



# 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 28
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	09 March 2022
Centre ID:	OSV-0005833
Fieldwork ID:	MON-0035685

## About the designated centre

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

Designated Centre 28 is intended to provide full time residential services to no more than eight men with intellectual disability and high support needs. Designated Centre 28 is a two-storey house located on a campus in Palmerstown. Each resident has their own private bedroom. There are two communal sitting rooms and dining rooms, a sun room and two kitchens in the designated centre along with two shower rooms, four toilets and an office. Healthcare supports are provided by medical doctors, for example General Practitioners (GP) and psychiatrists as required. Residents also have access to allied health professionals such as physiotherapists, psychologists, occupational therapists, speech and language therapists and social workers. Nursing supports are available within the designated centre and the centre is staffed by staff nurses and care assistants. The whole time equivalent staffing for this designated centre is 13.4. The staff team are supervised and managed by a full time person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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 (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
Wednesday 9 March 2022	09:50hrs to 17:45hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

There were seven residents in the designated centre at the time of the inspection, and one resident was receiving care in hospital. On first arrival to the designated centre one resident spoke to the inspector about their daily and weekly activities, their plan for the day and the goals that they were working on with the staff team. The resident had returned to their day services programme outside of the designated centre for three days a week, and had set activities that they enjoyed for the others day, for example going to the gym, or going to do errands in the local shopping centre. The resident spoke to the inspector about being on the service-user forum (a self advocacy group in the organisation) and making sure the provider knew about the things that were important to residents.

On arrival in the morning, the inspector saw that the entrance pathways and fire exits for the designated centre were clear of debris and the garden patio area was tidy and well maintained. The exterior of the building were clean. The inside of the designated centre had been painted and repaired, for example the internal walls had been painted throughout the building downstairs, skirting boards cleaned or replaced and walkways and stairwells were clear of clutter. The furniture had been replaced since the previous inspection, with new couches and armchairs, new curtains and soft furnishings and the environment was more homely. The provider had replaced the kitchen presses downstairs which were brighter coloured and easier to clean. In the upstairs of the building, there were new storage facilities in a spare room and new storage cabinets in the main living room for games and activity items. The fire doors had been repaired and magnetic locks put in place on door closures. Some improvement works remained outstanding in the upstairs of the building, the shower room still had peeling paint on the ceiling and around the window frame, and there remained an inappropriate footstool being used which was difficult to properly clean. The provider had plans to finish painting the interior walls upstairs in the communal rooms also.

The morning of the inspection, and throughout the day the inspector noted that noise levels were low and there was an overall calm atmosphere in the home. Residents and staff told the inspector that the house was much quieter now and a calmer place overall.

Throughout the day the inspector observed and overheard positive interactions and conversations between residents and staff, and saw kind and warm care and support. The staff team had a good understanding of individual residents' needs, likes and wishes and could talk to the inspector about the recent goals or life skills that residents were now working towards, for example some residents were planning out a day trip to Belfast, others were working on the tasks needed to visit Britain for a football match in the future.

During the day different residents were coming in and out of the centre, for example going to the coffee shop, attending their day service or going to the local pub.

Inside the centre residents were spending time in their bedroom, or in the communal living room watching television or doing table-top activities. There was now a streaming television service installed in the living room for residents to have greater choice of television shows. One resident was having a hand massage in the sun room while listening to their record player. The resident pointed out the new curtains and soft furnishings to the inspector and said they liked them and that the house was nice. This resident told the inspector they liked to spend time in this room listening to their music.

Residents had equipment suitable to their needs, for example specially moulded wheelchairs or table tops. This further reduced risks in relation to safe positioning for meal times.

For residents who required it, the inspector saw that one-to-one staff support was now available. This had resulted in improved choice for the resident to take part in activities and plans of their choosing and had reduced noise levels and disruption from residents vocalising for staff's attention or support. Residents were more settled and content in their home environment as they were being provided with the staffing support that they required, and this resulted in a decrease in disruptive behaviours and noise levels within the designated centre. Residents said the house was quieter now and nice, however some residents were still being supported to plan for a transition to other homes and the provider still identified that the number of residents living in the centre would be reduced overall.

