



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:	Announced
Date of inspection:	17 August 2022
Centre ID:	OSV-0005833
Fieldwork ID:	MON-0028665

About the designated centre

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

Stewarts Care Adult Services Designated Centre 28 is intended to provide long-stay residential support for no more than eight male residents with varying support needs. Stewarts Care Adult Services Designated Centre 28 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities.

The objectives of Designated Centre 28 are to provide a comfortable safe home that maintains and respects independence and wellbeing; and a high standard of care and support in accordance with evidence based practice. The centre is managed by a full-time person in charge, and the staffing complement included staff nurses, care staff, and social care workers.

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 17 August 2022	09:05hrs to 16:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector observed information on COVID-19 and infection prevention and control, and masks and hand-sanitising facilities were readily available.

The centre comprised a large two-storey building located on a campus setting operated by the provider. The centre was close to many local amenities and services, such as shops, pubs and public transport. The building had been renovated earlier in the year and was found to be very clean, tidy, and nicely decorated and furnished. Minor maintenance upkeep was required to a bedroom wall and around some door frames. Some aspects of the building were institutional in aesthetic, however good efforts had been made to make it more homely through the décor and furnishings.

The residents' bedrooms were decorated to their individual tastes and provided sufficient storage. One resident showed the inspector their bedroom and indicated that they were very proud of it. The communal areas were bright and comfortable, and there were also outdoor spaces for residents to use. Residents had access to assistive equipment and aids, such as hoists and electric beds, which records indicated were regularly serviced.

Some residents had recently celebrated significant birthdays, and their cards and bright balloons were displayed in the communal living areas. The environment was busy at times due to the number of residents and staff in the centre, however generally the inspector observed a relaxed atmosphere.

The inspector met all of the residents during the inspection. Some residents chose to engage with the inspector. One resident briefly spoke with the inspector and said that they would like to move out to a "community house", but did not elaborate any further. The resident also showed the inspector a new smart speaker device that they used to stream music.

Another resident spoke more in depth with the inspector. The resident indicated that overall they were happy with the service provided in the centre, but said that they found the centre noisy at times due to the behaviours of other residents and usually went to their bedroom during these times. The resident said they liked the staff working in the centre and could speak to staff or the person in charge if they had any problems. The resident told the inspector about the activities that they enjoyed, such as shopping, eating out, going to the pub, visiting friends, and watching sports on their television.

The resident spoke about the fire evacuation procedures, and showed the inspector a safety device that they wore to alert staff if they had a fall. The resident also told

the inspector about their favourite foods and said they were satisfied with the choice of food in the centre. The resident was planning a trip to Galway to visit a friend and was looking forward to this.

On the day of the inspection, residents were engaging in different activities within the centre and in their community. One resident attended a day service and the others were supported by staff working in the centre. Some residents went on a day trip to a sensory garden in Carlow, others went to a local shopping centre for lunch, and one resident went for a walk before going to visit their family.

Within the centre, some residents were observed watching movies and listening to music, and others engaged in therapeutic treatments such as massages and sound therapy. The centre had a dedicated vehicle for the residents to use for community outings five days per week. For the other two days, other vehicles on the campus could be sought, or taxis and public transport used.

In advance of the inspection, questionnaires were sent to residents for them to share their views on the service provided in the centre. One resident completed the questionnaire independently and the rest were completed by staff on behalf of residents. The feedback was positive with satisfaction expressed regarding food and mealtimes, the premises, rights, visiting arrangements, activities, staffing, and complaints. Some of the questionnaires noted the activities that residents enjoyed such as, going to the cinema, walks, bowling, games, eating out, and bus trips. One questionnaire indicated that the resident would like to explore living in a community-based home.

The annual review, carried out in January 2022, had consulted with residents and their families. Feedback was received from the family of one resident, and indicated that they were very happy with the quality of care and support provided to their loved one. Most residents indicated that they were happy living in the centre, however one resident indicated that they would like to live with less people.

