 2. Residents are supported by a staff 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:	14
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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
20 November 2019	08:00hrs to 15:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met with four people who were using the respite service at the time of inspection. Residents were preparing to leave for their day services when the inspector arrived, and appeared happy to introduce themselves and show the inspector the house. Residents appeared comfortable in the centre, and engaged enthusiastically with staff and each other.

As the service does not provide support to residents during the day (all residents attend day services or are engaged in employment), the inspector did not meet the other people who were using the service that day.

The inspector observed that residents were facilitated to bring their own personal items to respite, including photos, electronic devices and equipment. Residents had participated in the planning of meals and activities for the week of their stay. Each of the premises had a homely environment, and were clean and well decorated.

Capacity and capability

Overall, the governance and management arrangements were effective in ensuring that residents received a service that was safe, and of good quality. There were robust oversight mechanisms in place, and clear lines of authority and accountability, which ensured that areas requiring improvement were identified and addressed in a timely manner. Some improvement was required to ensure that staffing was provided based on the assessed needs of residents, and in line with the statement of purpose, although for the most part there were sufficient staff available to meet residents' needs.

The centre was managed by a clinical nurse manager (CNM) 3, who was supported in this role by a CNM2. There were a team of nurses and health care assistants who supported residents. While there were sufficient staff in place to meet residents needs, it was not clear that staffing arrangements were based on the assessed needs of residents. There was nursing staff in place every other day in two units of the centre, although generally the people who used respite in these homes did not have nursing support needs. In another unit of the centre, residents who required nursing supports were accommodated, and while there was a nurse on shift each day and overnight, the inspector was not assured that nursing care was provided as outlined in the statement of purpose.

There were arrangements in place to ensure that staff were appropriately trained to carry out their role. The provider had determined a range of mandatory training required for staff members, and training in these areas (such as safeguarding and

fire safety) was provided, including a schedule of refresher training. The person in charge undertook regular training analyses, and training in additional areas specific to residents needs was arranged. Staff in the centre were supervised by the person in charge and the CNM2, although this had not been carried out as frequently as outlined in the provider's policy, it had been identified as an area improvement in the provider's own audits, and there were plans in place to address this.

The governance arrangements in place were found to be effectively overseeing the delivery of safe care to residents. There were a range of audits undertaken to ensure that consistent and safe care was provided in accordance with the provider's own policies, such as audits on medicine and fire safety checks. The provider had ensured that unannounced visits to the centre were carried out on a six-monthly basis, and these informed a report on the quality and safety of the service, as well as a quality improvement plan.

Residents had received contracts of care that outlined the terms on which the respite service would be provided. The inspector found that there was insufficient detail of any additional charges or fees that residents would be responsible for during their stay in respite, for example, social activities and utilities.

The inspector found that there were suitable arrangements in place to manage complaints. There was a complaints policy in place with clearly outlined procedures. Where complaints had been received, they were recorded and investigated appropriately, although it was not evident that the provider had made sufficient efforts to implement measures required for improvement in response to some of the complaints made. For example, in response to complaints about access to the Internet.

Regulation 15: Staffing

For the most part, there was sufficient staffing to meet the assessed needs of residents, although staffing arrangements were not in line with the statement of purpose. For example, while there were nursing staff employed, in two houses these were scheduled to work every other day and as such there was no nurse available half of the time. Although there was no identified nursing support needs in these houses, this arrangement was not in accordance with those outlined in the statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to manage staff training and development. The provider had identified a number of training areas as being

mandatory, and additional staff training needs were identified through the supervision process. Training was made available and there were arrangements in place to provide refresher training.

There was a schedule of staff supervision in place, and the provider had identified that improvement was required to ensure this was carried out as outlined in their own policy. There was an action plan in place to address this at the time of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the governance and management arrangements were ensuring that a good quality service was delivered to people using the service. There were effective oversight mechanisms in place, including a range of local audits, six-monthly unannounced visits and an annual report. There was a clear governance structure, and it was evident that issues were appropriately escalated when required.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared a contract of care for each resident, which set out in writing the agreed terms of their service provision. It was found that the contracts of care did not contain detail of any fees or additional charges to be paid by residents during their stay.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy that outlined the procedure in place for residents to make complaints. There were easy-to-read versions of the procedure available in each premises of the centre for those who could benefit from it. Complaints raised were investigated in a manner that was consistent with the organisational policy, and records of complainants satisfaction were maintained.

