



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 24
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	16 January 2020
Centre ID:	OSV-0005836
Fieldwork ID:	MON-0027675

About the designated centre

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

Designated Centre 24 provides care for no more than four women and men with intellectual disability and high support needs. Designated Centre 24 comprises four individual apartments which are located on a campus based setting. Healthcare supports are provided by medical doctors (General Practitioners and Psychiatrists) as required and residents have access to allied health professionals such as Physiotherapists, Psychologists, Occupational Therapists, Speech and Language Therapists and Social Workers. Residents are supported by a staff team of nurses, care assistants and social care staff and there is a whole time equivalent of 22.8 staff members, along with the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 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
Thursday 16 January 2020	10:00hrs to 16:45hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

Some residents were engaging in activities outside of the centre for the duration of the inspection. The inspector met with two residents who were present in the designated centre during the inspection and also read a questionnaire that had been recently completed by a third resident.

The questionnaire outlined that the resident was happy and satisfied with the care and support being delivered in their home. For example, happy with the support of staff, that their rights were respected and the food that was available.

The inspector observed two residents during the course of the day being supported by staff. Residents appeared comfortable in their home and had opportunities to go out throughout the day when they wished. Residents were seen to be offered choices in relation to when and what they wanted to eat, if they wanted to go out or what they wished to do during the day time. Interactions between residents and staff were respectful and kind. The inspector saw that each resident had their own private apartment and each resident was supported by either one or two staff each day depending on their needs.

Capacity and capability

This inspection found the provider had put in place governance and management arrangements to operate the designated centre in a way that met the needs of residents and ensured compliance with the regulations and standards.

There had been changes to the operational management of the centre in the previous months. During that period the governance arrangements for the centre as per the statement of purpose, were not being fully implemented during the time of this change. However, at the time of the inspection it was found there was now a stable governance structure in place, which had resulted in improvements in compliance and the quality of care to residents.

There was a clear management structure in place in the designated centre and wider organisation. The person in charge was a clinical nurse manager who reported to a programme manager. The programme manager reported to the the acting Director of Care of Residents. At the time of the inspection however, the Chief Inspector of Social Services had not been notified of a change to the person in charge of the designated centre, as required by the regulations.

While the provider had failed to notify the Chief Inspector of the change of the person in charge, the inspector found that since November 2019, there had been

improvements in the designated centre, and monitoring systems were being implemented again in line with the provider's policies and processes. Staff were aware of who was in charge of the centre and the lines of reporting. The person in charge visited the centre daily and staff felt there was appropriate support and guidance.

There were clear lines of information and escalation regarding this designated centre at the time of the inspection, with regular meetings and reports to the care management team and executive management team on behalf of the provider. Information gathered about this designated centre was being recorded and escalated and used to improve the quality of the care and support being delivered.

An annual review had been completed by the provider along with six-monthly visits which generated a report and action plan. The last six-monthly audit had been completed in January 2020 and identified actions for further quality improvement. For example, improving documentation and care planning and ensuring local audits were completed as planned.

The inspector found that in general, there was an adequate number of staff employed to work in the designated centre. Residents required either one-to-one support, or two-to-one support and this was made available on a consistent basis. The rosters for this designated centre were divided into four rosters, one for each apartment. This was to ensure a core team worked with each resident and to promote continuity of care.

On review of the roster for the week of inspection, there were eight occasions where shifts had to be covered by staff from other apartments or other designated centres due to absences or vacancies. The provider had recently recruited staff for this designated centre, and the current vacancies were low at the time of the inspection. However, further improvement was required to ensure that if staff were absent, appropriate cover was put in place. Improvements were also required to ensure the scheduling of resources was in line with residents' needs. For example, some residents who required the support of two staff had this available for 8 hours of the day. However, the time of shift did not reflect the daily activities of the resident. For example, an 8am to 4pm shift, for a resident who tended to sleep in until 11am and liked more activities in the evening time.

There was a system in place in the designated centre to monitor training of staff in key areas such as fire safety and safeguarding vulnerable adults. While there was good oversight of these training needs by the person in charge, some mandatory training was in need of refreshing for a number of staff at the time of the inspection. For example, five staff required refresher training in fire safety. There were plans for a formal system of staff supervision to be re-introduced in the designated centre. All staff had been informed of this and dates were planned for formal one to one supervision meetings to be carried out throughout the year. The person in charge had a plan for regular team meetings with the staff team, and one had already occurred at the time of the inspection.

While in the previous months, the inspector found gaps in the management of the

designated centre, the current person in charge and programme manager had identified this, and taken measures to ensure effective management was in place, along with ensuring the provider's systems of oversight were being implemented. Overall, the inspector found that the provider and person in charge had the capacity and capability to managing this designated centre in a manner that was safe, comfortable and met residents' healthcare needs. For the most part residents were offered meaningful and engaging lives, however further improvements were needed to ensure residents' needs and preferences were formally assessed and that residents were taking part in activities in a frequent and consistent manner in line with their wishes.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had not notified the Chief Inspector of the departure of the named person in charge in the designated centre, or of the appointment of a new person in charge.