Some residents had been supported to access independent advocacy services and the provider's complaints process in relation to their living environment. The provider was aware that the centre was not meeting all needs of some residents and was seeking to source more appropriate accommodation for them, this is discussed further in the report.

Residents attended weekly house meetings. The inspector viewed a sample of the meeting minutes, and found standard agenda items to include menu planning, activities, service user council, and the national standards for residential services. Principles of dignity and respect had also been discussed at a recent meeting.

The inspector met several staff members during the inspection. Staff were observed engaging with residents in a kind and respectful manner, and residents appeared very comfortable in their presence. Some staff were also observed communicating with residents in accordance with their individual communication plans, for example, using manual signs.

The inspector spoke to staff about a range of topics including residents'

communication needs, safeguarding, infection prevention and control, fire safety, residents' meals, behaviours of concern, training, and staff supervision. Staff described the quality and safety of care and support provided to residents as being very good, and were knowledgeable on the matters discussed.

From what the inspector was told and observed during the inspection, it appeared that overall, residents received a good quality and safe service, had active lives, and for the most part were being supported in line with their needs and preferences.

However, some aspects of the service were found to require improvement, such as fire safety arrangements, infection prevention and control measures, staff training, and in the implementation of restrictive practices. The progress in supporting some residents to transition to more appropriate homes in line with their assessed needs and wishes also required improvement.

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

Capacity and capability

There were management systems in place to ensure that the service provided to residents in the centre was appropriate, safe, and consistent. However, some improvements were required in the training of staff, the quality of some internal audits, and on the progress the registered provider was making in transitioning some residents to centres that would better meet their needs.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, suitably qualified and skilled; and found to have a good understanding of their role and of the supports required to meet the assessed needs of the residents. The person in charge was responsible for another designated centre, but this did not impact on their governance, management and administration of the centre concerned. A social care worker in the centre had additional responsibilities, for example, supervising staff and conducting audits, to assist the person in charge in the management of the centre. The person in charge was supported by a programme manager who in turn reported to a Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider and person in charge had implemented management systems to ensure that the centre was effectively monitored. Annual reviews and six-monthly reports, and a range of audits had been carried out to assess the quality and safety of service provided in the centre. The person in charge monitored actions identified from audits and reports to ensure that they were progressed and completed. The inspector found that the quality of some of the local audits required

enhancement to increase their effectiveness.

The skill-mix in the centre comprised a social care worker, nurses, and care staff. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. The person in charge maintained staff rotas showing the staff working in the centre. Staff working in the centre completed training as part of their continuous professional development and to support them in their delivery of appropriate care and support to residents. Some staff required training, including refresher training, in a number of areas, such as fire safety, positive behaviour support, infection prevention and control, and manual handling. The person in charge had scheduled some of the training, but some remained outstanding which posed a risk to the care provided to residents.

The person in charge provided supervision to staff working in the centre, and staff spoken with told the inspector that they were satisfied with the support they received. Supervision include informal support and quarterly supervision meetings. Staff also attended regular team meetings which provided an opportunity for them to any raise concerns regarding the quality and safety of care provided to residents in the centre.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose was recently reviewed and was available in the centre for residents and their representatives to view. There was also an up-to-date directory of residents, with the required information, maintained in the designated centre.

The inspector viewed a sample of the incidents which occurred in the centre, such as allegations of abuse, and found that they had been notified to the Chief Inspector of Social Services as per the requirements of regulation 31.

Regulation 14: Persons in charge

The person in charge was full-time and had worked in the centre for several years. The person in charge had relevant nursing and management qualifications, and was found to be suitably skilled and experienced to manage the centre. The person in charge had a clear understanding of the residents' needs and of the service to be provided.

