



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 21
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	13 February 2020
Centre ID:	OSV-0005854
Fieldwork ID:	MON-0027124

About the designated centre

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

Designated Centre 21 is a large bungalow located in a campus in West Dublin. The centre can accommodate up to seven residents, and provides support for men with intellectual disabilities. Support is also available for residents who have non-complex health care needs, physical disabilities and behaviour support needs. The bungalow has seven bedrooms, four bathrooms, laundry facilities, a kitchen, large dining and living areas and a sensory room. Designated Centre 21 is managed by a person in charge, who is a registered nurse, and support is provided to residents by a 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:	6
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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
Thursday 13 February 2020	09:00hrs to 15:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met each of the people who live in the centre. The residents used some verbal communication, and shared their views by other means of communication such as gestures and facial expressions. Residents were observed in their home throughout the inspection, and were seen having meals, preparing to go out, watching television, using the sensory room and engaging with staff.

The inspector found that the centre had a warm and relaxed environment. On arrival, the inspector observed that the residents were each awake, and were well groomed and dressed. Residents were seen to laugh and smile in the company of staff, and often sought staff attention or support, which was facilitated in a timely and caring manner. It was observed that staff asked questions and used communication methods that maximised residents understanding and ability to participate in conversation. For example, while supporting residents with meals, staff spoke about what they were doing, explained things in detail where required (such as meal options) and sought indicators of agreement from the resident.

A number of residents were seen to go out with staff on planned activities during the day, including walks on the campus and in the nearby town.

Capacity and capability

The provider demonstrated the capacity to operate the centre in a manner that ensured residents were safe, and that service quality was well monitored. There were a range of audits in place to ensure that the service was appropriately meeting residents' needs. Some improvement was required in relation to workforce planning and records.

There was a statement of purpose in place, that was reviewed at regular intervals, however it did not contain all of the information required under Schedule 1 of the regulations and some of the information was inaccurate, for example, the person in charge role in full time equivalent.

There was a clear management structure in place, with defined roles and responsibilities. There was a range of internal audits and reviews undertaken that monitored the safety and quality of the service. These reviews informed action plans, that for the most part were implemented in a timely manner, although it was found that there were a number of items that were identified regularly and had not been followed up on, specifically in relation to maintenance issues. The provider ensured that a nominated person carried out an unannounced visit to the centre, which informed quality enhancement plans. There was a review of the quality and

safety of the service undertaken on an annual basis.

Residents were supported by a team of health care assistants and nurses, who were managed by the person in charge (who was a registered nurse). There were a number of vacancies at the time of inspection, including a staff nurse and a health care assistant. While for the most part, the health care assistant vacancy was covered by relief staff, the vacant nursing shifts were not consistently staffed. For example, it was found that in the week prior to the inspection, the roster noted four days where there was no nurse on shift, and one shift where the nurse was moved to another centre. It was found that the nursing duties were often covered by a nurse in an other centre nearby. While there was evidence that this arrangement was adequately meeting the nursing support needs of residents, improvements were required to ensure that staffing was provided in accordance with the statement of purpose, and the centres roster, and that staffing levels were based on residents' assessed needs.

Despite this, the staff in the centre were found to be suitably skilled and experienced to meet the needs of residents. The number of staff was adequate to meet the day to day needs of residents, with improvements in staffing levels found since the previous inspection. This had facilitated enhanced choice and opportunities for residents, and improved the provision of person centred care in the centre.

The inspector reviewed a sample of staff files, and found that the provider had obtained most of the information and records required in respect of staff under Schedule 2 of the regulations, such as Garda vetting and references. It was found in one case, that a full employment history had not been obtained; this was rectified on the day of the inspection.

There were systems in place to assess the training and development needs of staff, and the provider had determined a number of training areas as mandatory, such as safeguarding and fire safety. It was found that all staff had received training in mandatory areas, as well as additional training specific to residents needs. There was refresher training available for staff, and the person in charge regularly reviewed training needs. Staff were supervised on a planned basis by the person in charge, and these meetings were documented in accordance with the providers own policy. The person in charge was supervised on a regular basis by a programme manager.