Judgment: Not compliant

Regulation 15: Staffing

This designated centre had a staff team of nurses and care staff to support residents. There was a stable and consistent staff team available to work in the four apartments that made up the designated centre. There had been a slight reduction in staffing in the previous months. While residents continued to be supported by the number of staff that they required, some shifts had been shortened to reflect this reduction.

There was a planned and actual staff roster available in the designated centre. However, improvements were required to ensure staffing resources were planned in line with residents' needs. For example, shorter shifts beginning at a time that was most beneficial to residents and ensured their daily plan could be easily achieved.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While the provider had arrangements in place for staff in the designated centre to access training, including refresher training, not all staff had up-to-date training in mandatory areas as identified in the provider's own policies.

For example, out of 21 staff members:

- 4 staff required refresher training in safe manual handling
- 5 staff required refresher training in fire safety
- 5 staff required refresher training in the management of actual and potential aggression

While some staff had completed risk and incident management training, not all staff had completed this as per the provider's written improvement plan.

Staff working in the designated centre were appropriately supervised on a day to day basis by the person in charge. A formal system of supervision through recorded one-to-one meetings with the person in charge was not yet in place but was being implemented.

Of the sample files reviewed, the inspector found that the person in charge had obtained the information required for each staff, as specified in Schedule 2 of the regulations.

Information on the Health Act 2007 (as amended), regulations and standards were available in the designated centre.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clear governance structure in place in the designated centre, along with defined lines of reporting, responsibility and accountability.

There were effective management systems in place to monitor the safety and quality of the care and support in the designated centre. An annual review had been completed and a schedule of six-monthly visits was in place.

Judgment: Compliant

Quality and safety

This inspection found that residents were in receipt of a service that was safe, quite person-centred and meeting their individual needs. Some improvements were required to promote the quality of care and support through improved assessment

and planning tools and increased access to meaningful activities.

The designated centre consisted of a large building that had been adapted into four large single occupancy apartments for four residents. While the size and layout of the premises created challenges in promoting an ordinary homely environment, the provider had ensured that residents were living comfortably and each resident had their own private apartment which was uniquely decorated. Residents' meals and snacks were all prepared and cooked in their own apartments, with as much participation from residents as possible.

The provider had a risk management policy in place which was available in the designated centre, and the person in charge maintained a risk register which identified all known risks for residents and the centre in general. Staff were familiar with the risks and their control measures and, in general, risk within the designated centre was low and well managed through appropriate staff support and intervention. There were escalation pathways in place to ensure any increase in incidents, newly identified risks or an increase in risk overall was brought to the attention of the executive management team and provider.

The provider had put adequate processes in place to promote residents' safety and protect residents from harm. There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions, and the process for responding and recording safeguarding concerns was in line with national policy. Residents had access to a social work department, if required, and there was a named designated officer for the designated centre. The inspector found that safeguarding incidents was screened and responded to appropriately, a safeguarding plan was put in place and additional control measures were implemented to prevent a similar situation from happening again.

Staff were knowledgeable on their duties to respond and report any safeguarding concerns and had been provided with training. All staff had up-to-date training in safeguarding vulnerable adults. Overall, the inspector found that there were strong safeguarding process in place in the designated centre, with clear recording and review of incidents to ensure measures were taken to protect residents from harm.

Some improvements were required with regards to residents' assessment of needs and personal planning. Residents' healthcare needs were assessed and planned for, information was kept up to date and there was a plan in place to support any assessed healthcare need. However, there was an absence of a formal system of assessing residents' personal and social needs in order to maximise their opportunities for new experiences and personal development.

Some residents in the designated centre had very active lives, and spent a large amount of time outside of the centre doing things that they enjoyed. For example, shopping, going to the gym, going to the cinema, swimming, using the library and visiting family and friends. Some residents spent more time at home in the designated centre or taking part in activities around the campus. Such as feeding the chickens, going for walks or musical bingo.

Without a comprehensive assessment of residents social care needs and

preferences, the person in charge could not be assured that residents social needs were being fully met. The provider had outlined in their previous action plan response that a new assessment tool would be put in place by June 2019. These were not yet in place at the time of inspection, and the inspector was informed that this was currently in development with plans for the new assessment to be put in place in January 2020. This would guide staff in identifying residents' individual needs in a more comprehensive manner.

