



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 2
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	08 December 2022
Centre ID:	OSV-0005850
Fieldwork ID:	MON-0029036

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 2 is operated by Stewarts Care Limited. This designated centre provides full-time residential services for up to 13 adults with intellectual disabilities. The centre comprises three residential houses located across two housing estates in Leixlip, Co. Kildare. All houses are within walking distance from each other. Each residential house that comprises the centre is a detached two storey house fitted with a kitchen/dining area, private bedrooms for residents, garden spaces to the rear and a good supply of toilets/showers and ensuite facilities. There is a full-time person in charge in place. The staff team comprises of social care workers, nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Thursday 8 December 2022	08:30hrs to 16:05hrs	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 infection prevention and control, and masks and hand sanitising facilities were readily available.

The centre comprised three separate two-storey houses located in housing estates within close proximity to each other and many amenities and services including public transport, shops, and cafés. The inspector visited all of the houses and completed a thorough walk-around.

The first two houses had been recently renovated, refurbished, and decorated to a high standard, and were found to be clean, comfortable, bright and homely with Christmas decorations displayed. Residents had been involved in the decoration decisions, for example, choosing paint colours and furnishings. Residents had their own personalised bedrooms and there was sufficient living and communal space. The gardens were spacious, and had been recently upgraded with the addition of raised planting beds and seating areas for residents to use. There were good fire safety measures, such as fire equipment and thumb locks at exit doors to support prompt evacuation of the centre.

The third house was due to be renovated in the coming weeks to the same standard as the other two. It required painting and some refurbishment. One bedroom required attention to ensure that the resident's privacy was adequately maintained and this was due to be addressed as part of the upcoming works.

The inspector observed information displayed in the houses for residents to refer to on complaints, safeguarding and abuse, independent advocacy services, decision making, and IPC. The inspector also observed visual activity planners and menus used by some residents.

There were no visiting restrictions or any other type of restrictive practice implemented in the centre, and the inspector observed residents having free access around their homes. Overall, the inspector observed a homely and relaxed atmosphere in the houses.

In advance of the inspection, questionnaires were sent to the residents for them to express their views on the service provided in the centre. The questionnaires were completed by residents with support from staff. Their feedback was mostly positive and reflected satisfaction in relation to their homes, food and mealtimes, rights, activities, care and support plans, and staffing within the centre. The questionnaires noted some of the activities that residents enjoyed, such as baking, arts and crafts, gardening, gym and exercise classes, eating out, walking, attending day services, and social clubs. One resident reported that they were unhappy with their bedroom

and this complaint was due to be addressed as part of the planned renovation works.

The annual review of the centre, carried out in March 2022, had consulted with residents and their families. The residents' feedback was generally positive, however some expressed dissatisfaction with their bedrooms which had been addressed as part of the recent renovation works. Two families provided positive feedback, and indicated that they were happy with the quality of care and support provided to their family member.

The inspector met many residents during the inspection, and some chose to speak with the inspector. In the first house, a resident told the inspector that they loved living in the centre, liked their housemates, and found the staff to be very nice. They were very happy with the renovations to the house, particularly their bedroom. They liked the food in the house, and often had their favourite meals. They were planning to go out for coffee that day and were going to visit their family at the weekend. They told the inspector that they were looking forward to an upcoming Christmas pantomime and party. They felt safe in the house and said that they would talk to their family or staff if they were unhappy about anything.

Another resident said that they too loved living in the centre, and had a busy life, for example, they went to social and sports clubs, and day services, and enjoyed activities such as swimming and shopping. They were very happy with the renovations to the house. They told the inspector that they felt safe and that the residents got on well, but could talk to staff if there were ever any problems. They told the inspector that the social care lead was "great". They liked the food in the house, but would like to bake more, and the social care lead advised the resident and inspector that this would be facilitated. They had found the national COVID-19 restrictions hard as social activities were curtailed, and was glad that most had lifted.

In the second house, a resident told the inspector that they liked the centre and were happy with the recent renovations. They liked to play bingo and do yoga classes, and were looking forward to spending time with their family over the Christmas period. Two other residents told the inspector that they liked living in the centre, and that they were able to participate in community activities as much as they wished, for example, they enjoyed attending day services, shopping, eating out, social clubs, and the cinema. They liked the food in the centre, and enjoyed baking cookies and scones. They had no concerns, and said that staff were "very good".

