



# 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 19
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	31 August 2022
Centre ID:	OSV-0005853
Fieldwork ID:	MON-0036037

## About the designated centre

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

Designated Centre 19 provides long stay residential care and support to up to eight adult women with complex support needs. The centre is comprised of a large bungalow, located in the provider's campus in Dublin, which contains numerous designated centres and facilities such as catering, laundry and day services. The bungalow is wheelchair accessible, and contains eight bedrooms, a small kitchen, and ample communal space. It is located in close proximity to local amenities, transport links and community facilities. The centre aims to provide a comfortable home that maintains and respects independence and wellbeing, and provides a high standard of care and support in accordance with evidence based practice. The person in charge is full-time, and care and support is provided by a team of social care workers, nurses and health care assistants.

**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 31 August 2022	09:00hrs to 15:30hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation.

The centre comprised a large single-storey building located on a campus setting operated by the provider. The centre was close to many amenities and services including shops, cafes and restaurants, and public transport. The inspector observed COVID-19 signage at the front door, and hand-sanitiser and face masks were available at the entrance hall.

Some minor maintenance and upkeep was required to the premises, such as painting and repairs to flooring which had been reported to the provider's maintenance department. Residents had their own bedrooms which were decorated to their individual tastes. Some of the bedrooms were very small and presented challenges for residents with mobility needs. The communal living areas were very spacious and bright, and there was also a nice garden area for residents to use. There was a small sensory room and staff were planning to redecorate it with funds recently made available from the provider.

Equipment used by residents, such as electric beds and hoists, had stickers indicating that they were up-to-date with servicing. Aspects of the premises were institutional in layout and aesthetic such as the cubicle toilets, however efforts had been made to make the centre more homely, for example, nice photographs and pictures were displayed. Generally, the centre was clean, however some areas required cleaning and enhancement to mitigate infection hazards and to meet optimum IPC standards.

The person in charge was not on duty during the inspection and a social care worker facilitated the inspection in their place. The social care worker supported the person in charge in the management of the centre, and demonstrated an excellent understanding of the residents' care and support needs, and the supports that they required.

In addition to the social care worker, there was a nurse and four care staff working in the centre during the inspection. The inspector met and spoke with different staff members during the inspection. They were observed interacting with residents in a kind and warm manner, and respectfully spoke to and about residents.

The inspector met all of the residents living in the centre. One resident chose to communicate with the inspector with staff support. The resident was a member of the provider's service user council and had attended a photo shoot with the council earlier in the morning. They indicated that they liked living in the centre, but found their bedroom small. They also indicated that they liked the staff in the centre and were happy with the food. They did not communicate their views on infection

prevention and control. The other residents did not verbally communicate with the inspector or express their views.

Residents attended regular house meetings. The meeting minutes noted discussions and promotion of human rights-based principles and approaches to care. The National Standards for Residential Services for Children and Adults with Disabilities (2013) and residents' rights were regular topics discussed, for example, discussions had taken place in August 2022 on person-centred care, dignity, safe services, and the Assisted Decision-Making (Capacity) Act (2015). There was also information displayed in the centre on respect, making choices and bullying. Staff team meeting minutes also noted discussions on elements of a human rights-based approach to care and support, for example, recent topics included complaints, assisted decision-making, and the principle of respect.

Residents main meals came from a central kitchen on campus and there was a visual menu for residents to refer to. In addition to the meals provided from the central kitchen, there was a good variety of alternative foods in the centre to residents choose from and the kitchen was well-equipped to prepare and cook food. Some residents enjoyed grocery shopping and baking, and cooking residents' meals in the centre was promoted at staff team meetings to ensure residents had choice and control over their meals.

The annual review of the service, carried out in March 2022, had consulted with residents and their families. The feedback from families was positive and indicated satisfaction with the service. Feedback from residents included that "it would be nice to live with less people and in a house with less noise". The most recent unannounced visit report, carried out in May 2022, had consulted with staff who reported that the centre was hard to manage due to the high needs of some residents.

Although the premises were large, the inspector observed the centre to be busy and crowded at times due to the number of staff and residents, and the high support needs of some residents. It was particularly busy in the morning when staff were attending to residents' care needs.

The provider had plans to transition two residents to a centre more appropriate to their needs and had sourced accommodation for this. The transitions would also reduce the overall number of residents living in the centre to six which the provider had committed to by 25 February 2023. The residents transitioning were involved in the planning of the move, and independent advocacy services were supporting them with this. Staff and management advised the inspector that the move would have a very positive impact on the residents moving and on the residents remaining in the centre.

