



Office of the Chief Inspector

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

Name of designated centre:	Stewarts Care Adults Services Designated Centre 20
Name of provider:	Stewarts Care Ltd.
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	15 March 2019
Centre ID:	OSV-0005857
Fieldwork ID:	MON-0026766

About the designated centre

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

Designated centre 20 is a full time residential service that provides care and support to up to eight adult men with intellectual disabilities, and can accommodate residents with complex support needs. It is a large bungalow, with eight bedrooms, situated in a campus setting. The centre is staffed by a team of nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
15 March 2019	09:00hrs to 16:30hrs	Amy McGrath	Lead

Views of people who use the service

The inspector met with six of the seven residents who live in the centre. Residents engaged with the inspector with support from staff, and were observed throughout the course of the inspection in their home.

Residents appeared comfortable and relaxed in their home, and the inspector found that residents were spoken to in a caring and respectful manner, with staff aware of any additional communication support needs. Residents were central to decisions about their care, and how they spent their day. The inspector observed residents being offered choice in areas such as meals and activities.

At the time of inspection, residents did not attend day services, and their care and support needs were provided for fully by staff in the centre. The inspector found that residents could get up at a time of their choosing, and that staff facilitated planned and unplanned activities throughout the day. For example, scheduled activities such as sensory therapy took place in the centre at prearranged times, and residents could also choose activities and events on a daily basis using an accessible communication board.

The inspector observed residents choosing to engage in activities both inside and outside of their home, such as watching a movie, or going for a walk. Residents appeared engaged in the process of making choices and comfortable communicating their preferences to staff.

Throughout the course of the inspection, residents presenting needs were responded to in a prompt and professional manner, and residents appeared content in the company of staff and their fellow housemates.

Capacity and capability

The inspector found, that for the most part, the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. While there were some areas of improvement required, these had been identified by the provider and there were action plans in place for most. The provider had implemented an improvement plan (which had been submitted to the Office of the Chief Inspector prior to the inspection), that was ongoing at the time of inspection, and it was found that the provider had carried out all actions in line with the time scale they had set out. Further improvement was required to ensure that all identified areas for improvement were included in a monitored improvement plan, to ensure that each area was addressed in a

planned manner, and could be monitored and evaluated. An example of some of these issues is given later in the report.

The provider had reviewed the management arrangements in the centre, which had provided clear roles and responsibilities, as well as improved accountability. The impact of these changes was reflected in clear improvements in the oversight and delivery of care to residents. It was found that further improvement was required in relation to the statement of purpose, with good practice and positive findings in relation to staffing, and training and development.

There was a person in charge appointed, and employed on a full time basis, who was appropriately skilled and experienced to carry out their functions. The person in charge had responsibility for one centre, and was actively engaged in local audits and the implementation of the provider's improvement plan. The person in charge reported regularly to a programme manager, and the inspector reviewed minutes of monthly meetings at which the quality and safety of care in the centre was discussed and reviewed. Issues identified could be further escalated to a senior care management team, and it was found that in general, issues were responded to promptly.

The inspector found that there were sufficient staff in place to meet the assessed needs of residents, and nursing care was delivered in line with the statement of purpose. There was a planned and actual roster in place, which was maintained by the person in charge. There were arrangements in place to allow flexibility within the roster to facilitate activities and appointments, and additional shifts were covered by regular relief staff, with some agency staff used also. These arrangements had ensured that continuity of care was provided to residents.

The training needs of staff were identified, with core training areas determined by the provider. Additional training was available specific to residents assessed needs. The person in charge maintained oversight of the training levels of staff through scheduled supervision and the completion of a formal training needs analysis. It was found that staff had received training in all areas identified by the provider as mandatory, such as safeguarding and manual handling. There was a schedule of refresher training in place, however some staff members had not received refresher training in fire safety in the time frame set out by the provider, and as a result the provision of this training was overdue. This had been escalated to the training department and at the time of inspection, there were no plans to address it. All other refresher training had been scheduled to ensure staff maintained up to date knowledge and skills in key areas.

There was a complaints policy in place, with procedures identified for making and responding to complaints. The provider had prepared an accessible version of the policy and procedures, which was available to residents and displayed in the centre. There was an identified complaints officer, and staff were knowledgeable in how to support residents to make complaints. There were no active complaints at the time of inspection.

