



Report of an inspection of a Designated Centre for Disabilities (Mixed).

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 11
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	13 April 2022
Centre ID:	OSV-0005856
Fieldwork ID:	MON-0027890

About the designated centre

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

Designated Centre 11 is intended to provide long stay residential support for no more than twelve male and female residents with varying support needs. Designated Centre 11 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. Designated Centre 11 comprised two campus based bungalows.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 13 April 2022	09:00hrs to 17:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore appropriate personal protective equipment (PPE) 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 COVID-19 information displayed at the front entrance and masks and hand sanitising facilities were readily available.

The centre was located on a campus setting and comprised two large bungalows. The bungalows were within close proximity to many amenities and services, such as shops, cafés, and public transport links. The bedrooms were single occupancy and had been decorated to the residents' individual tastes. There were communal living spaces and sufficient bathroom facilities. There were also inviting outdoor spaces for residents to use if they wished. Parts of the premises were decorated to be homely, but the premises remained institutional in aesthetic due to its size and layout. The inspector found that maintenance and renovation works were required in both locations, particularly in relation to painting and damaged flooring. The inspector also observed infection hazards and risks in the centre. The premises and infection matters are discussed further in the report.

The inspector met many of the residents during the inspection. Most residents did not communicate their views of the service with the inspector, however, one resident did. The resident communicated with the inspector through eye contact, gestures, facial expressions, and vocalisations; and was supported by the person in charge during the conversation. The resident had previously used specialised communication equipment which helped them to communicate more freely. However, the equipment had not been functioning since before the pandemic and the resident indicated that they were keen to be able to use the equipment again.

The resident communicated that they were happy living in the centre and with their housemates. The resident also indicated that they liked the staff. The resident indicated to the inspector that they loved to visit their family and enjoyed watching television. The resident had dedicated day service staff who supported the resident to engage in activities inside and outside of the centre. Prior to the COVID-19 pandemic the resident had attended a full-time day service outside of the centre. The resident currently attended some of the day service programmes, but indicated to the inspector that they wished to go back to the day service more, and to partake in more activities outside of the centre. The resident also communicated to the inspector that they were not satisfied with the food in the centre, and the person in charge assured the resident that they would address this complaint and ensure that the resident had more menu choices.

In advance of the inspection, residents were invited to complete questionnaires on their views of the service. Nine questionnaires were completed by residents with support from staff. The feedback was very positive and indicated that residents were happy living in the centre and with quality and safety of care that they received.

One questionnaire reported that a resident had previously made a complaint about the service and was satisfied in how the complaint was managed. The questionnaires listed activities that residents enjoyed such as shopping, going to the theatre, walks, swimming, going to the gym, meeting family, massages, and eating out. During the inspection, residents were observed to participate in activities, such as attending an on-campus Easter gathering, going out to the cinema, going to cafés, receiving beauty treatments, listening to music, and watching television.

Two questionnaires were completed by family members of residents. The feedback was very positive. One family member commented "the staff are lovely and helpful at all times". Another commented that the resident was happy with their bedroom and the staff, and that all of their needs were being met in the centre.

The inspector spoke with some members of staff during the inspection. Staff spoke about residents in a professional manner, and were very knowledgeable on the residents' needs and associated supports. Staff described the quality and safety of care provided to residents as being very high. The inspector observed staff engaging with residents throughout the inspection. The interactions between staff and residents were warm and kind, and residents appeared relaxed and content in the company of staff.

From what the inspector was told and observed during the inspection, it appeared that aspects of the care and support that residents received was of a good and safe quality. However, other aspects required improvement, for example, in meeting the communication needs of residents, mitigation of infection risks, and upkeep of the premises.

Capacity and capability

The registered provider had established management systems to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, improvements were required in the areas of staff support and development, training, and the consultation with residents as part of the annual review of the centre.