The inspector met and spoke with a newly appointed social care worker to discuss their role within the designated centre and their responsibilities within the staff team. On review of documentation, it was evident that residents had been involved in planning personal and social goals or skills building since the previous inspection. For example, a resident was working on learning general kitchen tasks such as emptying the dishwasher and changing their bed covers. Residents were a part of the daily chores involved in their lives, such as going to the shops to use their pre-paid cards to purchase personal care items or groceries or clothing. The social care worker and staff team were working on increasing meaningful activities for each resident daily, and this was monitored by the team each week. From talking with staff and residents, and reviewing records of meaningful activities and daily logs, it was evident that residents were using the community amenities more, had more structure in their week and were working towards personal achievements and aspirations. During the day of inspection, residents were observed going to the local pub for pint, going out for coffee and a walk outside of the centre. Residents' choices were also seen to be respected if they refused opportunities to leave the centre or engage in planned activities. During renovations to the building one resident had chosen to stay in two hotels in place of the alternative accommodation that was made available, and had enjoyed their hotel break very much. The staff team now had access to a bus every weekend and in the evenings, and there were a number of staff who could drive, this resulted in more opportunities for residents to leave the centre and take part in activities of their choosing.

On the day of inspection, staff were observed to be wearing the correct personal protective equipment (PPE), based on up-to-date public health guidance to prevent

infection. There were hand-washing and sanitising facilities throughout the building and a system of monitoring visitors, residents and staff for symptoms of illness on arrival to the designated centre. There were adequate supplies of PPE in the designated centre and improved storage facilities to promote effective cleaning. The changes to the premises had improved the infection prevention and control measures in the centre, for example, following upgrade works the building and surfaces were easier to clean, items were no longer stored in an open manner in bathrooms and each bedroom sink had splash back tiling. Residents' bedrooms had new foot pedal bins, the waste disposal measures had been improved and the frequency and monitoring of daily and enhanced cleaning had improved.

Overall, during the day of inspection residents appeared happy and content in their home, it was a quieter and calmer atmosphere and there were enough staff to support residents throughout the day. The environment had been significantly improved and was clean, nicely decorated and more homely.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the designated centre, and how effective it was in ensuring that a good quality and safe service was being provided.

Following an inspection in November 2021, the provider was issued a Notice of Proposal to Cancel the registration of this designated centre, due to the levels of non-compliance found on the inspection and the negative impact this had on the lived experience of residents. In response to the Notice of Proposal, the provider submitted a written representation document, outlining the specific actions they would take to address areas of concern, within a set time-frame. The purpose of this unannounced inspection, was to determine if the provider had carried out the actions as per their written representation, and had made sufficient progress in improving the quality and safety of the care and support being delivered to residents to remain operational as a designated centre under the Health Act 2007 (as amended).

The findings of the inspection of 03 November 2021 identified that there were an inadequate number of staff working in the designated centre, premises were not fit for purpose, clean or well maintained, and there was poor oversight of the care and support being delivered. These specific failings had resulted in non-compliance and poor outcomes for residents across a wide number of other regulations. For example, with limited staffing available, residents were not afforded meaningful activities or time outside the centre doing activities they enjoyed, and the poor

premises resulted in risks related to infection prevention and control. Similarly, as residents were not receiving staff support in line with their own needs, there was an increase in behavioural incidents and noise levels in the home which further compounded safeguarding risks.

Overall, this inspection found that in completing the actions in the written representation, the provider had addressed the core issues of staffing resources, premises and the environment and the oversight mechanisms in the designated centre, which had a positive impact on residents' safety and quality of life. The provider had demonstrated an improvement in their capacity and capability to operate a designated centre in a safer and higher quality manner.