Improvement was required to ensure that sufficient efforts were made to implement measures required to address the issues raised through the complaints process.

Judgment: Substantially compliant

Quality and safety

Overall, the systems in place were ensuring that safe care and support were being provided to residents. It was found that the centre was providing person-centred care to people availing of respite. While there were improvements required to come into compliance with some regulations such as communication, fire safety and risk management, the identified deficits did not present as significant risks to people using the service.

There was an assessment of need carried out for each of the residents, in consultation with the person and their families and these assessments informed personal plans. There were arrangements in place to ensure that residents' personal plans were up to date and informed by regular communication and assessment. The centre was adequately resourced to meet the needs of residents.

Residents' health care needs were assessed prior to admission to the centre, and reviewed regularly. There were systems in place to meet the health care needs of residents, although the inspector found that on one occasion a person using respite was required to return home as presenting health care needs could not be met, despite there being a nurse on duty at the time. This issue was under review by the provider at the time of inspection.

There were arrangements in place to safeguard residents from the risk of harm or abuse. It was found that staff and management were knowledgeable in their role in the safeguarding process, and had received training in this area. Any allegations or concerns were found to be investigated and reported appropriately, and as outlined in the provider's own policy. At the time of the inspection, there were no active safeguarding risks.

Residents were facilitated to communicate their views during their stay in respite, and there were multiple mechanisms in place to ensure that residents could share their preferences and communicate their needs, such as regular residents meetings. Where people required support to communicate, this had been identified and there were support plans in place. Residents had access to appropriate media such as television and radio, however improvement was required with regard to the provision of Internet access.

It was found that the provider's response to complaints regarding the availability of Internet access had resulted in practice that was restrictive to residents. For example, residents could use the Internet available in the centre only under the supervision of staff members, using the organisation's devices. Residents had been advised to purchase and provide their own Internet access on an individual basis for use while staying in respite. This arrangement was not outlined clearly in

residents' contracts of care.

The design and layout of each of the premises was appropriate to meet residents' needs, and there was suitable equipment and facilities available. One of the houses in the designated centre could accommodate residents with additional mobility support needs, and this home was found to be accessible to those who use wheelchairs. The person in charge also ensured that the accessibility of the centre was subject to review, and that necessary adaptations were made to ensure that all residents could continue to access the service on an equal basis. For example, a new dining table had been ordered for one unit as it was identified that the current table was too low for one resident to comfortably use.

Overall, the person in charge demonstrated a good understanding of the risks present in the centre. There were clear risk management arrangements in place, and a register of risks was maintained and reviewed on a scheduled basis. There was evidence that a review of incidents informed risk management practices. While there were no significant risks present, improvement was required regarding the recording and documenting of risk assessments, as it was found that the assessments did not always reflect the actual risk rating or control measures in place. Furthermore, the risk associated with residents smoking on the premises required further assessment, as described below.

The provider had ensured that there were fire safety systems in place such as smoke alarms, fire fighting equipment and emergency lighting. Fire safety equipment and devices were serviced on a planned basis by an appropriate professional. While there were containment measures in place, the measures to ensure all equipment was functioning correctly required some improvement. Concerns identified by the inspector in relation to equipment were addressed by the organisation's maintenance department on the day of inspection. The inspector found that some residents had been smoking cigarettes in their bedroom. The management of this risk had not been clearly identified through the provider's risk management processes and this was in need of review.

Regulation 10: Communication

Residents communication support needs were assessed by an appropriate allied health professional, and there were support plans in place for residents who required them.