There was a clearly defined management structure within the centre with associated roles and responsibilities. The person in charge was full-time and had commenced working in the centre in June 2021. The person in charge reported to a programme manager, and they reported to a Director of Care. The programme manager commenced in their role in January 2022, and was providing effective support and supervision to the person in charge. However, prior to the programme manager's commencement, the person in charge had not received formal supervision which presented a risk to person in charge's development and performance, and thus the quality and safety of the service. As well as now attending formal supervision, the person in charge was also attending monthly group person in charge meetings that

provided a forum for shared learning and discussion.

The person in charge and programme manager were found to have a very good understanding of the residents' needs and were found to be advocating for the residents' interests and wellbeing. At times, the person in charge worked additional nursing shifts in the centre to cover vacancies. This presented a potential risk to their ability to effectively fulfil their full-time person in charge role, and was discussed with the programme manager during the inspection.

The centre was operating with a full staff complement, and the skill-mix consisted of nurses, care staff, and day service staff. The person in charge maintained a planned and actual roster that showed the staff working in the centre. Staff completed training as part of their professional development and to enable them to deliver evidence-based care and support to residents. The person in charge maintained training records. The inspector and person in charge reviewed the training records and found deficits, for example, some staff required training in fire safety, management of aggression, safeguarding of residents from abuse, dysphagia, manual handling, and positive behaviour support. Some of the outstanding training had been scheduled for staff to attend.

The person in charge provided informal and formal supervision to staff in the centre. Informal supervision took place on a daily basis and formal supervision was scheduled to take place every three months. In the absence of the person in charge, staff reported to the programme manager or a on-call manager if outside of normal working hours. Staff also had the opportunity to raise concerns with the person in charge during quarterly staff team meetings.

The registered provider had arrangements for the oversight and monitoring of the quality and safety of service provided in the centre. An annual review, in accordance with the standards, had been completed in March 2022 and had identified areas for improvement. As part of the annual review, surveys had been sent to the residents and their representatives. Four surveys were returned from family members with generally good feedback, however, there were no surveys returned from residents. It was not clear how residents had been supported to complete the surveys and help inform the annual review findings. Six-monthly reports on the safety and quality of care and support provided in the centre had also been completed with actions identified for improvement. There were also audits conducted on personal support plans, mealtimes experiences, fire safety, medication management, infection prevention and control, and health and safety matters. A compliance tracker was used to monitor actions from audits to ensure that they were progressed and achieved. The compliance tracker did not include all audit actions which compromised its effectiveness as a reliable tool for monitoring quality improvement action. However, the inspector did find that the person in charge was also reviewing findings from audits which were not reflected on the tracker, and was following up on the associated actions.

Registration Regulation 5: Application for registration or renewal of registration

The floor plans of the designated centre submitted as part of the provider's application for the renewal of the designated centre's registration required revision.

Judgment: Substantially 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 residents' needs. Nursing care was provided to residents' as required.

The person in charge maintained a planned and actual rota that showed the staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support them in delivering good care to residents. The person in charge maintained staff training records. The inspector reviewed the training records with the person in charge and found the following deficits:

- One staff required training in the safeguarding of residents.
- Five staff required manual handling training.
- Nine staff required training in the management of challenging behaviour.
- Fifteen staff required dysphagia/FEDS (feeding, eating, drinking, swallow) training.

Some staff were also found to require training in positive behaviour support, and fire safety including the use of fire evacuation aids. The person in charge had scheduled some of the outstanding training to be completed by staff in the coming weeks.

The person in charge had ensured that staff working in the centre were appropriately supported and received informal and formal supervision. There were also supervision arrangements for staff to avail of when the person in charge was not on duty.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated roles and responsibilities, and lines of authority and accountability. There was a full-time person in charge based in the centre. The person in charge was supported by a programme manager. The programme manager reported to a Director of Care.

The registered provider's arrangements to support and develop all members of the workforce required improvement. The person in charge commenced in their role in June 2021, and had not received formal supervision until the new programme manager commenced in January 2022. The programme manager was providing effective support and supervision to the person in charge, however, the lack of formal support and supervision prior to this presented a potential risk to the quality and safety of service in the centre.

