Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Stewarts Care Adult Services Designated Centre 10
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	24 January 2019
Centre ID:	OSV-0005842
Fieldwork ID:	MON-0026568

About the designated centre

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

This centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives. The centre provides long term residential support to no more than 10 men and women with complex support needs. The centre is a wheelchair accessible bungalow with 10 private bedrooms for residents, a large communal living room, dining room, family room, multi-sensory room and music room. Healthcare is provided by residents' General Practitioner along with allied healthcare professionals and the centre is staffed by both nursing staff, health care assistants and an activity staff member. The centre has a full time clinical nurse manager to supervise the staff team.

The following information outlines some additional data on this centre.

Current registration end date:	
Number of residents on the date of inspection:	10

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
24 January 2019	10:00hrs to 17:00hrs	Louise Renwick	Lead

Views of people who use the service

The inspector met all residents living in the centre and observed some interactions between staff and residents. The inspector found that residents were content and happy in their home. Residents were seen to be well dressed and supported to wear clothing, make up and accessories in line with their own preferences and age.

Capacity and capability

The provider had submitted a plan to the Office of the Chief Inspector to reconfigure six large designated centres based on the campus, into 19 smaller designated centres to improve the oversight and management of the care and support being delivered to residents. This proposed designated centre consisted of one large bungalow for 10 residents, and was previously a unit under a larger designated centre called "Stewarts Adults Services Palmerstown Designated Centre 3" which had catered for 39 residents overall under the responsibility of one person in charge. The provider had applied to register this centre as a stand alone centre, and the findings of this inspection were to inform the decision on registration. Inspectors reviewed the application, and followed up on previous areas of non-compliance relevant to this centre from the last inspection report dated 07 December 2017. Inspectors also reviewed a written improvement plan submitted by the provider in relation to this centre to support their application to register.

The inspector found that the provider had taken appropriate action and strengthened the governance and management structure and systems overall. The provider had demonstrated that they had improved their capacity and capability to operate this centre in a manner that was benefiting residents and the written improvement plan for the centre clearly demonstrated how the provider would continue to improve the lived experience of residents over the next three years. The improvement plan submitted gave clear accountability and responsibility to key managers and staff to ensure actions were completed and it was reviewed on a monthly basis through formal management meetings.

The inspector found that there was a clear management structure in place which had been improved further since the last inspection of this unit in December 2017. The person in charge, a programme manager, was assisted in her role by a clinical nurse manager who worked full time in the designated centre. The programme manager reported to the the Director of Care of Residents and the Director of Nursing (who also held the role of assistant Director of Care). Staff were aware of who was in charge and the lines of reporting in place for the centre. The person in charge visited the designated centre regularly, and met with the clinical

nurse manager on a monthly basis to review the care and support being delivered.

There were clear systems in place to ensure the executive management team and the provider had oversight and were informed of the quality and safety of the care and support being delivered in this centre. For example, monthly care management team meetings were now occurring. The purpose of this meeting was to discuss the care and support being delivered in this centre based on a comprehensive report brought by the relevant programme manager. Following this, the director of care (residents) would present the information to the executive management team.

A new sub-committee of the board was put in place in January 2019 for Quality, Safety, Risk and Policy, and this sub-committee met on a monthly basis. A number of personnel had been identified to report into this sub-committee on areas such as residential services, fire safety, risk, policy development and review. This sub-committee would further inform the provider of any matters of concern in each centre and ensure that quick action could be taken to improve the quality of care being delivered to residents.

The inspector found that local management systems were in place, and improvements as noted in the improvement plan had begun to positively impact on the running of the centre. For example, there were regular team meetings, local reviews and audits and a clear and effective supervision system. The inspector found the clinical nurse manager and person in charge had responded to and acted upon any issues identified through these systems. For example, all actions identified in the most recent unannounced visit on behalf of the provider had been addressed.

The provider had ensured the centre was well resourced and had employed a team of nurses and healthcare assistants to work in the centre along with an activity staff to guide and support meaningful activities. The staffing levels had been recently assessed in line with residents' needs. There was a stable staff team in place, and no vacancies at the time of the inspection.