Residents had access to their own general practitioner (GP), and access to this service had improved recently through the introduction of an assessment system prior to an appointment. Residents had access to a range of allied health professionals employed by the provider such as psychology, occupational therapy, clinical nurse specialists and physiotherapy. The person in charge and staff nurses had oversight of residents' healthcare needs and residents had the choice to avail of national screening programmes if they wished.

Residents who required additional support in relation to behaviour of concern had positive behaviour support plans in place. These had been created with the input of psychology services and a nurse specialist in behaviour. The inspector found that there had been improvements in use of restrictive interventions since the previous site visit in December 2018. For example, there was a reduction in external door locks with keypad entry points no longer in use in all apartments. Where some residents required restrictive interventions, these were regularly reviewed and used in line with best practice. For example, the least restrictive measure for the shortest duration possible. There was a restraint register in place, and all restraints were periodically reviewed by a restrictive practices committee.

There were a range of appropriate fire precautions in place. Staff had received training in fire safety management, and supported residents to engage in evacuation drills. Any areas of improvement following these drills were noted, and acted upon. The support needs of residents had been considered in the development of individual evacuation plans, and there was a centre specific plan available also. There was a schedule of maintenance in place for fire safety equipment, including extinguishers and fire blankets.

Overall, residents were provided with an environment that was suitable to their needs with access to a wide range of allied health professionals, however, a system of assessing residents personal and social needs was needed. There was adequate staffing in place to support residents' individual needs, but the planning of staffing hours required review to ensure the maximum benefit for residents.

Regulation 13: General welfare and development

Residents had access to places and facilities for recreation. However, on occasion this was limited by resources.

Residents had opportunities to participate in activities in line with their interests.

Residents were supported to maintain personal relationships with their families and friends, and to use amenities in the wider community.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals in their home if they so wished.

There was adequate facilities for residents to store food in hygienic conditions.

Residents were offered choice at mealtimes, and received assistance with eating or drinking, if required by staff.

Residents had access to meals, refreshments and snacks throughout the day.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had written and implemented a risk management policy in the designated centre which met the requirements of the regulations.

There was good oversight of risk through a well-maintained risk register and risk assessments, and there was an escalation pathway in place.

Control measures in place, were not found to be overly restrictive and were proportionate to the risks identified.

Judgment: Compliant

Regulation 28: Fire precautions

There were established fire safety arrangements in place, including appropriate measures to detect fire, fire fighting equipment and containment measures. Residents took part in planned emergency evacuations drills, and there were individual evacuation plans in place for each resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' healthcare needs were assessed and planned for in the designated centre. Assessments were multidisciplinary, and advice from allied health professionals was included in healthcare plans. The person in charge and staff nurse were reviewing these plans on an ongoing basis to promote consistency and bring about improvements.

There was an absence of comprehensive assessment of residents' needs to continue to guide the care and support in relation to their personal and social needs and preferences. This would assist in directing the supports in line with residents' wishes, preferences and needs and validate which activities were meaningful to them.

While improvements were required to the assessment tool, the inspector found that residents' were supported to work towards personal goals. For example, trying new activities or improving their independent living skills.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) and a multidisciplinary team which consisted of a psychiatrist, psychologists, occupational therapist, physiotherapist, speech and language therapist, clinical nurse specialist in behaviour, social workers and dietitians. Residents also had access to dental services, optician services and chiropody services.

Residents were informed of national screening programmes in an accessible format, and supported to avail of these programmes if they so wished.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had the knowledge and skills to respond to behaviour of concern, through individual behaviour support plans.

Staff were offered training in de-escalation and intervention techniques. Some staff

required refresher training in this area, as noted under regulation 16.

Where restrictive interventions were used, this was done so in line with best practice, with efforts made to identify and alleviate the cause.

Restrictive interventions had reduced in recent months, and if required the least restrictive procedure was used for the shortest duration possible.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions and the process for responding and recording safeguarding concerns was in line with national policy.

The provider had appointed a designated officer in the centre to ensure all safeguarding incidents were responded to and investigated, and residents had access to a social work department if required.

Residents had intimate care plans in place to guide their needs and preferences.

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	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 24 OSV-0005836

Inspection ID: MON-0027675

Date of inspection: 16/01/2020

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Person in charge personal information documents had been submitted on the 12.02.2020	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: With the completion of an assessment of need with regard to the residents, the most appropriate shift pattern will be identified. Once the process has been finalized the appropriate shift pattern will be put in place.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training record has been reviewed and during staff supervision GAPS are identified and staff instructed to register for same. This review is completed at every supervision.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Assessment of need has been completed, same requires review by Person In Charge and will be finalized by 31.03.2020.	

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 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Not Compliant	Orange	12/02/2020
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Not Compliant	Orange	12/02/2020
Regulation 15(1)	The registered	Substantially	Yellow	26/02/2020

	provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Compliant		
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	26/02/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual	Substantially Compliant	Yellow	31/03/2020

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