



## 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 18
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	27 February 2019
Centre ID:	OSV-0005852
Fieldwork ID:	MON-0026624

## About the designated centre

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

This centre aims to provide long stay residential care to no more than 10 men and women with complex support needs. It consists of two wheelchair accessible homes located on the Stewart's Care campus in Palmerstown. Each resident has their own bedroom. Nursing support is provided within the centre, and the staff team is made up of staff nurses, care staff and an activity staff member. Residents can avail of services from a range of allied health professionals such as psychiatry, psychology, occupational therapy, speech and language therapy, dietitian services, dental services, General Practitioner and social workers.

**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
27 February 2019	12:30hrs to 17:30hrs	Louise Renwick	Lead

## Views of people who use the service

The inspector visited the two units of the designated centre and observed residents spending time in their home. The inspector spoke with two residents and discussed their plan for the day. Some residents showed the inspector their bedrooms that had been decorated with photographs of their family and friends. One resident told the inspector that they really enjoyed spending time in their own bedroom and that they really loved the changes that had been made to the building.

The inspector seen and heard interactions between residents and the staff team, which were respectful and person centred. On arrival to one unit of the centre, residents were observed sitting together with staff in the kitchen while their main meal was being prepared. There was a positive and friendly atmosphere and residents were smiling and appeared content.

## Capacity and capability

The provider had submitted a plan to the Office of the Chief Inspector to change six large designated centres based on the campus, into 19 smaller designated centres in order to improve the oversight and management of the care and support being delivered to residents. This proposed designated centre consisted of two homes catering for 10 residents, these homes were previously units under a larger designated centre called 'Stewarts Adults Services Palmerstown Designated Centre 4' which had catered for 30 residents overall under the responsibility of one person in charge. The provider has applied to register this centre comprising two homes as one designated centre, and the findings of this inspection were to inform the decision on registration. The inspector reviewed the application, and followed up on previous areas of non-compliance relevant to this centre from the last inspection in May 2018. The inspector 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 through appropriate systems and processes in order to ensure the safe delivery and oversight of the service. The written improvement plan for the centre clearly demonstrated how the provider would continue to improve the lived experience of residents over the next year. The improvement plan submitted gave clear accountability and responsibility to key managers and staff to ensure actions were carried out. The improvement plan was also reviewed on a

monthly basis through formal management meetings.

There was a clear management structure in place which had been improved further since the last inspection of this centre in May 2018. The person in charge was a clinical nurse manager who reported to a programme manager. 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 of the centre and the lines of reporting. The person in charge was based in the centre for large periods of the working week.

There were clear systems in place to ensure the executive management team and the provider had effective 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 these meetings 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. The inspector was shown one of the reports that was submitted to the meeting in February, and found that it contained up to date and relevant information on key areas of care and support, along with other important information about the centre.

A new sub-committee of the board was put in place in January 2019 to monitor quality, safety, risk and policies, and this sub-committee met on a monthly basis. A number of people 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 further informed the provider of any matters of concern in each centre and ensured 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 staff meetings and the minutes of these showed a clear agenda along with the identified actions that were required. The provider had arranged for an unannounced visit to the centre and all actions were recorded, monitored and reviewed to ensure improvement. The provider had plans to carry out an annual review in March 2019.

There was a schedule of audits in place that was ensuring local oversight and that identified areas for improvement. For example, a two-weekly medicines audit by the night nurse team was carried out and an infection control audit was carried out in October 2018. The inspector found the person in charge had responded to and acted upon any issues identified through these audits and made changes to practice in order to bring about improvements.

The provider had ensured the centre was well resourced and had employed a team of nurses, healthcare assistants and an activity staff member to work in the centre. The staffing levels had been recently assessed and there was a stable and familiar staff team in place. At the time of inspection, the provider was in the

process of recruiting for three vacancies. The person in charge had arrangements in place to cover these vacancies with familiar staff and relief staff employed by the provider until these posts were filled. Staff spoke positively about the residents they supported and the way that the centre was managed. Staff demonstrated a good understanding of the residents in their care.

On review of training records, the inspector found that staff were provided with mandatory training, with effective oversight in place to ensure any training needs were identified. The person in charge and programme manager had completed a risk assessment on staff competencies and identified additional training that would enhance the skills of the team. Since the last inspection, a number of staff had been provided with training in clinical areas which would reduce the need for residents to attend hospital for certain procedures, such as catheter and feeding tube replacement. At the time of the inspection, plans were in place to support training in relevant key areas that would further support residents' needs.

The provider had appointed a full-time person in charge to manage the centre. The person in charge was suitably skilled, experienced and qualified and held the role of clinical nurse manager. The person in charge was based in the centre and worked some of her hours in a nursing capacity alongside the team. The person in charge had both formal and informal supervision systems in place.

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

The provider had ensured a written statement of purpose was maintained that was in line with Schedule 1 of the regulations. The inspector found that it was a fair reflection of the services and facilities provided.

Overall, the inspector found that the changes made at senior level were positively impacting on how the centre was governed and operated. The person in charge and programme manager were clear on their roles and responsibilities, and had taken action when audits and reviews had indicated areas in need of address. 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 of the designated centre who was suitably skilled, experienced and qualified. The person in charge was a registered nurse, who had protected hours each week for her administrative duties and management role.

Judgment: Compliant

## Regulation 15: Staffing

The inspector found that there was an appropriate number of staff to support residents during the day and night and the team consisted of both staff nurses, care staff and an activity staff member.