The governance structure in the designated centre and organisation had been strengthened, through the appointment of a social care worker role in the designated centre to support the person in charge. The staff nurse and social care worker were identified as roles that would have additional responsibility in relation to the supervision of the care and support and leading the staff team within the designated centre. There were oversight mechanisms in place to ensure areas in need of improvement were identified, planned for and acted upon. For example, there were weekly meetings with the person in charge and senior management to discuss the designated centre and to follow up on any actions required to make improvements. The provider had strengthened the supports available to the designated centre from a team of health and social care professionals who worked for the wider organisation, for example, the infection prevention and control nurse, risk managers and safeguarding managers and the provider had arranged for an external consultant to work with persons in charge to ensure they understood fully their regulatory responsibilities and leadership.

There was enhanced auditing and reviews of the designated centre since the previous inspection, with focused audits on areas such as safeguarding, risk management, meaningful activities, infection control and housekeeping. These audits also included observation or on-site components to ensure learning was being carried out in practice. For example, spot checks to ensure correct PPE was being used at times outside of the set audit.

There was better use of information from adverse events, to gather learning and to identify further areas for improvement. For example, reviewing patterns and trends of incidents, reviewing of control measures for known risks and using matrix frameworks to evidence the rationale for control measures. There was a clear pathway of information and escalation of risk from the designated centre, to the provider's Board of Directors, with Board minutes demonstrating awareness of issues in relation to the designated centre and review by the Board sub-committee on quality, safety and risk.

There was now a full staff team available to work in the designated centre, and redeployment practices to other areas had ceased. The provider had increased staffing to ensure there was one nurse and four healthcare assistants to work each day, along with appointing a full-time social care worker in the designated centre. For residents who required additional support, this was now consistently provided.



For example, a resident was supported in a one-to-one capacity each day since January 2022. The provider had now determined an agreed staffing requirement in the designated centre, and had consistently ensured this had been provided.

Staff had been provided with training since the previous inspection, as outlined in the written representation. For example, care staff had received training in the administration of rescue medicine for epilepsy, which meant that residents who required this medicine were not reliant on being supported by a nurse while outside of the campus for activities. Staff had been provided centre specific training and guidance in safeguarding vulnerable adults, positive behaviour support, fire safety and all staff had participated in a fire drill exercise. While the majority of staff had attended training, there were still a number of staff who required training in key areas at the time of the inspection.

Staff spoke to the inspector during the course of the day about the changes in the centre since the previous inspection. Staff told the inspector that since the staffing levels had increased in the centre, and with the addition of a social care worker role there had been significant improvements in the quality of care and support that the staff team could deliver. Staff enjoyed working in the centre, and spoke positively about the daily activities, residents' personal goals and how the centre was operated and managed on a daily basis. Staff were no longer taken from this designated centre to cover absences in other centres on campus.

Some of the provider's policies and procedures had been reviewed, or fully implemented since the previous inspection in order to guide best practice care and support. For example, a standard operation procedure on the management of epilepsy and rescue medicine, a procedure on the use and storage of oxygen and an updated policy on admissions, transfers and discharge of residents.

Overall, this inspection found that the provider had strengthened and improved their resources in the designated centre, their governance oversight and monitoring systems and guiding policies in order to promote safer and better quality care and support to residents living there. The provider had carried out the majority of their actions as outlined in their written representation, and this was resulting in a better lived experience for residents.

## Regulation 15: Staffing

Since the previous inspection, the provider had increased and stabilised the staffing resources in the designated centre. There was now one staff nurse and four healthcare assistants working each day from 8am to 8pm, and two healthcare assistants working each night.

The provider had enhanced the skill-mix in the designated centre through the recruitment of a social care worker post. This role was full-time and had

responsibilities for working with the staff team and residents to provide meaningful activities, encourage residents to set personal and social goals and ensuring the team were continuously focusing on the social and personal needs and wishes of residents. The social care worker had shift patterns and shift hours which were flexible to match residents' needs. For example, the staff member worked across the full week and both day and evening times.

Redeployment of staff in this centre to cover other designated centres on campus had decreased significantly. Should cover be required from this centre, it required prior approval from a programme manager. On review of rosters, staffing was agreed in advance on the planned roster and staff were not removed from this area to work elsewhere.

The provider had further recruitment plans in place, to cover for 0.28 nursing vacancy to ensure there was adequate cover for annual leave and holiday periods.