Residents had access to media such as radio, newspapers and television, although the provider had not ensured that residents had access to Internet services while staying in the centre, despite this issue being raised through the complaints process.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of the premises were suitable to meet the assessed needs of residents. Each of the houses were spacious, well decorated and maintained to a good standard, although improvement was required in the housekeeping of some areas, and a bathroom in one home required a deep clean.

The requirements of Schedule 6 had been provided in each of the houses, such as laundry facilities, bedrooms with sufficient space and storage, and adequate bathing and shower facilities. The design of the premises promoted and facilitated accessibility for residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were arrangements in place to manage risk in the centre, including an organisational risk management policy and clearly defined risk management procedures. While risk was generally well managed, improvement was required to ensure that risk assessments reflected the current circumstances and control measures.

Judgment: Substantially compliant

Regulation 28: Fire precautions

For the most part, there were appropriate precautions in place to manage the risk of fire. There was suitable fire fighting equipment available which had been serviced regularly, and emergency lighting and exit signage was present in each home. There were containment measures in place throughout each of the premises, although the measures in place to check all equipment were functioning correctly required some improvement. Further clarity was required with regarding to manage the risk presented by residents who smoke cigarettes on the premises.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a range of assessment documents in place, and these were

effectively utilised to determine residents' support needs and develop appropriate support plans. A further assessment was carried out prior to each respite stay to ensure that any changes needs were identified in advance of the person's stay.

Judgment: Compliant

Regulation 6: Health care

There were comprehensive assessments in place that identified residents health care support needs. There were arrangements in place to ensure that residents needs were met, and the inspector found that in general, residents health care needs were well supported. It was found that the staffing arrangements in the centre did not accommodate some residents' health care needs over night; while there was a nurse present over night, nursing care was only provided on an emergency basis, and general health care support that required a nurse was not facilitated during the night.

Judgment: Substantially compliant

Regulation 8: Protection

There were suitable arrangements in place to protect people who use the service from the risk of harm or abuse. Staff had each received training in safeguarding, and there was a designated officer appointed who was responsible for managing any concerns or investigations.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Adult Respite Home Centre 14 OSV-0004104

Inspection ID: MON-0023379

Date of inspection: 20/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Statement of Purpose has been updated to reflect the nursing needs of the area. Nursing advice is available twenty hours a day.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: There are ongoing staff training and staff development audits in place. Supervision is carried out as per supervision policy. Staff training is discussed during supervision also	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Contract of Care will be updated to reflect the current charges which are paid for by the resident-- social outings, transport for social outings, takeaways, dining out and any additional extras requested by the service user.	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>A meeting has been organized with the Director of Nursing to address the complaint with regard to the waking nursing cover during the night. An Assessment of Need is being completed for each service user to ensure the service provides adequate nursing cover to meet the individual nursing needs of each service user.</p> <p>Staffing skills will be reviewed to reflect this audit and additional training will be delivered for non-nursing staff to ensure they have the skills required.</p> <p>The Nursing Practice Development Officer will review all non-routine clinical needs in this area.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: I.T. manager has been contacted and a communication company will be sourced to carry out an assessment with a view to providing an efficient internet connection.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Household Manager has been contacted to carry out a deep clean in this area.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk</p>	

management procedures:

The Risk Manager has been contacted to carry out a complete audit on all risk assessments.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire check list will be discussed at each house meeting going forward to ensure all fire containment measures are in working order. Risk assessments have been updated and Standard Operating Procedures put in place in relation to residents smoking on the premises.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
A meeting has been organized with the Director of Nursing to address the complaint with regard to the waking nursing cover during the night. An Assessment of Need is being completed for each service user to ensure the service provides adequate nursing cover to meet the individual nursing needs of each service user.
Staffing skills will be reviewed to reflect this audit and additional training will be delivered for non-nursing staff to ensure they have the skills required.
The Nursing Practice Development Officer will review all non routine clinical needs in this area.

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 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	31/03/2020
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	31/03/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2020

Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/01/2020
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	30/04/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2020
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	31/05/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each	Substantially Compliant	Yellow	31/05/2020

	resident, having regard to that resident's personal plan.			
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