While there was currently a number of vacancies on the staff team, the inspector found there to be a consistent and familiar team available to work in the designated centre, through the management of resources and the use of relief staff.

Vacant positions had been advertised and were currently being recruited. The provider was supporting some staff members to obtain a qualification in social care.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found there was a well-defined management structure in the organisation, and responsibility for the designated centre was clearly outlined.

The provider had improved their management systems and oversight arrangements which ensured the centre was appropriately monitored. This resulted in safe care and support which was in line with residents' needs.

The provider had ensured a system of auditing was in place, along with six-monthly visits on their behalf. Information was gathered, analysed and used to improve the quality and safety of the care and support on offer.

There were clear and effective communication pathways between the different levels of staff working in the designated centre and the service overall.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose and function in place which clearly reflected the care, 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 strengthened their capacity and capability to govern, oversee and operate the designated centre, and this was resulting in good quality and safe care and support for residents living there. The inspector found that residents had a safe and comfortable place to live which 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. The person in charge and staff team were encouraging and supporting residents' relationships with their families and friends, and residents had opportunities to try new things and learn new skills. The improved governance and management arrangements had 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 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 was appropriately recorded and reported in line with national policy guidelines, and additional measures implemented to keep people safe from harm.

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. Residents had access to their General Practitioner (GP) along with a multidisciplinary team provided on campus by the provider. Through the multidisciplinary team meetings, the person in charge had worked with the team of allied health professionals to ensure there was a balance between supporting residents' health while not limiting their opportunities for more meaningful and engaging lives. For example, some residents had been supported to get a passport which would allow them to visit family living outside of Ireland, other residents had their nutritional support plans altered to provide more opportunities to enjoy social activities in the community in the evenings.

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 inspector found that residents were enjoying their activities and community involvement, there was a need for a more comprehensive written 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 staff team was actively encouraging and supporting residents to maintain relationships with their families and friends. Some residents were being supported to plan for visiting family who lived outside of Ireland. There was a focus on improving and maintaining good connections with residents' natural supports through sending

letters and gifts, emails and phone calls. Residents had been encouraged to invite family members into their home to celebrate life events, and some residents were now spending more time each week with their families.

The inspector found that the premises was clean and well maintained and had been decorated in a homely way. At the time of the last inspection, the centre had been renovated to offer individual bedrooms to residents. Since then, each resident's room had been personalised in line with their own wishes, with photographs and items that were unique to them. Some residents showed the inspector their room, and expressed how delighted they were with their own space. There was ample space for belongings and storage. The centre was designed and laid out to meet the individual and collective needs of residents. The lay out and furniture was appropriate for the number of residents. On the day of inspection, there was a height adjustable table in use for painting and art work, and space for residents to take part in activities and hobbies of interest.

The inspector found good levels of compliance with the regulations inspected against on this inspection, and found that the provider had a clear written improvement plan to continue to improve and to sustain progress made so far. The changes at senior level to the governance and management arrangements were now impacting positively on the quality and safety of the care being given to residents. Overall, the inspector found that residents had a pleasant living environment with a supportive staff team who were encouraging them to have the best possible health, as well as leading meaningful lives and remaining connected with their natural supports and the wider community.

### Regulation 10: Communication

Residents were supported and assisted to communicate in accordance with their individual needs and wishes.

The designated centre was promoting a total communication approach, with clear signage and information available in easy-to-read and photographic style. Allied health professionals were supporting the team to try alternative means of communication to further assist residents' comprehension.

Residents had access to a telephone and appropriate media.

Judgment: Compliant

### Regulation 13: General welfare and development

The inspector found that residents had access to facilities for occupation and recreation, and had opportunities to take part in meaningful activities in accordance

with their interests. This had been improved upon since the last inspection.

Residents were supported to build and maintain their personal relationships and to develop links with the wider community.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the individual and collective needs of residents. The centre had significant renovation works completed in 2018 and now offered residents individual bedrooms and large comfortable communal areas.

The centre was equipped with suitable furniture to make the premises more accessible and inclusive.

The centre was nicely decorated, with personal touches throughout and provided a homely and comfortable place to live.

The requirements of schedule 6 of the regulations 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 identified, assessed, managed and reviewed. The person in charge had received training in risk management, and this was being rolled out to all staff in the coming months.

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

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector found that there were procedures in place to protect residents from

the risk of infection. It was found on this inspection that such measures were being implemented effectively. The provider had arranged for a comprehensive audit on infection control in October 2018, and any actions raised had been completed.

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.

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 learning new skills. That being said, a more comprehensive assessment of residents' needs was required to continue to guide the care and support.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' healthcare needs were well monitored.

Residents had access to a General Practitioner and a multidisciplinary 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.

Healthcare plans focused on keeping residents in the best possible health in order to improve their social lives and overall quality of life.

Residents had information on national health screening programmes applicable to their age and gender in an easy-to-read format, and residents had been supported to make an informed choice regarding their participation with such programmes.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected through clear safeguarding processes. The person in charge was the identified designated officer who understood their role and responsibilities. Any safeguarding concern or issue had been recorded and reported in line with national policy.

Staff had received training in the protection of vulnerable adults, and the provider had planned for a safeguarding day to raise awareness amongst residents and staff.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 18 OSV-0005852

Inspection ID: MON-0026624

Date of inspection: 27/02/2019

## 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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>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</p> <p>Date for Completion: 31/12/19</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 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