Judgment: Compliant

## Regulation 16: Training and staff development

Since the previous inspection, the provider had ensured staff had access to mandatory and refresher training in key areas such as fire safety, safeguarding vulnerable adults, manual handling and positive behaviour support. Staff had been trained in food safety, the new records system, epilepsy management and administering rescue medicine and GDPR. While there had been an increased focus on training for staff, a small number still required additional training in certain areas. For example, three staff had yet to do training in epilepsy management, four in refresher manual handling and three in fire safety. For most of these staff, dates had been scheduled and confirmed to attend this training in the coming weeks.

Staff team meetings had increased since the previous inspection, and agendas were linked to key issues found on audits and reviews, for example, discussing infection prevention and control practices in the centre, promoting of safeguarding and positive behaviour support. Staff team meetings had been attended by other health and social care professionals in order to further support the team, for example by the safeguarding manager or members of the psychology department.

There was a written agreement in place with each staff member outlining planned supervision meetings in line with the provider's policy.

Staff felt that they could raise any concerns or issues to the person in charge, or through their team meetings.

Judgment: Substantially compliant

## Regulation 23: Governance and management

In response to the notice of proposal to cancel the registration of this centre, the provider had submitted an 18 page document representing how they would bring about improvements in the designated centre. On review of this document, it was found that for the most part the provider had carried out the specific actions in their representation, and this had improved the safety and quality of the service overall. Actions that had not been achieved were in relation to supporting residents to transition out of the designated centre, which were in process but required further review to ensure decisions being made were person-centred and based on clear needs of all involved.

The provider had improved their governance and management systems of surveillance and oversight in the designated centre, through weekly meetings with the director of care, programme manager and person in charge, to track all actions from inspections and unannounced visits. This had ensured accountability for all personnel, and focused the team on the areas in need of improvement.

The person in charge, programme manager and staff team had been supported by the wider organisation team to review in detail certain aspects of care and support. For example, the head of risk had carried out a review of all risks with the person in charge, and created an action plan for improvement in this area, the safeguarding manager had reviewed all safeguarding risks and incidents with the person in charge to promote improvement along with completing observations of practice, the household team had increased auditing and checks and made recommendations for improvement.

There were also increased audits carried out in the centre in the area of infection prevention and control and fire safety. These additional audits and reviews had their own action plans and identified who was responsible for ensuring action was taken. The findings of these additional audits in key areas, had not been included in the overall tracking mechanism by the provider, which meant that other key actions for improvement and development did not have the same scrutiny. While this inspection identified that the actions from these audits were achieved for the most part, some actions had taken a longer period of time to be addressed. The provider outlined that this was an oversight on their part, and during the inspection spoke to their internal quality team during the inspection to have this rectified. This would enhance the oversight systems further and ensure timely response to actions from a variety of audits and reviews conducted.

With the appointment of a social care worker in the designated centre, there were plans for this role to be developed into a deputy role to support the person in charge. At the time of the inspection, the details of this were still at the early stages and needed to be formalised to ensure there was clear division of responsibility for the person in charge and lead staff which feed into the larger governance structure.

The provider had provided access to a vehicle in the evenings and weekends for the designated centre since the previous inspection. This had provided more

opportunities for staff to support residents outside of the designated centre, in line with their chosen goals and activity plans.

The action and time-frame set by the provider in their representation in relation to transitions had been put on hold, these were discussed with the Acting Director of care. However, it was noted that since the previous inspection, transitions for residents were now planned for formally, assessed and discussed at weekly transition meetings with the senior management team. While a planned move had not occurred within the dates set by the provider, there were clear plans in place and decision-making was person-centred and promoting a positive move for residents involved.

The provider's oversight tracker of all actions from the previous inspection, identified that at the time of the inspection 85% of all actions had been satisfactorily completed, with 15% still requiring some work in process. The evidence on inspection found this to be a true self-assessment of what had been achieved.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

In response to the last inspection, residents were now encouraged and supported to make formal complaints in the designated centre if they had concerns or things that they were not happy about. The person in charge had discussed complaint management and the provider's procedure at team meetings and with residents. The complaints log now included local issues raised by, or on behalf of residents in relation to various areas. Some complaints had been managed, and closed off and residents were satisfied with their outcome.