Another resident told the inspector that they were unhappy living in the centre and wanted to move out. They were being supported with this by their key worker and members of the provider's multidisciplinary team. They had been Christmas shopping earlier in the day and were planning to go for a walk and then watch the soaps in the evening. The inspector observed staff supporting the resident to make a beauty appointment for later in the month.

The inspector briefly met the residents in the third house as they were out for most

of the day on a trip to an attraction in Dublin city. They did not communicate their views, but appeared relaxed and content.

There were two vehicles shared between the three houses for residents to use to access the community. A timetable was used to arrange the sharing of the buses. Some residents could also use public transport such as buses and trains.

Residents attended weekly resident meetings. The inspector viewed a sample of the recent meeting minutes, and found that residents' rights were regularly discussed to promote their understanding of this topic, for example, recent discussions were noted on financial rights and the right to make decisions.

The inspector met several staff members during the inspection. The inspector observed staff engaging with residents in a warm and respectful manner, and they appeared to have a good rapport. The social care lead facilitated the inspection (along with the person in charge), and they were found to have a good understanding of the residents' needs and were promoting a human rights-based approach to the service provided in the centre.

The social care lead and person in charge were satisfied with the quality and safety of the service provided in the centre. They had no concerns, but felt confident in escalating any potential concerns to senior management. They felt that the management arrangements were effective, and that the recent introduction of social care workers to the centre was having a positive impact on the service. They spoke about supporting residents in a person-centred manner that was in line with their wishes and preferences through ongoing consultations and facilitation of choices. They told the inspector about how staff had recently completed training to support them in understanding residents' individual communication means in order to ensure that their wishes were being understood and met.

There was one vacancy in the centre, and the person in charge informed that compatibility assessments would be completed before any admission, to ensure that any new resident would be suitable to the centre and would be compatible with the other residents.

Some staff spoke with the inspector together and they with described the quality and safety of the service as being good. They told the inspector about residents' behaviour support plans, fire safety precautions, and safeguarding arrangements in the centre. They also spoke about how residents' rights were respected and promoted in the centre, for example, through discussions at residents' meetings, and offering choices of daily activities. They felt that the recent COVID-19 outbreak was managed well and that the support received from the provider was helpful. They spoke about other IPC matters which are discussed further in the report. They felt well supported by the social care lead and advised the inspector that they could also contact the person in charge to raise any concerns. The inspector found that they had a very good understanding of the residents' care and support needs.

Another staff told the inspector that the standard of service provided to residents was brilliant, and attributed this to a person-centred approach to care and support, caring staff, and strong management systems. They spoke about residents in a very

professional and dignified manner. They were very knowledgeable on the residents' behaviour support plans, healthcare needs, safeguarding arrangements, and IPC measures. They had no concerns, but felt comfortable in raising any concerns with the management team.

From what the inspector was told, observed, and read during the inspection, it appeared that overall, residents received a good quality service and were being supported through a human rights-based approach to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 effective management systems in place to ensure that the service provided to residents in the centre was safe, consistent and appropriate to 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. The person in charge was supported in the management of the centre by a social care lead, and they had management duties including supervising staff, organising rotas, and monitoring compliance in the centre. There was also a social care worker in each house, and they had additional duties such as carrying out audits. The person in charge reported to a Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre to assess the quality and safety of service provided in the centre. The social care lead and person in charge monitored actions identified from audits and reports to ensure that they were progressed and completed to improve the quality and safety of the service. The social care lead also completed a monthly management report to support the person in charge in their oversight of the centre.

The skill-mix in the centre included social care workers, nurses, and care assistants. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. There was one vacant whole-time equivalency, however it was managed well to reduce any potential impact on residents. The social care lead maintained planned and actual rotas showing staff working in the centre. Residents also had access to multidisciplinary team services as required.

Staff working in the centre completed training in areas such as, fire safety,

safeguarding of residents, management of behaviours of concern, diabetes, and supporting residents with modified diets as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents.