On the day of the inspection, residents received foot and hand massages, went for walks on campus, and one resident met the service user council of which they were a member. However, the inspector was not assured that residents were provided with sufficient opportunities to engage in meaningful social and leisure activities.

The inspector viewed a sample of the residents' care plans in relation to social

activities, and found that some required review and further detail on the activities that residents enjoyed. The recording and assessment of residents opportunities to participate in quality activities was also very poor. There was a large weekly activity planning board in the kitchen / dining area, however it was not current or completed in full; while 'Monday' listed activities, 'Tuesday' only stated 'one staff down', 'Wednesday' only stated 'two staff down', and the rest of the week was blank. The inspector viewed the activities recorded for residents over a recent three day period, and found that they were all in-house or on-campus activities, such as baking, gym, walks, listening to music, watching television, and pet therapy. One day recorded that there were staff shortages, and no activities were recorded for two residents on some days.

Staff spoke about the activities the residents enjoyed, such as going out for lunch, swimming, gym, as well as in-house activities, such as massages, beauty treatments, and watching movies. However they described the planning of activities as being mostly ad hoc, and that activities were usually determined in the afternoon once the busyness of the morning duties subsided.

They told the inspector that while residents' health care needs were being well met, there were challenges in supporting residents with meaningful activities at times when staff were sporadically redeployed to other centres which caused a significant increase in their workload and pressure to meet residents' care and support needs. There was a low number of staff who could drive vehicles to transport residents which limited the opportunities for community activities. The inspector was also advised that reduced staffing posed a risk to residents of peer-to- peer safeguarding incidents.

A six-month unannounced visit report, on the quality and safety of care and support provided to residents, dated July 2021, reported similar issues with low staffing levels and lack of activities for the residents on the day of the visit. Minutes from a residents' meeting in July 2022, had noted that the staff levels "had not been the best" which impacted on the residents "not being socially activated as well as usual".

The inspector viewed a sample of the records maintained to show when staff were redeployed to other centres; and found that in August 2022, staff were moved four times, and in July 2022, they were moved five times.

Although the concerns regarding residents' opportunities for meaningful activities and staffing issues were known, it was not clear to the inspector how they had been escalated or if residents had been supported to avail of the provider's complaints procedure.

The inspector's concerns regarding staffing levels in the centre and the residents' general welfare and development was communicated to the provider before the inspection concluded. Following the inspection, the provider was requested to submit assurances to the inspector on how the staffing levels in the centre would be maintained to meet the assessed needs of the resident and how resident's general welfare and development would be provided for.

Staff also spoke with the inspector about some of the infection prevention and control measures in the centre, and had a good understanding on the matters discussed. Staff told the inspector about how residents had been supported to understand IPC and COVID-19 measures through use of easy-to-read information and watching guidance videos.

The inspector observed positive IPC practices and measures in the centre, such as good IPC governance, adherence to policies, and staff knowledge. However, other arrangements required enhancement, for example, the oversight of some documentation, and cleaning of the centre.

Overall, the inspector found that the centre was operating at a good standard of infection prevention and control (IPC) practice and the registered provider was ensuring the risk of healthcare-associated infection was being managed, but areas for improvement were found.

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

Overall, it was found that the registered provider and person in charge had implemented arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures that were consistent with the national standards, however improvements were required to strengthen the measures.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was full-time and reported to a programme manager and Director of Care. The person in charge provided support and guidance to staff in the centre on a day-to-day basis. A social care worker supported the person in charge in the management of the centre, and had responsibilities such as conducting staff supervision, carrying out audits, and acting as a designated officer for safeguarding concerns. Outside of normal working hours, staff could utilise the provider's nurse manager on-call system if they had any concerns.

There were good IPC resources and structures in the centre. The person in charge and social care worker were the IPC leads for the centre. The provider also had an established IPC team, including a COVID-19 liaison officer and IPC nurse, available to provide ongoing guidance and direction to the centre on IPC matters. There was an adequate supply of personal protective equipment (PPE), with supporting written guidance on its use, and arrangements to easily access more if required.

The provider had prepared a written suite of infection prevention and control (IPC)



policies, procedures and guidelines which were readily available in the centre for staff to refer to. The provider had also prepared specific information on COVID-19 to ensure that staff were aware of the most up-to-date and current guidance to safely manage and reduce the risk of COVID-19. The person in charge had also ensured that staff had access to public health information on COVID-19 and IPC.

However, some guidance maintained in the centre required updating, for example, the 'guidance on prevention and management of COVID-19, influenza and other respiratory infections' document which referred to measures that were no longer in place, such as staff symptom checks. The COVID-19 contingency plan was detailed, but required minor revisions.