On review of training records, inspectors found that staff were provided with a suite of mandatory training, with oversight in place to ensure any training needs were identified. The programme manager had completed a risk assessment on staff competencies and identified additional training that would enhance the skills of the team supporting residents. At the time of the inspection, plans were being put forward to the provider to support training in dementia care, epilepsy and wound care.

There was a system in place to review individual incidents and adverse events, as well as monitoring all events for trends or patterns. There was clear pathways in place to escalate any risks related to adverse events to the executive management team.

The provider had ensured a written statement of purpose was in place that was in line with Schedule 1 of the regulations. Inspectors found that it was a fair reflection of the services and facilities available in the centre.

Overall, the inspector found that the changes made at senior level were positively

impacting on how the centre was governed and operated. Local managers were clear on their roles and responsibilities, and had taken action when audits and reviews had indicated areas in need of address. Staff were clear on their roles and responsibilities and felt supported by both the clinical nurse manager and the person in charge. The inspector found that the provider had improved their capacity and capability to govern the centre and in turn to deliver a safe and good quality service to residents.

Regulation 14: Persons in charge

There was a full time person in charge appointed to work in the centre who met the requirements of the Regulations. The person in charge was qualified in social care and management and had over three years experience in a supervisory role.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there was a stable and consistent staff team in place in the designated centre. The team consisted of nurses, healthcare assistants and an activity staff member. The inspector found that there was an appropriate number of staff working in the designated centre, and residents were afforded continuity of care by a familiar staff team.

Staff had begun to use their extra half day shift each month to provide residents with evening activity, such as going to the cinema or out for meals. While staffing hours had been amended to ensure flexibility in line with residents' needs, this was not clearly reflected in the written rosters.

Judgment: Substantially compliant

Regulation 16: Training and staff development

On review of the training records, and through speaking with staff the inspector found that staff were offered training and refresher training to support them in their role. There was a system in place to ensure all training needs were identified and training was kept up to date.

Senior management had applied for staff to receive additional training and

knowledge in the area of dementia, epilepsy and wound care.

There was a strong system of supervision in place in the designated centre. Staff meetings were held monthly, and individual supervision with staff was carried out on a three monthly basis. The inspector found these supervision meetings were promoting the care and support of residents living in the centre and ensuring staff were focused on the needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had strengthened the governance and management structure and systems in the designated centre, and the care and support being delivered to residents was well monitored. There was good local oversight arrangements in place, and evidence of action taken and learning gained from audits, reviews and supervision.

The provider had carried out an unannounced visit in August 2018 and actions from this report had been addressed. The provider had plans to conduct an annual review on the centre by March 2019.

There was clear and effective communication pathways between the clinical nurse manager, the person in charge and the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose in place which clearly reflected the care and support and facilities on offer in the designated centre. The statement of purpose met the requirements of Schedule 1.

Judgment: Compliant

Quality and safety

The provider had built on their capacity and capability to govern, oversee and operate the designated centre, and this was beginning to result in good quality and safe care and support for residents. The inspector found that residents were

afforded a safe and comfortable place to live in a centre that met their individual and collective needs. Residents had a stable and familiar staff team to support them and enjoyed access to meaningful activities and community facilities. Inspectors found that governance and management had improved at a senior level, and this had improved the oversight in the designated centre and brought about positive changes for residents living there.

The inspector found that residents were protected through effective risk management systems and safeguarding practices in the designated centre. There was a balanced and proportionate approach to the management of risk, with residents' views and rights central to the process. There was a safeguarding policy in place, an appointed designated officer and the process for recording and responding to allegations or concerns of a safeguarding nature were clear. Any identified safeguarding issue or risk was recorded, discussed with the appropriate allied health care professional and additional supports planned out. For example, place settings for meals had been changed around to ensure effective supervision and supports for residents during their meals in a quieter environment.

The inspector found there to be improved systems in place for the monitoring of residents' health and the health assessments and care planning documentation had improved in both their content and guidance. The inspector found there to be a stronger system in place for residents' hydration and nutrition needs which guided staff on how to observe their intake, and when to seek additional input from members of the clinical team. Residents had access to their General Pratitioner (GP) along with a clinical team provided on campus by the provider. The inspector found that the nursing team had formal connections with different hospitals for specific care requirements, such as wound care/ tissue viability.