Regulation 14: Persons in charge
The person in charge was employed in a full time capacity, and was appropriately skilled and experienced.
Judgment: Compliant
Regulation 15: Staffing
There were sufficient staff, with the necessary skills and qualifications, to meet the needs of residents. Nursing care was provided to residents in line with the providers statement of purpose.
Judgment: Compliant
Regulation 16: Training and staff development
The training needs of staff were overseen by the person in charge. Training was provided to staff in areas determined as being mandatory by the provider, such as safeguarding vulnerable adults. A number of staff required refresher training in fire safety, and while this had been identified by the person in charge, and escalated to the training department, there were no plans in place to address this at the time of inspection.
Judgment: Substantially compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place, with enhanced oversight mechanisms that ensured a safe service was delivered to residents. The provider had carried out a six monthly unannounced visit to the centre, and there was an action plan in place in relation to the findings of this visit. There were arrangements in place to support staff performance, and clear reporting structures were in place.
Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose, that contained most of the information required by Schedule 1 of the regulations. However, further information was required in relation to a number of areas, including the specific care and support needs that the centre is intended to meet, and the arrangements or admission to the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy, and associated procedures in place, with an accessible version on display for residents. There was a complaints officer available to manage and oversee complaints.

Judgment: Compliant

Quality and safety

Overall, the governance and management arrangements had ensured that a safe and quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents directing the care and support they received. While there was some improvement required in relation to facilitation of meaningful choice and opportunities, this had been identified by the provider as a priority area for this centre, and the inspector found that residents appeared satisfied with the care and support they received.

The inspector found that residents were provided with appropriate care and support, with regard to their assessed needs and preferences. Residents had access to facilities for recreation, and opportunities to participate in various activities. Although activities were largely centre or campus based, the staff team were actively working on identifying social and leisure interests outside of the campus, and a second day activation staff had commenced to facilitate further opportunities. Residents were supported to develop and maintain personal relationships and support networks. One resident was visiting family for a short break at the time of inspection, and others had been supported to visit family members living in different parts of the country. Residents had limited links with the wider community, an issue which had been identified by the provider, and there were plans in place to improve

this, having regard for residents' wishes and preferences.

The registered provider had ensured that residents participated in, and consented to, decisions about their day to day care and support. The inspector found that residents had freedom to exercise choice and control in their daily lives, however this was limited due to arrangements within the centre. For example, while there had been marked improvement in the participation of residents in choice making, such as choosing their meals and meal times, the scope of choice was limited as food was delivered from a central store or central kitchen. So while residents could choose between meals or snacks, they did not participate in the selecting, purchasing or preparation of meals, and so their options were restricted.

The inspector acknowledges that staff in the centre were aware of the limitations of choices given to residents, and that efforts were made to improve this. For example, multiple meals were ordered for residents who were not able to communicate their choice in advance, and they were supported to make a choice at meal times. As previously mentioned, the provider had identified areas in which residents' rights may be impacted, and had developed plans to restore rights in these areas. While this was a key area for improvement in this centre, these plans were not included in the provider's improvement plan, and the inspector was not assured that this issue would be addressed adequately in the absence of planned implementation and oversight.

A review of health care plans found that residents' healthcare needs were well assessed, with comprehensive support plans in place. Residents' healthcare plans provided good guidance for holistic health management, and included all of residents' assessed healthcare needs and possible supports required. Residents had access to a general practitioner, as well as a range of allied health professionals. It was found that residents' presenting needs were responded to promptly, and recommendations from specialists were being implemented appropriately.

Residents who required support to manage behaviour that could negatively impact on themselves or others received support in this area. There were positive behaviour support plans in place for residents who required them. Support plans included a functional assessment of behaviour, and comprehensive guidance regarding how to support residents. In some case additional support requirements were identified, such as occupational therapy review, and these recommendations had been facilitated. The inspector observed one resident engaged in a sensory programme, that was facilitated in the centre on a weekly basis. While there were some restrictive practices in place, there had been a significant reduction following a review by the provider. All restrictive procedures were monitored, risk assessed and evaluated for effectiveness.

There were arrangements in place to protect residents from the risk of harm. All staff had received training in protecting vulnerable adults. There was a named designated officer, and all incidents of a safeguarding nature were screened and investigated appropriately, and reported to the relevant agencies. There were safeguarding plans in place, that were effective in protecting residents, and at

the time of inspection there were no active safeguarding concerns.

The inspector reviewed the risk management arrangements in the centre, and found that in general, risks were well identified, and responded to appropriately. However, the determination of risk ratings was not consistent and in some cases risks were rated disproportionately high. In the examples reviewed by the inspector, this did not impact negatively on residents. The provider had reviewed their risk management mechanisms prior to the inspection, and arrangements in the centre were undergoing planned change. Further improvement was required to ensure that risks were consistently assessed, with proportionate control measures in place. Risk management had been identified by the provider as an area requiring improvement, and there were plans in place for further review and training for key personnel.