There was a clear process in place to make complaints, with information available to residents in different formats. There was a nominated person to deal with complaints, and it was found that complaints were recorded and managed in line with the providers policy. Records included details of the response to the complaint, as well as the complainants satisfaction with the response or outcome.

The person in charge maintained a record of incidents that occurred in the centre, and for the most part occurrences were notified to the Chief Inspector as required by the regulations. However, in one case, an unplanned evacuation had not been notified.

Regulation 15: Staffing

While the staffing arrangements at the time of inspection were found to be adequately meeting residents' assessed needs, these were not reflective of the arrangements within the statement of purpose. There were a number of vacancies at the time of inspection, and while for the most part vacancies were filled by temporary or relief staff, nursing care was not provided as outlined in the statement of purpose, or as scheduled on the roster.

The staff employed to support residents had the necessary skills and experience to meet residents' needs.

The provider had not obtained all information required by Schedule 2 of the regulations, such as a complete employment history.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were arrangements in place to identify and meet staff training needs. The provider ensured that required training, including refresher training, was made available. Staff engaged in supervision on a scheduled basis.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that an unannounced visit was carried out on a six-monthly basis, which generated a report on the quality and safety of the service. There were quality enhancement plans in place, although some of the actions identified were found to have been repeatedly carried over with no clear plan for implementation, such as maintenance issues. There was a defined management structure with clearly defined roles and responsibilities.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, however it did not contain all of the information required under Schedule 1 of the regulations (such as the information contained in the certificate of registration) and some of the information was inaccurate (such as the organisational structure).

Judgment: Substantially compliant

Regulation 31: Notification of incidents

For the most part, the provider had ensured that occurrences were notified to the Chief Inspector as required by the regulations. However, in one case, an unplanned evacuation had not been notified.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and associated procedures in place. Residents were supported to make complaints in line with their preferences and complaints were found to be managed in accordance with the providers policy.

Judgment: Compliant

Quality and safety

It was found that residents were receiving a service that was safe and of good quality. While there were some areas that required quality improvement, there were clear assessments and quality enhancement plans in place to address identified issues.

Residents were engaged in a range of activities in accordance with their abilities and preferences. While some activities were based in the campus, such as swimming and a gym, there was a significant increase in engagement in activities in the community since the previous inspection. The centre had access to transport provided by the organisation on a planned basis, and it was found that this supported the planning of trips and events. It was also found that staff were increasingly supporting residents to use public transport, with residents attending shows in the city centre, and taking trips to coastal areas. The person in charge ensured that meaningful activity was a running agenda item for team and key-

worker meetings, and this was tracked and monitored.

It was found that the facilities within the centre had also improved, to facilitate residents engaging in preferred activities when at home, such as the addition of a sensory room. The provider was also introducing of a programme of activity delivered by trained staff on a weekly basis, with a view to training the centre staff in facilitating sensory and music programmes.

At the time of inspection, residents' needs were being assessed using a new assessment of need methodology. This new tool identified residents' support needs in areas such as health, well-being, communication and personal development. While the assessment of residents' need was in a transitional period, it was found that the current assessments were being reviewed and updated on an ongoing basis, and there were personal plans in place for any identified need.

Residents' health care needs were assessed on a planned basis, and there was evidence that residents were engaged in health promotion initiatives and screening programmes. Residents had access to a general practitioner. There was evidence that residents were facilitated to attend allied health services where required, and that specialist recommendations were included in health care plans and implemented accordingly.

There were arrangements in place to assess residents' communication support needs, including access to appropriate allied health care professionals where appropriate. Where it had been identified that a resident required support in the area of communication, a corresponding support plan was available. There was a range of information available in alternative forms to aid communication with residents, such as health care information. Residents had access to media such as television, radio and information about local events.