The person in charge provided support and formal supervision to the social care lead who in turn provided it to staff working in the centre. Supervision was carried out in line with the provider's policy and records were maintained of the supervision meetings. Staff spoken with advised the inspector that they were very satisfied with the support they received. The social care workers were available to support staff in the absence of the social care lead or person in charge, and they could contact an on-call service if outside of normal working hours.

Staff also attended monthly team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, residents' care plans, complaints, infection prevention and control, training, audits, and fire safety.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The registered provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and had commenced in this role in September 2022. They had relevant social care and management qualifications, and were found to be suitably skilled and experienced to manage the centre.

The person in charge demonstrated a good understanding of the service to be delivered to the residents in the centre, and of the regulations and standards

pertaining to the Health Act 2007, as amended.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses, social care workers, and care assistants. The person in charge was satisfied that the current skill-mix and complement was appropriate to the number and assessed needs of the residents.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs, personal preferences, and wishes.

The person in charge maintained planned and actual staff rotas. There were two vacancies equalling one whole-time equivalent. However, the vacancies were managed well through use of regular relief staff to support consistency of care for the residents.

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 inspector reviewed a log of the staff training records provided by the social care lead. Staff had completed training in areas such as, fire safety, safeguarding of residents, management of behaviours of concern, hand hygiene, infection prevention and control, diabetes, communication, and supporting residents with swallow difficulties. Some staff required training in autism and the social care lead was scheduling this.

The social care lead provided informal and formal supervision to staff. Formal supervision was scheduled every three months as per the provider's policy, and records of the supervision meetings were maintained. The records viewed by the inspector noted discussions on topics such as safeguarding of residents, training, infection prevention and control, and fire precautions. The person in charge carried out formal supervision with the social care lead and the minutes of their meetings noted discussions on topics such as inspections, incident management, and overall governance.

In the absence of the social care lead or person in charge, staff could contact the social care workers for support. There was also an on-call service for staff to contact outside of normal working hours. Staff spoken with told the inspector that were very

satisfied with the support and supervision they received.

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.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge reported to a Director of Care. The person in charge was supported by a social care lead who had responsibility for the day-to-day management of the centre. There were also three social care workers and they had additional duties such as carrying out audits and organising meetings to support the social care lead and person in charge in their governance of the centre. The social care lead and social care workers met with each other on a regular basis to discuss any updates or other relevant information.

The social care lead prepared a monthly report for the person in charge to support their oversight of the centre. The report provided information on a range of topics, such as staffing, fire safety, complaints, training, supervision, incident and risk management, and compliance. They also met on a regular basis to communicate and escalate any issues. The management arrangements were working well, and they were found to have a good understanding of the service provided in the centre and the residents' needs.

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. Six-monthly reports and annual reviews (which had consulted with residents and their representatives) were carried out, and identified actions for improvement. The person in charge maintained a compliance tracker plan which monitored actions to drive improvement in the centre. The tracker was reviewed on a weekly basis. Audits had also been carried out in the areas of health and safety, fire safety, health care plan, safeguarding, and infection prevention and control.

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 them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: 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 had been recently revised and was available to residents and their representatives.

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. Overall, the service provided in the centre was found to be safe and of a good quality. The majority of residents spoken with told the inspector that they were happy living in the centre and with the support they received. One resident wished to move out of the centre and was being supported with this goal.

Residents' healthcare needs had been assessed which informed the development of care plans. Care plans were available to staff to guide them on the interventions to support residents with their health care needs. Residents had access to multidisciplinary services as required, and were also supported to avail of national screening programmes as appropriate.

Where required, positive behaviour support plans were developed for residents. The plans viewed by the inspector were up to date and staff spoken with were aware of the contents. Staff had also completed training to support them in helping residents to manage their behaviours of concern. There were no restrictive practices or interventions in the centre.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed 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. Staff spoken with were familiar with the content of the plans and the procedure for reporting any concerns. There had been an increase in safeguarding concerns which had since begun to subside. The provider and person in charge had ensured that the concerns were responded to and managed appropriately. Resident spoken with told the inspector that they felt safe in their homes.