The inspector found that the design and layout of the premises was suitable in meeting the assessed needs of residents. While some of the bedrooms were small, the provider had prioritised residents with additional support needs to have use of larger rooms, for example, residents who use a wheelchair. There was ample communal space, storage facilities, and space to receive visitors. The premises was well maintained in general, with some damage to an interior wall requiring repair. There was a well equipped sensory room available for use by residents. The premises was adequately furnished and well decorated which contributed to a calm and homely environment. The majority of Schedule 6 matters were provided for, however the kitchen required further cooking equipment to facilitate the preparation and cooking of meals.

Regulation 13: General welfare and development

Residents had access to facilities for recreation, and although these were primarily campus or centre based, the provider had plans in place to further explore residents' interests outside of these arrangements. Residents were facilitated to develop natural support networks, such as family relationships, although access to community services required improvement.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of the premises was suitable in meeting the assessed needs of residents. Generally, the premises was in a good state of repair, and was well decorated. There was damaged to a wall that required repair, although this had been identified by the provider.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk management systems were under development at the time of inspection. Risks were identified, and assessed, with control measures in place. In some cases, risks were rating high without clear rationale, and required further review. The provider had plans to review the risk register, and to provide further training to the person in charge.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner, and their healthcare needs were well assessed, with comprehensive support plans in place. Residents' healthcare needs were supported by a range of allied health professionals, and recommendations from specialists were found to be implemented as advised.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behaviour support plans in place for residents who required support in this area. Residents support plans included an evaluation of the root cause of behaviours, and input from a multidisciplinary team. There were a number of restrictive procedures in place, however these had been reduced following review, and were subject to regular monitoring and evaluation.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to protect residents from the risk of abuse. Any potential safeguarding incident was investigated and screened by a designated officer, and there were comprehensive safeguarding plans in place where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents were supported to make choices regarding their care and support, with information provided to residents in an accessible format to promote engaged and informed consent. Although efforts were made to ensure residents were central to choices about their daily lives, the extent of choice was sometimes limited due to arrangements within the centre, such as centralised food stores and meal preparation.

Judgment: Substantially 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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Stewarts Care Adults Services Designated Centre 20 OSV-0005857

Inspection ID: MON-0026766

Date of inspection: 15/03/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>On the date of inspection, five members of staff were out of date in Fire Safety Awareness training. To date, four staff members have completed this training. The fifth member of staff is out on Long term sick leave and will be completing training upon return to work.</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 Statement of Purpose has been updated to include changes. This DC has changed from a 8 bedroom to a 7 bedroomed home for 7 gentlemen. This has been reflected in the changed floor plans.</p> <p>The Statement of purpose has also been updated to include the specific care and support needs, and the arrangements or admission to the centre.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Residents are encouraged to attend classes and activities outside of campus based activities with the support of staff and in line with their own will and preference. Staff will continue to encourage family engagement and access to community services for all residents.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The design and layout of the premises was suitable in meeting the assessed needs of residents. Generally, the premises was in a good state of repair, and was well decorated. There was damaged to a wall that required repair, although this had been identified by the provider.</p> <p>The damaged wall has been land desked and repairs will be completed by 12.08.2019</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>An organisation-wide risk shared drive has been created to enable governance oversight and audit of service-level risk assessments throughout all services, including all designated centres. The first complete Risk Assessment Audit has been completed, and the results will inform focussed mentoring and training in this regards.</p> <p>All staff will receive training in the new system.</p> <p>All necessary risks will be identified by staff team and assessed by the PIC.</p> <p>All risk assessments have been reviewed by the PIC to ensure they contain sufficient detail and to ensure that the correct level of risk rating in place.</p> <p>Programme Managers and risk manager will monitor to ensure that each Risk Register and Service-level risk assessments identify all core risks and address them accurately</p>	

with adequate controls

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
An organisation-wide plan is in place to discontinue use of the centralised kitchen and to ensure meals will be prepared and served in all homes. In the meantime, some meals are being prepared in the home and this will continue to increase until the plan has been fully implemented.

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	01/06/2019
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	01/06/2019
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community	Substantially Compliant	Yellow	01/06/2019

	in accordance with their wishes.			
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.	Substantially Compliant	Yellow	30/06/2019
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	12/08/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/06/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/06/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing	Substantially Compliant	Yellow	01/06/2019

	the information set out in Schedule 1.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	01/06/2019
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	01/06/2019