The person in charge also managed another designated centre, however they had ensured the effective governance, operational management and administration of the designated centre concerned.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff working in the centre was appropriate to the needs of the residents. The staff skill-mix consisted of nurses, care staff, and social care workers. During the inspection, there was also a student nurse working in the centre. The person in charge was satisfied with the current skill-mix and complement.

There was one half whole-time equivalent care staff vacancy which the provider was recruiting for. However, the person in charge was managing the vacancy well to ensure that any potential adverse impact on residents was mitigated.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the rotas and found that they showed the staff on duty in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The person in charge maintained staff training records. The inspector found that some staff required training, including refresher training, in fire safety, positive behaviour support, infection prevention and control, manual handling, safeguarding of residents, and modified diets. The person in charge had scheduled staff to attend some of the training, however some was outstanding which posed a risk to the safety and quality of care provided to residents.

The person in charge, supported by a social care worker, provided informal and formal supervision to staff. Formal supervision took place every three months as per the provider's policy, and the person in charge maintained a supervision schedule. Staff spoken with told the inspector that they were satisfied with the level of support and supervision they received.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory was up to date with the required information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents. However, the transition of two residents to a more appropriate living arrangement in line with their individual needs and wishes had not yet taken place; and the provider had not met their commitment to achieving one of the transitions by the end of March 2022. The provider had put arrangements in place to better support the residents' individual and collective needs, for example, dedicated staffing for some residents and increased provision of meaningful activities, and was seeking to source appropriate accommodation before the transitions could take place.

There was a clearly defined management structure within the centre with associated lines of authority and accountability. The person in charge was assisted in their role by a social care worker, and reported to a programme manager who in turn reported to a Director of Care.

The registered provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out and had included consultation with residents. Audits had also been carried out in the areas of residents' plans, health and safety, fire safety, meal times, and infection prevention and control. The person in charge maintained a quality improvement plan which monitored actions to drive improvement in the centre. Some of the audits viewed by the inspector required enhancement to ensure that they were effective, for example, there were gaps in the completion of some audits and an absence of robust actions to address areas requiring improvement.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for staff to raise any concerns. Staff spoken with told the inspector that they were confident in raising concerns.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was revised by the person in charge during the inspection and was available in the centre for residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents that had occurred in the designated centre were notified to the Chief Inspector in line with the requirements of regulation 31.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support, and overall the service provided in the centre was safe and of a good quality. However, the living arrangements were not suitable for all residents, and improvements were required in the areas of premises, infection prevention and control, fire safety, and use of restrictive practices.

Assessments of residents' health, personal and social care needs had been carried out which informed the development of personal plans. The inspector viewed a sample of the plans and found that some required minor amendments. It had also been identified in an assessment of need, and as described elsewhere in the report, that the living arrangements were not meeting the needs of one resident.

Communication plans were prepared for residents requiring support in this area. The plans were in an easy-to-read format for staff to follow. Staff were observed communicating with residents in accordance with the communication plans. Residents had access to different forms of media including televisions and the Internet, and some residents used assistive technology such as smart speaker devices.

Where required, positive behaviour support plans were developed for residents. The plans viewed by the inspector were current and were readily available to guide staff in appropriately supporting residents with their behaviours of concerns. Staff spoken with were able to describe the contents of the plans. There were some environmental restrictive practices implemented in the centre and the rationale for their use was clear. However, improvements were required to adequately demonstrate how the residents, or their representatives, had been involved in the decision to implement the restrictions.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre were required

to complete training to support them in preventing, detecting, and responding to safeguarding concerns. Safeguarding concerns were reported and screened, and safeguarding plans were developed as required. Intimate personal care plans were also developed to guide staff in supporting residents in this area in a manner that respected their dignity and integrity.

Residents were supported to have active lives in accordance with their interests, capacities, and needs; and participated in a wide range of activities within the community and the centre. Residents' activities were planned on a weekly basis, however there was flexibility if residents changed their minds. Residents participation in activities was tracked to ensure there was sufficient opportunities to facilitate activities. The social care worker was supporting the staff team to engage residents in meaningful social goals, and staff spoken with advised the inspector that the involvement of the social care worker along with increased staffing levels and access to transport had been very positive for residents.