It was found that there were suitable measures in place to protect residents from risk of harm or abuse. A review of records found that any potential concern or allegation was investigated and managed in accordance with the providers policy. Staff had received training in safeguarding vulnerable adults. There were clear plans in place to ensure that residents who required support with personal care received this in a safe and dignified manner, and in accordance with their preferences.

The design and layout of the premises was suitable to meet the assessed needs of residents. The facilities outlined in Schedule 6 of the regulations had been provided, such as adequate communal space, bathrooms and kitchen facilities. Generally, the centre was in a good state of repair and was well decorated. Since the previous inspection, the provider had added a sensory room, laundry facilities, and had improved the storage facilities. There were some outstanding maintenance issues, such as a leak in the ceiling of one bedroom, and mould on the ceiling in another bedroom.

There were a range of fire precautions in place, including suitable fire equipment, a fire alarm and emergency lighting, each of which was serviced regularly. There were clear escape routes, and detailed evacuation plans in place. Staff had received training in fire safety and evacuation. There was evidence of planned fire drills, with

learning from these exercises informing evacuation plans.

Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their needs and abilities. Where required, there were communication support plans in place. The provider had ensured that residents had access to appropriate media, such as television, radio and information on local events.

Judgment: Compliant

Regulation 13: General welfare and development

Improvement was found in relation to residents engagement in activities, particularly outside of the campus. Residents welfare and development needs were subject to assessment and planning.

The inspector found that residents were supported to be consumers in their local community, and that there was a monitored programme of activity that facilitated opportunities for residents to experience new things and identify preferences.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was suitable to meet the assessed needs of residents. There had been some improvements to the decor and furniture since the previous inspection. There were some outstanding maintenance issues that required addressing, such as leak in in one bedroom, and mould in another.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety arrangements in place, including fire detection systems, alarms and containment measures. Residents had taken part in planned evacuations and drills, and there were personal evacuation plans in place. Staff had received

training in fire safety management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider was implementing a new model of needs assessment at the time of inspection. The inspector found that this was being undertaken by a key staff member for each resident, with contributions from nursing staff where appropriate. There were support plans in place for any identified need.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner, and a range of other allied health professionals. Residents health care needs were assessed regularly and there were support plans in place for any identified need.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from risk of harm or abuse. Staff had received training in adult safeguarding. There were no safeguarding concerns at the time of inspection, and there was evidence that potentials risks or allegations were investigated appropriately.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 21 OSV-0005854

Inspection ID: MON-0027124

Date of inspection: 13/02/2020

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
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider has obtained all necessary information relevant to the full staff team as detailed in the regulation. There are now no gaps in the employment history of staff employed in centre.</p> <p>There has also been a nurse recruited to comply with the statement of purpose.</p> <p>The registered provider will continue to engage with the recruitment process post COVID 19 to ensure compliance.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has addressed some of the outstanding maintenance concerns. The registered provider is actively working with the relevant departments to address the remaining outstanding tasks.</p> <p>The registered provider continues to actively risk assess concerns to ensure safe delivery of service for the resident of the centre.</p> <p>The Person In Charge has discussed with the Programme Manager the concerns with the view of closing off any outstanding tasks. This is an on-going piece of work in the centre.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The registered provider has come into compliance with regulation since inspection. This action is complete. The statement of Purpose has been updated.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Registered Provider will come into compliance by ensuring that all notifications are sent in to the regulator in a timely manner.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider has addressed many of the maintenance concerns. The registered provider is actively working with the relevant departments to finish the remaining tasks. The Person In Charge has discussed with the Programme Manager the concerns with the view of closing off any outstanding tasks. This is an on-going piece of work in the centre to ensure compliance and delivery of safe services</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 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	30/09/2020
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/05/2020
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	01/05/2020

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/12/2020
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	01/12/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/12/2020
Regulation 03(1)	The registered	Substantially	Yellow	01/05/2020

	provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Compliant		
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	01/05/2020