The provider and person in charge had implemented systems to monitor and assess the infection prevention and control (IPC) arrangements in the centre. An IPC audit, completed in 2021 and reviewed in 2022 by a member of provider's IPC team, was detailed in scope and identified areas for improvement, such as installing splash-backs at sinks in bedrooms and attending to damaged flooring. Some of these actions were outstanding on the day of inspection. The recent six-month report, on the quality and safety of care and support, reviewed some of the IPC measures and identified actions for improvement, such as updating relevant risk assessments and enhanced cleaning.

The person in charge completed monthly health and safety checklist which assessed aspects of IPC, such as ventilation, cleanliness, and premise hazards. They had also completed a self assessment tool to assess the IPC arrangements and identify any areas requiring improvement, however the inspector found that review of the assessment was overdue.

The person in charge had completed a range of risk assessments on IPC matters including COVID-19 and other infection hazards. The risk assessments identified control measures to reduce or mitigate the risks. Some of the risk assessments, including those related to COVID-19, were overdue review. Other risk assessments were found to require further expansion in their scope to incorporate other risks that presented in the centre and to reflect the associated control measures that were being implemented, for example, the arrangements for the management of soiled laundry and for the prevention of legionella.

The staff skill-mix in the centre was appropriate to the needs of the residents and consisted of nurses, care assistants and a social care worker. All staff were required to complete infection prevention and control (IPC) and hand hygiene training to support them in understanding and implementing IPC measures and precautions.

However, training records indicated that five staff required refresher hand hygiene training, and six staff required full IPC training. The deficits in the training of staff posed a risk to the effective implementation and adherence of IPC measures in the centre. However, there was signage and guidance on IPC and hand hygiene in the centre for staff to adhere to, and the inspector observed staff attending to good hand hygiene and wearing appropriate personal protective equipment.

The inspector viewed a sample of the monthly staff team meeting minutes and

found IPC to be a regular agenda item to support staff knowledge, for example, discussions had taken place on use of personal protective equipment, cleaning schedules, IPC resources, and COVID-19 protocols.

The inspector spoke to some staff working during the inspection about the IPC measures in the centre. They told the inspector about some of the COVID-19 precautions, such as outbreak plans, the use of PPE, good hand hygiene, symptom checks, social distancing, and increased cleaning. They also spoke about general IPC arrangements, such as the arrangements for soiled laundry, cleaning duties, and use of colour coded cleaning equipment. They had no concerns about IPC in the centre, but advised the inspector that they could escalate any concerns or queries to the person in charge or the provider's IPC nurse.

## Quality and safety

The inspector found that the provider has ensured that the practices and care arrangements implemented in the centre supported a good standard of infection prevention and control. However, some improvements were required in relation the premises, care plans, and cleaning and waste arrangements.

There were no recent admissions or discharges in the centre. The residents living in the centre had varied healthcare needs and the provider had ensured that appropriate supports were in place to meet them. Residents had timely access to a wide range of multidisciplinary team services, such as occupational therapy, physiotherapy, and speech and language therapy. Some residents were also supported to attend specialist clinics for their individual healthcare needs, such as epilepsy clinics. One resident had a recent bacterial infection; the infection was treated and the resident recovered well. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes.

The person in charge had ensured that residents' needs were assessed which informed the development of personal care plans. The inspector viewed a sample of care plans and found that some required updating and revision to accurately reflect all of the associated interventions. It was also found that a care plan required development for a resident in relation to recurring infections. Draft care plan templates to detail residents' individual needs had been prepared for completion in the event of a resident contracting COVID-19.

Staff told the inspector about how residents had been supported to understand IPC and COVID-19 measures through the use of easy-to-read information and YouTube videos. During times of visiting restrictions, residents were supported with more in-house activities and alternatives to community based-activities, for example, watching mass on television when national restrictions were in place.

Aspects of the premises required attention to mitigate potential infection hazards and risks. The fabric of some soft furnishings, for example, armchairs, was damaged

which impinged on how effectively they could be cleaned, however the inspector was advised that there were plans to purchase new chairs. The sofas in the living area were slightly stained, and the inspector was advised that these too were due to be replaced.

Generally, the centre was observed to be clean, including equipment used by residents such as specialised baths and shower trolleys. However, the main shower room was not maintained in an adequate state of cleanliness, as there was black mildew on tiles around the shower, the fan was dirty, and the legs of the shower chair were grimy. The inspector was advised that a deep clean of the house was being scheduled which would address these matters.

There were dedicated cleaning staff working in the centre. A member of the cleaning staff spoke with the inspector about their duties which included scheduled cleaning duties, as well as other tasks such as monitoring the hand-washing facilities and emptying bins.