There was a good quantity and variety of food and drinks in the centre for residents to choose from. Residents were involved in the purchase, preparation, cooking, and planning of meals, and some especially liked cooking and baking. Residents told the inspectors that they were happy with the food in the centre, and that they were able to choose their favourite meals. Some residents required support with their meals, and staff had received training in this area. There were also corresponding plans available for staff to refer to.

Two of the houses had been recently renovated to a high standard. Overall, they were found to be bright, clean, comfortable, nicely decorated and furnished. Residents' bedrooms were decorated to their tastes, and there was sufficient communal space, including gardens for residents to enjoy. The premises were meeting the residents' needs, and most of the residents spoken with were happy with their homes. One of the houses required some upkeep, and the provider was planning to carry out these works in the coming weeks. The works would also address the double doors leading from a bedroom into a communal area that had the potential to impinge on the resident's privacy.

There were good fire safety systems. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. Some minor gaps were found in the staff fire safety checks. The fire panels had been recently upgraded, and the inspector found further action was required to ensure that staff could read the panels to determine the source of a potential fire. The inspector tested several of the fire doors, and they closed properly when released.

Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire. The effectiveness of the plans was tested as part of fire drills carried out in the centre. Staff completed fire safety training and were found to be knowledgeable on the fire evacuation procedures. Some residents also told the inspector about how to evacuate if the fire alarm activated.

There were good infection prevention and control (IPC) measures and arrangements to protect residents from the risk of infection. The provider had prepared comprehensive IPC policies and procedures, and staff had access to public health guidance. There was also good support available from the provider's IPC team, and within the centre there two COVID-19 lead workers with associated responsibilities.

There were good arrangements for the oversight and monitoring of the IPC measures through audits, assessment tools, and discussions at team meetings. Staff had completed relevant IPC training and were knowledgeable on the IPC matters that they discussed with the inspector.

There were good arrangements for cleaning the centre, and for the management of bodily fluid spills and soiled laundry. There was a good supply of personal protective equipment and guidance for staff on using it.

Residents were offered immunisation programmes, and there was information on vaccines in an easy-to-read format. During times of visiting restrictions, residents had been supported to maintain contact with their families through phone calls and video technology. A recent COVID-19 outbreak had been managed well, and in line with associated plans.

Regulation 17: Premises

The centre comprised three separate houses within close proximity to each other. The premises were found to be appropriate to the number and needs of the residents.

Two of the houses had been recently renovated, refurbished and decorated to a high standard. The houses were clean, and provided adequate communal space including inviting gardens to use. The residents' bedrooms were decorated in line with their personal preferences. The residents spoken with told the inspector that they were very happy with their bedrooms.

The third house required some upkeep, for example, painting and some repairs. However, there were plans for the house to be renovated to the same standard of the other two in the coming weeks. One resident told the inspector that they were unhappy with their bedroom and the upcoming works would incorporate renovation of the bedroom. Another bedroom had double doors leading into a communal living area that potentially comprised on the resident's privacy, however the double doors were due to be bricked up as part of the upcoming works.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals. Some residents particularly enjoyed cooking and baking.

Residents told the inspector that they liked the food in the centre and were happy with the selection of food and drinks. Some residents also said that they enjoyed their favourite meals on a regular basis. Residents' main meals were planned during weekly resident meetings, however there were plenty of alternative options for them to choose from. The inspector observed a good variety of food and drinks, which was hygienically stored.

Some residents required modified diets. Feeding, eating, drinking, and swallow (FEDS) plans had been prepared and were readily available for staff to follow. Residents also had access to speech and language therapy input as required. Staff had completed training in this area.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures. 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 provider had an established IPC team and they provided support and guidance on IPC matters. There were also two COVID-19 lead workers in the centre with associated responsibilities. Covid-19 and healthcare acquired infection management plans had been prepared. There had been a recent COVID-19 outbreak in the centre. It had not yet been reviewed to identify any learning, however the inspector was advised that it was managed in line with the associated plans and with good support from the provider's IPC team, and that all persons affected recovered.

Risk assessments had been carried out on the IPC hazards and risks presenting in the centre. The social care lead had also completed a self-assessment tools to assess the effectiveness of the IPC measures, and was satisfied that they were sufficient. Detailed IPC audits had also been carried out by the provider's IPC team and identified actions for quality improvement.