Residents' main meals were supplied from a central kitchen and they chose the menu on a weekly basis. However, alternative options could be prepared in the centre, and there was a good quantity and variety food and drinks for residents to choose from. Some residents required support with their meals, and corresponding plans in an easy-to-read format had been prepared for staff to follow.

The premises had been recently renovated, and was found to be bright, clean, and nicely decorated and furnished. It was well maintained, but some areas of the required minor upkeep. There were no laundry facilities within the centre for residents to launder their own clothes, instead their laundry was sent to a central laundrette on the campus.

The provider had implemented good fire safety precautions, but some aspects required enhancement. Fire evacuation plans had been developed by the person in charge to guide staff in supporting residents to safely evacuate, and staff and a resident spoken with could describe the fire evacuation procedures. Fire drills had taken place to demonstrate that residents could be safely evacuated including during night-times. The fire detection and fighting equipment was serviced on a scheduled basis.

The fire panel was not addressable and the provider had a comprehensive plan in place to upgrade it. The inspector tested a sample of the fire doors and they closed properly. The inspector was not assured that the fire containment measures to prevent the spread of fire from the kitchens to the living areas were sufficient, and requested the provider to review them.

There were infection prevention and control (IPC) arrangements to protect residents from the risk of healthcare infection, however some improvements were required. Written IPC policies and procedures, and information from public health were readily available to staff to guide their practice. Risk assessments had been undertaken on IPC matters, however further assessments were required regarding other hazards and risks that presented in the centre to ensure that the appropriate measures were implemented.

The provider had good oversight of the IPC and COVID-19 measures in the centre, for example, a detailed IPC audit had been carried out. The person in charge had prepared a COVID-19 contingency plan, however the plan required further development to reflect other potential infections. Staff spoken with had completed IPC training, and had a good understanding of the IPC topics discussed. There were good arrangements for the cleaning of the centre, however the cleaning schedules required enhancement and a piece of furniture required attention as the fabric was frayed which impacted on how effectively it could be cleaned.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. Communication plans for each resident had been prepared. The two plans viewed by the inspector were in easy-to-read format, and detailed the specific communication needs and means of residents. Some residents used manual sign systems, and inspectors observed staff communicating with the residents in this way.

The registered provider had ensured that residents had access to different forms of media, including televisions, radios and Internet. Some residents used assistive technology such as smart speaker devices to stream music.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with facilities and opportunities to partake in activities in accordance with their interests and personal capacities.

Staff working in the centre supported residents to engage in activities meaningful to them, and residents who required one-to-one support had this available to them. Activities schedules were planned on a weekly basis and reflected activities that residents were known to enjoy. The inspector viewed a sample of the recent schedules and found that they included community and centre-based activities, such as walks, cinema, eating out, bus trips, massage treatments, baking, shopping, mass, bingo, and gym. One resident attended a day service and a weekly literacy class. Residents' participation in the activities was monitored to provide assurances that the residents had sufficient opportunities to engage in activities of their choice.

Staff advised the inspector that residents' access to meaningful activities had increased, partly due to increased staffing levels and access to transport. The social care worker had responsibilities for supporting residents and staff to plan social

goals which was having a positive impact on the residents' lives.

Residents were supported to maintain contact relationships with their friends and families, for example, during the inspection one resident was going to visit family and another resident told the inspector about a planned trip to visit a friend in Galway. Some of the residents had recently celebrated milestone birthdays and had parties attended by friends and family.

Judgment: Compliant

Regulation 17: Premises

The centre had been recently renovated, and was found to be bright, clean, and nicely decorated. The centre was generally well maintained, however, some upkeep was required around door frames and to a damaged wall in a bedroom. Although some aspects of the centre were institutional in aesthetic, efforts had been made to make it as homely as possible.