For complaints that could not be resolved locally by the person in charge, had been escalated to the provider's complaints officer for further review. While some complaints remained open at the time of the inspection, residents were informed of local actions taken to alleviate them until longer term plans were finalised. There were review systems in place to monitor complaints in line with the provider's policy.

During the inspection, the inspector spoke to some residents about the issues that they had raised complaints about in relation to the house being too noisy. Residents were aware of some of the longer-term plans for transitions in the home, and in the interim were happy that the centre was now quieter and less noisy which they liked.

While some complaints were still in the process of a longer term resolution, the provider had ensured resident were encouraged to access the formal complaints procedure, knew how to make a complaint and complaints were being managed in line with the regulations and the provider's policy.

Judgment: Compliant

## Quality and safety

This section of the report details the quality of the care and support in the designated centre and how safe it was for residents who lived there.

Overall, this inspection found that by taking actions as outlined in their written representation, the provider and person in charge had improved their capacity and capability to deliver a service that was safer, and promoting a better quality of care and support for residents living in the designated centre. For residents living in the designated centre they were now provided with an environment that was homely, clean and nicely decorated, they were supported by a higher number of staff during the day to meet their individual needs, residents had more access to time out of the centre doing activities that were meaningful to them and their home environment was quieter, calmer and a more pleasant place to live.

The provider had carried out significant enhancement of the downstairs of the property, with interior painting and decoration, replacement of communal furniture, soft furnishings, renovation of the kitchen cabinets and worktops, improvements to the bathroom spaces and improved storage facilities. The house was clutter free, easy to clean and provided a more comfortable and homely environment for residents. Some outstanding works remained in the upstairs bathroom and communal rooms, of which the provider had a plan to address.

With the increased staffing resources, there was now a greater focus on providing residents with meaningful days and access to community amenities. Residents were supported to use local shops, shopping centres, coffee shops and pubs and restaurants, and encouraged to use their pre-paid cards to spend their own money while out. Residents' will and preference in relation to a formal day service had been assessed and residents were now choosing if they wished to attend formal day services outside of the home, or not. Residents were provided with a structure to their day or week, based on their interests and preferences, for example, deciding how they wished to spend their day, inside or outside of their home.

With the added focus on meaningful activities, and the correct amount of staff to support all residents, there had been a decrease in safeguarding incidents and noise levels overall in the designated centre. Safeguarding plans remained in place, overseen by the person in charge and the safeguarding officer, and there remained longer term plans for some residents to move to alternative placements that would better suit their needs. In the interim, the person in charge and staff team were operating the centre in a manner that was reducing negative impact on residents. Some residents were still eager to live in a house with less people and the provider's transition committee were meeting weekly to progress plans for some residents to move out of the designated centre, based on their wishes or their needs which would be better met in a different location. While this was still the focus, and

residents were eager for this to happen, their lived experience while remaining in this designated centre had been improved.

The use of PRN (as required) medicine for the management of anxiety or agitation had been improved since the last inspection. While this was still required for some residents, there were clearer measures in place to ensure all alternative methods of supporting the resident had been considered prior to the use of medicine. This was monitored by the person in charge, and there were clear protocols in place on the use of medicine as outlined in written guidance from the prescribing doctor and within the behaviour support plans.

Infection control and prevention practices had improved since the previous inspection. The premises were clean, and designed and decorated in a manner that promoted ease of frequent cleaning and upkeep. Practices in relation to waste management had improved, suitable storage facilities were now in place to prevent open storage of items in bathrooms and there was monitoring and oversight of daily and routine cleaning in the designated centre. The provider had updated their risk documentation and contingency plans for potential outbreaks of infection and two audits had taken place by an infection prevention and control nurse. While the day of inspection the majority of the actions from these audits had been completed, some actions had taken a long time to address, which posed a risk. For example, an identified risk related to legionella in an unused sink was first identified in November, but was only fully addressed in March 2022.