Staff in the centre were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. There were safety data sheets for the cleaning chemicals. There were arrangements for the management of soiled laundry and bodily fluid spills, for example, alginate bags and spill kits, and there was a cleaning schedule for the washing machine. Colour coded cleaning products such as clothes and mops were used to reduce the risk of cross contamination of infection. Residents also had their own toiletry bags to segregate their personal grooming and hygiene products.

There was good access to hand hygiene facilities and personal protective equipment (PPE) in the centre with associated guidance for staff to refer to. Staff were required to complete hand hygiene and IPC training. Staff spoken with advised the inspector on the arrangements for soiled laundry and bodily fluid spills. They also spoke about some of the IPC measures in the house, such as use of colour coded cleaning equipment, implementation of COVID-19 plans, reporting IPC concerns, good hand hygiene, and appropriate cleaning. They also advised the inspector on how residents were supported to keep in touch with their family during visiting restrictions through phone calls and video technology. Staff and residents were offered COVID-19 vaccines if they wished, and there was information on the vaccines in an easy-to-read format.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems. There was fire detection, containment, and fighting equipment, and emergency lights in all of the houses. The inspector viewed a sample of the servicing records in the house, and found that the fire extinguishers, alarms, emergency lights, and fire blankets were up to date with their servicing. The inspector tested several of the fire doors across

the centre and they closed properly when released. The fire panels had been recently upgraded. However, the inspector found that further guidance was required for staff to be able to determine the location of a potential fire as indicated on the panel. The person in charge escalated this matter to the provider's fire specialist during the inspection.

Staff in the centre completed regular fire safety checks, however the inspector found minor gaps in the checks. Fire safety audits had been completed by the provider's fire specialist, and areas identified for improvement had been actioned.

There were evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating. Fire drills were carried out to test the effectiveness of the evacuation plans.

Staff had completed fire safety training and were familiar with the evacuation arrangements. Some of the residents also advised the inspector on the evacuation arrangements.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate healthcare.

Residents' had a variety of health care needs. Their healthcare needs were assessed which informed the development of care plans. The inspector viewed a sample of healthcare assessments and plans, and found them to be up to date. There was also information on some of the residents' healthcare needs for staff to refer to, such as guidance on diabetes management. Hospital passports had also been prepared for residents in the event of a hospital admission.

Residents had good access to a range of multidisciplinary services including psychiatry, behaviour support, general practitioners, speech and language, psychology, and occupational therapy. Residents were also supported to participate in national health screening programmes as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with

behaviours of concern. Staff received training in the management behaviours of concern, and the provider had prepared a policy on positive behaviour support for them to refer to.

Positive behaviour support plans had been developed for residents where required. The inspector viewed a sample of the plans and they were found to be up to date. Staff spoken with had a good understanding of the plans. Residents also had access to multidisciplinary services to support them with behaviours of concern, for example, behaviour specialists and psychiatry.

There were no restrictive practices or interventions in the centre, however the provider had prepared a written policy on this matter.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by adherence to associated policies and procedures.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with able to describe the safeguarding procedures. There was also safeguarding information displayed in the centre for staff and residents to refer to.

There had been a recent increase in safeguarding concerns in one house, however they had been appropriately responded to and managed by the provider and management team, for example, referrals were made to independent advocacy services, safeguarding audits were carried out, residents were actively consulted with, and there was significant input and support from multidisciplinary team services. The inspector also found that safeguarding concerns were being reported and screened, and safeguarding plans were developed as required. The safeguarding plans were available in the centre and staff spoken with familiar with the content of the plans. Safeguarding arrangements and plans were also discussed regularly at team meetings to ensure that staff were aware of them.

Some of the residents told the inspector that they felt safe in the centre and could raise any concerns with staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 2 OSV-0005850

Inspection ID: MON-0029036

Date of inspection: 08/12/2022

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The works for the third house have commenced and are due for completion Febuary 28th 2023. The works completed will be monitored to ensure they are renovated to the same standard of the other two homes. The renovation of the bedrooms will reflect the expressed wills and preferences of the residents. The bedrooms shall be individualised, decorated and personalised accordingly. The concern of the bedroom with the double doors has been resolved with the double doors bricked up. There is now one door to the residents bedroom.	

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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2023