Nursing and care staff also completed cleaning duties, in addition to their primary roles. Cleaning schedules and records were maintained, however the inspector found gaps in the completion of records which therefore could not provide assurances that the cleaning duties had been completed. Furthermore, the cleaning schedules required enhancement to encompass other duties such as the cleaning of fans. There was a detailed procedure for cleaning the washing machine and staff spoken with were aware of it.

There was a good stock of cleaning chemicals in the centre, however some chemicals did not have accompanying safety data sheets for staff to refer to. There was an adequate supply of cleaning equipment, and colour coded equipment such as mops and clothes were used as a measure against the risk of cross contamination of infection.

There were adequate arrangements to support good hand hygiene, such as appropriate hand sink facilities, readily available hand-sanitiser, and signage to promote good practices. There were arrangements and guidance for the safe management of laundry and bodily fluid spills, such as alginate bags, use of personal protective equipment, and a spills kit.

The arrangements for waste were found to require improvement. The storage of a sharps bin in a resident's bedroom required further consideration to ensure that any associated risks were identified, assessed, and mitigated. The inspector also observed that appropriate waste receptacles were not present in the toilet cubicles.

## Regulation 27: Protection against infection

The registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection. Residents were receiving effective care in line with their assessed healthcare needs,

and the inspector observed practices which were consistent with the national standards for infection prevention and control (IPC) in community services. However, improvements were required to strengthen the IPC procedures and meet optimum standards.

The provider had prepared written policies and procedures on IPC matters which were readily available for staff to refer to. Some of the documentation prepared by the provider required updating. Staff also had access to IPC and COVID-19 guidance issued from public health. There were good IPC resources available to the centre, including an IPC team that was available to provide guidance and support.

The provider and person in charge had good oversight of IPC in the centre, and IPC audits and risk assessments had been carried out to identify IPC hazards and areas for improvement. Some risk assessments were found to require review and further development.

Some staff working in the centre required training in infection prevention and control and refresher hand hygiene training. However, staff demonstrated good implementation of IPC measures including hand hygiene, and had a good understanding of the IPC matters discussed with the inspector. IPC and COVID-19 was discussed at staff meetings to ensure staff were aware of IPC precautions implemented in the centre.

Residents had been supported to understand IPC and COVID-19 measures through easy-to-read information. While their healthcare needs were being met, some care plans required review and further development.

There was an adequate supply of personal protective equipment (PPE), and cleaning chemicals (although some required safety data sheets) to be used in the centre.

Some areas of the premises required cleaning and attention to mitigate infection hazards, and a deep clean was being scheduled by the provider.

Cleaning schedules and records required enhancement to ensure effectiveness.

Some of the waste disposal arrangements also required improvement to ensure that they were appropriate.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 19 OSV-0005853

Inspection ID: MON-0036037

Date of inspection: 31/08/2022

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>IPC findings:</p> <ol style="list-style-type: none"><li>1. The Person in Charge has updated all relevant documents that the HIQA inspector checked on the day of the inspection: Self assessment tool for Covid-19, Site specific covid risk assessment, site specific safety statement, local guidance on prevention and management of Covid-19, Influenza &amp; other respiratory infections. These were completed on September 2022.</li><li>2. Following HIQA inspection, the person in charge has developed a risk assessment on Legionella bacteria and has arrangements in place to manage soiled laundry.</li><li>3. The Person in Charge has full oversight of staff training and ensured that action plan is in place for 4 staff identified by the inspector requiring IPC and hand hygiene training, 2 of these staff have completed IPC and hand hygiene training with 2 more having booked to complete the course – this action is expected to be completed by the 31st of October 2022.</li><li>4. The Person in Charge has ensured that the resident's care plan that the HIQA inspector highlighted has been updated and further developed (care plan on dermatitis de-activated with Psoriasis plan now in situ) – action completed on 26th September 2022.</li><li>5. The Person in Charge has ensured that Safety data sheets are in place for all chemicals used in the designated centre and these were provided by head of Household Department.</li></ol>	

6. The Register Provider has ensured that the Household manager is committed to have the premises deep cleaned on 30th Sept 2022. Any dirt that household staff cannot remove will be addressed to technical services department to source outside contractors to complete. Further deep cleaning has been scheduled and due to be completed by 7th of October 2022.

7. The Person in Charge has updated and enhanced the designated centre's cleaning schedules on 11th September 2022 to reflect the recommendations of the HIQA inspector.

8. The Person in Charge has ensured that areas that require additional bins have been sourced and put in place.



**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 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	31/12/2022