Equipment used by residents, such as electric beds and hoists, was in good working order and there were arrangements for the servicing of the equipment.

There were no facilities for residents to launder their own clothes in the centre, and instead laundry was sent to a central laundrette on the campus. The provider advised the inspector that they had plans to install appropriate laundry facilities in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the buying, preparation and cooking of meals if they so wished. Residents planned their main meals on a weekly basis and they were supplied from a central campus kitchen, however there were alternative options. The inspector observed a good variety of, hygienically stored, food and drinks in the centre for residents to choose from. Within the centre, there were two kitchens with sufficient facilities and appliances for cooking. During the inspection, one resident was supported by staff to go shopping for groceries for dinner. Another resident told the inspector that they liked the food in the house, and also enjoyed eating out regularly.

Some residents required modified diets. Feeding, eating, drinking, and swallow (FEDS) plans had been prepared and were readily available in an easy-to-read format for staff to follow. The plans had been discussed at a recent team meeting to ensure staff were familiar with them. Staff spoken with advised the inspector that

the plans are adhered to and spoke about how residents' food choices and preferences are respected.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects required enhancement to meet optimum standards.

There was a suite of policies and procedures on infection prevention and control for staff to refer to, as well as information from public health. The person in charge had completed some IPC risk assessments, however, further assessments were required on other risks presenting in the centre. There was good oversight of the IPC measures in the centre. A comprehensive IPC audit had been carried out in November 2021, and reviewed in July 2022 to assess the progress of actions for improvement. Housekeeping audits were also conducted which assessed the cleanliness of the centre. The person in charge had completed a self-assessment tool to assess the effectiveness of the COVID-19 measures.

There was dedicated cleaning staff in the centre, but nursing and care staff also had responsibility for cleaning duties. The centre was clean and there was a good supply of cleaning supplies and equipment, including a spill kit for bodily fluid spills. However, the cleaning schedules were found to require enhancement to include equipment used by residents.

Staff spoken with described some of the IPC measures and had a good understanding of the topics discussed, for example, the management of soiled laundry, use of personal protective equipment, and hand hygiene. IPC and COVID-19 was a regular topic discussed at team meetings to refresh staff knowledge.

The person in charge had prepared a COVID-19 contingency plan. The plan was detailed, however required expansion to include other potential infections beyond COVID-19.

The fabric on a small foot stool was frayed which impinged on how effectively it could be cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that good fire safety management systems

were in place in the centre, however some improvements were required.

The fire equipment was regularly serviced and included fire extinguishers, alarms, blankets, and emergency lights. However, the fire panel in the centre did not alert staff to identify the exact location of fire, should it occur. The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

The inspector checked a sample of the fire doors and they all closed properly. However, the inspector was not assured about the adequacy of the fire containment measures from the kitchen into the dining areas on both floors of the centre, and requested the provider to review these measures.

The person in charge had prepared fire evacuation plans to be followed in the event of a fire or alarm activation. Individual evacuation plans were also available to guide staff on the supports required by residents to evacuate. Fire drills had taken place, including drills that demonstrated that residents could be evacuated with night-time staffing levels. Staff spoken with had participated in fire drills and could describe the fire evacuation procedures including the location of the assembly point.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs were assessed. The inspectors viewed a sample of the assessments and found them to be up to date. The assessments informed the development of personal plans. Personal plans were available to staff on an electronic information system to guide them on the interventions to support residents with their assessed needs. The inspector viewed a sample of residents' care plans, and found that some required minor amendments.

One resident's assessment of need highlighted that their current living arrangement was not meeting their needs. The feedback from another resident, as part of the annual review, included that they would like to live with less people. While the provider and person in charge had made improvements to make the centre more suitable for the collective and individual needs of residents, it remained unsuitable to fully meet the needs of all residents in a longer-term manner.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were developed as required and were readily available to guide staff in supporting residents with their behaviours of concern. Staff spoken with advised the inspector on the contents of the behaviour support plans and how the interventions were implemented. Residents had good access to multidisciplinary supports including psychology, psychiatry, and occupational therapy to help them with behaviours of concern.