Staff and management were aware of residents' likes and dislikes, the activities that they enjoyed and how they wished to spend their day. Staff met with residents on a weekly basis to support them to plan out the week ahead, and to ensure their daily routine included activities that they enjoyed. While the staffing rosters were fixed in their hours, staff supported residents outside of the set hours identified, with activities now planned in the evenings and weekends depending on residents' wishes. While the inspector found that residents were enjoying their activities and community involvement, there was a need for a more comprehensive assessment of residents' social and personal needs.The inspector was informed that the provider was currently seeking a new assessment tool which would encompass all needs for residents.

The inspector found that premises was clean and well maintained and had been decorated in a homely way. The centre consisted of a large extended bungalow and offered residents their own private bedrooms, communal spaces and additional rooms for music and multi-sensory time. There was a second living room that could be used for residents to meet with their families in private if they so wished.

Overall, the inspector found that the changes at senior level to the governance and management of the centre was impacting positively on the quality and safety of the care being given to residents. Residents had a homely and safe place to live,

supported by a familiar staff team. Residents' needs, likes and dislikes were known to staff and residents were leading the decisions on how they wished to spend their time. The monitoring of health care issues had improved with clearer documentation and processes that was better guiding the care that residents were receiving.

The inspector found good levels of compliance with the Regulations inspected at this inspection, and found that the provider had a clear written improvement plan to continue to improve all further areas of care and support, and to sustain progress made to date.

Regulation 13: General welfare and development

Residents had access to activities and occupation in line with their preferences.

Residents were supported to maintain links with their families and friends.

Residents were supported to use community facilities and amenities.

Judgment: Compliant

Regulation 17: Premises

The premises were kept in a good state of repair, and nicely decorated.

The premises met the individual and collective needs of residents.

The requirements of Schedule 6 were met.

Judgment: Compliant

Regulation 26: Risk management procedures

There was an improved risk management system in place in the designated centre. The risk management policy had been updated and there was evidence that risks were well identified, assessed, managed and reviewed in the designated centre. There was a balanced approach to risk management in the centre, with residents involved in any control measures implemented and their choices and rights respected through the process. The person in charge and clinical nurse manager had received training in risk management, and this was being rolled out to all staff

in the coming months.

There was a system in place for recording of adverse events, and adverse events were reviewed by the person in charge and monitored for trends and patterns. Action was taken to reduce the likelihood of adverse events happening again.

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 advise from allied health care professionals were included in healthcare plans.

Residents' social and personal needs were identified through various means and residents were engaging in lives of their choosing, spending time doing activities that they enjoyed and accessing the community. That being said, a more comprehensive assessment of residents' social and personal needs was required.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well monitored in the designated centre.

Residents had access to a General Practitioner and a clinical team which consisted of a psychiatrist, psychologists, occupational therapist, physiotherapist, speech and language therapist, clinical nurse specialist in behaviour, social workers, dietitian and sensory services. Residents also had access to dental services, optician services and chiropody services.

The systems in place to request medical appointments had recently been improved by the provider, and this had ensured residents who required medical attention had a timely response from the clinical team and appropriate treatment given.

Judgment: Compliant

Regulation 8: Protection

Residents were protected through clear safeguarding processes. There was an identified designated officer who fully understood their responsibilities. Any

safeguarding issues or concerns were recorded, discussed with input from the multidisciplinary team and additional supports planned for. Staff had all received training in the protection of vulnerable adults.
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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 10 OSV-0005842

Inspection ID: MON-0026568

Date of inspection: 24/01/2019

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 Clinical Nurse Manager will maintain rosters. These rosters will reflect actual hours worked in the centre. Date for Completion: 30/04/19	
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: An assessment of need template will be developed. Each resident will be supported to complete an assessment of need by their keyworker, and their circle of support. The personal plan will be reviewed to ensure that it reflects the assessment of need. The personal plan will be available in an accessible format Date for Completion: 31/12/19	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/04/2019
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 basis.	Substantially Compliant	Yellow	31/12/2019