Overall, the actions taken by the provider and person in charge had improved the safety and quality of the care and support that residents were receiving in the designated centre. Some areas were still in need of further improvement in relation to completing transition plans for residents who wished to live elsewhere, or who were identified as requiring alternative living arrangements, infection prevention and control and the premises.

### Regulation 13: General welfare and development

Since the previous inspection, the provider had arranged for a will and preference survey to be done with all residents, to ascertain their wishes in relation to attending formal day services outside of the designated centre. Following this survey, one resident had returned to their day services for three days each week and was happy with this arrangement.

Residents who chose not to return to a day service had discussed their daily plans with the staff team, and staff had explored different activities and outings of interest with residents. From reviewing records and speaking with staff and residents the inspector found that residents now had more choice and control over their daily plans, residents were exploring previously enjoyed activities and sampling new ones in the past number of weeks. For example, some residents had returned to the gym for exercise programmes and returned to swimming.

When residents chose to stay in the designated centre, they were offered activities and occupation in line with their interests. For example, watching football matches or horse-racing, learning life skills such as emptying the dishwasher. Some residents enjoyed having a foot-spa or hand massage at home and listening to their radio or record player.

The person in charge and staff team were monitoring the frequency of meaningful activities that residents took part in daily, and tracking their progress as a team. This had resulted in an increase in meaningful activities, and more opportunities to add to existing weekly plans further.

The social care worker and staff team had explored new goals or activities of interest to work towards with residents. For example, joining the library, going to Britain for a football match, or trying equine therapy. Bigger goals were broken down into tangible actions for achievement, such as applying for a passport or saving money for flights.

During the day of inspection, some residents went out for coffee locally, or to the local pub for a pint. Others went for a walk, or attended their day service. Residents spoke about their weekly plan and how they liked having different things to do on different days.

Residents who required one to one support had this now available to them. This had increased their opportunities to take part in activities that were meaningful to them, both outside the centre but also at home. For example, learning life skills such as emptying the dishwasher, tidying their room or choosing their own bed covers and decoration. Some residents were now using pre-paid cards for shopping, and were going to local supermarkets and shopping centres to buy their own personal bits and clothing using their own card.

Residents had returned slowly to community based facilities, such as barbers for their haircuts, local supermarkets and shopping centres for shopping. There was a bus available, and drivers on the staff team to support residents going out in the evenings and at the weekends.

Residents choice was observed to be respected if they did not wish to complete planned activities, and staff were seen to try to engage with residents later in the day, or to offer alternatives. The staff team demonstrated an attitude of respecting residents' wishes, but also supporting them to explore new opportunities and to try new things.

Judgment: Compliant

## Regulation 17: Premises

The provider had supported residents to stay in an alternative location so that renovations and upgrades of the physical premises could take place. The building



was clean, well maintained and nicely decorated on the day of inspection. The external of the premises were found to be:

The premises had been improved since the previous inspection in the following ways:

- the provider had painted the internal walls and skirting boards throughout the downstairs building
- the kitchen presses, cabinets and counter tops downstairs had been replaced and were bright and clean
- the bathrooms had rust issues addressed, covered piping and painting/ plastering works
- there were adequate storage facilities for safe storage of supplies
- flooring were replaced and clean
- the pathways and escape routes were clutter free and rubbish had been disposed of
- there was a tidy and safe outdoor area with suitable furniture and decoration for residents to use
- clean windows, porches and door ways
- suitable blinds, curtains and heavy curtains for privacy, which were clean and well maintained
- residents' bedroom sinks had splashback tiling installed and foot pedal bins
- there were new soft furnishing and decoration, such as cushions, pictures and artefacts
- residents bedrooms had been painted and were uniquely decorated in line with their tastes
- waste management had been improved.

The provider had carried out the majority of the planned works to improve the premises overall, but some final work remained outstanding in relation to the upstairs shower room which had peeling and cracked paint on the ceiling and around the window frame, painting of the communal room upstairs and the removal and replacement of the foot stool in the shower room.