There was a very low number of environmental restrictions within the centre. The rationale for the restrictions were clear and they appeared to be the least restrictive options. However, it was not clear if the restrictions had been implemented with the informed consent of the residents or their representatives.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre were required to complete training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the reporting procedures. There was also accessible information for residents to aid their understanding of protection and safeguarding.

The inspectors found that safeguarding concerns were reported and screened, and safeguarding plans were developed. Safeguarding incidents were also reviewed at staff team meetings. While there remained a risk of safeguarding incidents due to the high numbers of residents living together, the centre was being operated in a manner that mitigated the risk in the interim through effective safeguarding plans which promoted residents' safety.

Personal and intimate care plans had also been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0028665

Date of inspection: 17/08/2022

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 PIC will meet with individual staff members who require refresher training and ensure all outstanding training is scheduled for completion. This will be completed by 23-11-22.</p> <p>Moving forward the PIC will schedule an increased frequency of Training and Development auditing to improve the standard of staff training compliance within the center. This will commence immediately.</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 provider recognizes the need to progress resident transitions from the center to accommodation which fully meets the person’s needs. There are currently three active transition plans within the center which are discussed as a priority during monthly meetings of the Transition Committee. It is proposed that one of these transitions to an onsite vacancy will be completed by December 2022 with a further transition to be completed by June 2023.</p> <p>The PIC will carry out a review of the internal quality improvement programme within the center to ensure consistency of the auditing system. A definite pathway will also be devised to implement actions arising from the audits. This will be completed by 23-11-22.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC will liaise with the technical services department to address the damage around the door frames and the damage to the wall of one of the bedrooms. This will be completed by 23-11-22.</p> <p>The provider currently has a plan in place to install laundry services within the center which will proceed when suitable room on the ground floor of the home becomes available. This is expected to be facilitated by the proposed transition of a resident from the center by December 2022 followed by the installation of laundry services by June 2023.</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 PIC will liaise with the CNS IPC to discuss including other relevant IPC risks in the centers risk assessment process. The other relevant risks will then also be included in the areas Contingency Plan. This will be completed by 23-11-22.</p> <p>The cleaning schedules in the area have been enhanced to include all relevant equipment in the area used by residents. This is complete.</p> <p>The frayed foot stool has been removed from the area.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: As noted, the Provider has submitted a comprehensive plan to upgrade the Fire alarm panel and emergency lighting system.</p> <p>The PIC has consulted with the Fire Safety Officer and the blocking of the hatches from the kitchens to the living/dining areas is scheduled for completion by 30-10-22.</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 PIC along with the Nurse have reviewed the mentioned Personal Plans and made the required amendments.</p> <p>The provider recognizes the need to progress resident transitions from the center to accommodation which fully meets the person's needs. There are currently three active transition plans within the center which are discussed as a priority during monthly meetings of the Transition Committee. It is proposed that one of these transitions to an</p>	

onsite vacancy will be completed by December 2022 with a further transition to be completed by June 2023.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

An Easy Read guide to the assessment, evaluation and implementation of Restrictive Practices has been developed and circulated to the relevant residents and their keyworkers. The Easy Read guide will be discussed with the person by their keyworker during keyworker meetings to aid informed consent. The outcome of the discussions and discussions with the person's representative will be noted on the persons Restrictive Practice Protocol. This will be completed by the 23-11-22.

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 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	23/11/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	23/11/2022

	state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
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	23/11/2022
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	23/11/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/10/2022

Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/10/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/10/2022
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	30/06/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	23/09/2022
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative,	Substantially Compliant	Yellow	23/11/2022

	and are reviewed as part of the personal planning process.			
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