Judgment: Substantially compliant



## Regulation 27: Protection against infection

The provider had arranged for an audit by the infection prevention and control nurse to be completed in November 2021 and a follow-up audit in March 2022 to assess the centre in relation to best practice. These audits were comprehensive and detailed across all areas of infection, prevention and control and resulted in a clear action plan for the person in charge. Some actions identified within these audits of higher risk took a long time to be addressed, for example, an issue in relation to the risk of legionella in an unused sink was not addressed until four months after it was first raised. While these had been addressed before the inspection, the actions were not carried out in a timely manner in response to the level of risk involved following the first audit carried out. This was identified as a gap in the provider's oversight and tracking mechanism, which they rectified on the day of inspection so that all audits or reviews completed would be included in the oversight tracker to prevent this from happening again.

Physical changes in the premises were promoting good practice in relation the infection prevention and control, for example, there were foot pedal bins in residents' bedrooms, splash back tiles in residents bathroom sinks, appropriate storage facilities to limit supplies and towels being stored in bathroom areas and improvements in waste facilities for incontinence wear. There were cleaning schedules daily in place and audited by person in charge weekly and the provider had increased the cleaning in the designated centre through contract with external cleaners. The environment on inspection was seen to be clean and clutter free. Staff were using the personal protective equipment (PPE) as guided in the most recent public health information and standard precautions were in place. There was sufficient PPE available in the designated centre. Staff had received training for staff in infection prevention and control areas.

There were systems in place to check visitors symptoms on arrival to the centre, and to routinely check symptoms of residents and staff to be alert for any signs of infection.

Staff had received training in food safety to assist them in their knowledge of handling, preparing and storing food safely. There was now a system of dating and sealing any used foods in the refrigerator, and seals had been repaired or replaced where needed.

Staff meetings included infection prevention and control, such as discussing and learning from findings from audits and reviews, sharing best practice and agreeing protocols with staff to promote staff knowledge, for example, understanding how to correctly clean and disinfect residents' foot spa after use, and ensuring it was clearly identified which equipment was single use, or single resident use.

The upstairs shower room still had a leather foot stool with rusted metal legs in place, to assist residents following their shower, which was not designed for this purpose. This was not suitable material to promoting easy cleaning. The person in

charge outlined that they would sourcing an alternative.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Since the previous inspection, the provider had arranged for an audit into fire safety by a suitably qualified professional, to review the fire safety arrangements in the designated centre. This had resulted in a number of actions that had been addressed to improve fire safety measures.

All fire doors had been reviewed for their effectiveness and two had been fully replaced. All fire doors for containment now had magnetic holders in place that could release automatically in the event of the fire alarm sounding. Staff had all taken part in a fire drill to practice evacuation in the event of emergency and a number of staff had completed refresher training in fire safety. Residents needs in relation to their supports for safe evacuation were documented in a personal evacuation plan. Fire exits were clear and unobstructed.

There was a fire detection and alarm system in place, emergency lighting and fire fighting equipment. These had been serviced and checked periodically by a professional. There were daily and weekly checks in place by the staff team to identify any issues in relation to fire exits, escape routes, alarms or lighting.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The use of oxygen as an add needed intervention (PRN) was discussed with the staff nursing team and an oxygen therapy protocol was now available in the designated centre to guide the nursing team in its administration for residents in an emergency situation.

There were clear written protocols in place for the administration of (PRN) as required medicine for anxiety/ agitation by the prescribing doctor, including frequency of doses, maximum dosage in a 24hour period and duration of time between doses. There was also a checklist for all staff to demonstrate all alternative methods used, as outlined in residents' positive behaviour support plans prior to giving this PRN medicine to residents. The improved clarity in the written documentation for the safe administration of PRN medicine, further supported the oversight of restrictive interventions in the designated centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Since the previous inspection, there was now a focus on assessments and plans for residents' personal and social needs. Residents had goals and aspirations to work towards that were meaningful to them which were documented and reviewed for progress.

Overall assessments and plans were identified as in need of further review and updating and this was a work in progress at the time of the inspection.

Residents who had identified a wish to move from the designated centre, or had been identified as requiring more suitable accommodation had not yet transitioned out of the centre. Plans for some moves had not happened as planned in March 2022. While the provider and person in charge had made improvements to make this centre more suitable for the collective and individual needs of residents, the centre remained unsuitable to fully meet the needs of all residents in a longer term manner.

Residents' needs in relation to a suitable residential placement had been assessed and discussed to ensure any future transitions would be done in line with residents' needs, and in a planned and safe manner. The provider's transition committee were actively working on this and meeting weekly to ensure this remained a priority.

Judgment: Substantially compliant

### Regulation 8: Protection

There had been noticeable improvements in the recording and reporting and the oversight of safeguarding concerns. The person in charge was supported by the provider's safeguarding manager to review safeguarding plans to ensure they were effective at reducing impact to residents from their peers. There had been additional training for staff and person in charge in relation to safeguarding and this was discussed at team meetings with the safeguarding manager. The review of safeguarding plans had included on-site observation.

With the increase in staffing available, a focus on meaningful activities for residents and improved systems the safeguarding risks and incidents had significantly reduced in the designated centre. Residents told the inspector that the house was quieter now and there was less disruption and that it was nice. Incidents of some residents' behaviour that impacted on their peers had reduced in recent months.

While there remained a risk of safeguarding incidents between peers due to the

higher numbers of residents living together and competing needs, the centre was being operated in a manner that mitigated the risk in the interim through effective safeguarding plans which promoted residents' safety.

The provider had longer term plans to reduce the number of residents living in the centre together to promote a safer and better quality service, and these were in process at the time of the inspection.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 28 OSV-0005833

Inspection ID: MON-0035685

Date of inspection: 09/03/2022

## 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>The Person in Charge in conjunction with the Learning and Development department will continue to monitor the training compliance of staff in the center and ensure staff attend all required training. Specifically the remaining staff who require Epilepsy, Manual Handling and Fire training will complete same before 11-06-22.</p> <p>The Person In Charge will continue to review training through quarterly supervisions and monthly area meetings.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The service is actively working to ensure all residents’ individual needs are met. The Transition Committee are meeting weekly to identify suitable alternative accommodation which will fully meet residents needs and ensure the Transition process is carried out in a planned and person center manner as directed within the services Transition policy.</p> <p>The Director of Care and Quality Management team have reviewed the process by which actions arising from Designated Centre audits are included in the areas overall compliance Tracker. The outcome of the review will ensure all relevant actions are included in the compliance tracker in a timely manner and ensure full completion.</p> <p>The Person In Charge and Programme Manager will work with the Human Resources Department to create a pathway in formalizing the role of Deputy in supporting the Person in Charge. The pathway will clearly define areas of responsibility and the governance structure regarding the role of Deputy to the Person in Charge to be completed by 11-07-22.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The home improvement team are scheduled to return to the area in the coming weeks to complete the planned painting of the upstairs area which will include the upstairs bathrooms and living area to be completed by 11-07-22.  The foot stool in the upstairs bathroom has been removed and replaced.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  The Director of Care and Quality Management team have reviewed the process by which actions arising from Designated Centre audits including Infection Control Audits are included in the areas overall compliance tracker. The outcome of the review will ensure all relevant actions are included in the compliance tracker in a timely manner and ensure full completion.</p> <p>The foot stool in the upstairs bathroom has been removed and replaced.</p>	
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:  The Person in Charge in conjunction with the Social Care Worker, Staff Nurses and Care Team will continue to explore and develop plans to fulfill the person's personal and social needs. This process is ongoing and will be reviewed monthly by the PIC and Social Care Worker.</p> <p>The service is actively working to ensure all residents' individual needs are met. The Transition Committee are meeting weekly to identify suitable alternative accommodation which will fully meet residents needs and ensure the Transition process is carried out in a planned and person center manner as directed within the services Transition policy.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	11/06/2022
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	11/07/2022
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority	Substantially Compliant	Yellow	11/07/2022

	and accountability, specifies roles, and details responsibilities for all areas of service provision.			
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	11/07/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/04/2022
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	Substantially Compliant	Yellow	30/06/2022

	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.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/08/2022