The registered provider had implemented management systems to ensure that the service was appropriate to residents' needs, consistent and effectively monitored. A suite of audits had been completed on a variety of areas such as, medication management, fire safety, personal planning, infection prevention and control, mealtime experiences, and health and safety. Six-monthly reports and annual reviews had also been carried out on the safety and quality of care and support provided in the centre. Actions for improvement were identified from the audits and the inspector found that they were being monitored and achieved. As part of the most recent annual review, surveys were sent to residents and to their representatives. Surveys were returned by four family members, however, none were returned from the residents. It was not clear how residents had been supported to complete the surveys and provide feedback.

Judgment: Substantially compliant

Quality and safety

Resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, the inspector found that improvements were required to the premises, infection prevention and control (IPC) measures, and fire safety systems, as well as the arrangements and practices in relation to restrictive practices, healthcare, personal plans and assessments, food and nutrition, communication supports, and in the provision of day services.

The inspector completed a walk-around of the centre with the person in charge. The centre was located on a campus setting and comprised two large bungalows. Residents had their own bedrooms and there was sufficient storage. The centre was institutional in aesthetic due to its size, layout, and facilities, such as cubicle toilets. However, parts of the centre had been nicely decorated and there were efforts to

make it homely. The inspector found that remedial works were required throughout both bungalows, including painting works and repair to damaged flooring. The damaged flooring was of particular concern as it was an infection hazard. The inspector was advised by the programme manager that painting works were due to commence before the end of April 2022, and there were further plans to renovate the flooring. There was one unused large specialised bath, it was due to be removed in June 2022 and replaced with a shower that would be more suitable for the residents. The person in charge had also ordered new curtains and blinds for the centre.

Residents used equipment such as wheelchairs, mobility aids, electric beds, and hoists. The hoists had been recently serviced, except for one overhead hoist that was no longer used. Not all of the beds had been serviced, and it was unclear what their servicing arrangements were.

The centre was generally clean, however, some areas and equipment required cleaning, and the cleaning schedules required enhancement to be more comprehensive. The premises also presented infection hazards and risks, such as poor laundry room arrangements, and damaged property and furniture that not be cleaned effectively.

The registered provider had implemented measures to protect residents from the risk of infection. There were written policies and procedures on IPC matters available to staff. There was also guidance on the use of personal protective equipment (PPE) and COVID-19. Residents had access to easy-to-read information on COVID-19 and vaccines. Staff were observed wearing face masks in line with public health guidance, and there were adequate arrangements for access to PPE. There was also hand washing facilities available throughout the centre. Staff spoken with were knowledgeable on the IPC matters discussed including the management of bodily fluid spills, and use of cleaning equipment and products. A COVID-19 contingency plan had been developed to be followed in the event of suspected or confirmed cases in the centre. The person in charge was the IPC lead in the centre, however, there were also arrangements for access to IPC specialists, such as an IPC clinical nurse. A comprehensive IPC audit had been completed by the provider's IPC specialist. The audit was detailed and outlined actions for improvement. The person in charge had completed a COVID-19 self-assessment tool to test the COVID-19 precautions.

A suite of risk assessments had been completed on a range of IPC matters, such as COVID-19 and other infectious diseases. However, risk assessments on other matters required development, such as the management of soiled laundry, food handling and preparation, and the transmission of hepatitis.

The registered provider had implemented fire safety management systems. There was a fire safety policy and the provider's fire safety expert had completed a fire risk assessment on the centre. There had also been a recent fire safety audit that identified actions for improvement, such as the upgrading of exit door locks. The registered provider had installed fire detection, fighting, and containment equipment, such as fire extinguishers, fire alarms, emergency lights, fire doors, and

fire blankets. The extinguishers, blankets, alarms, and emergency lights were regularly serviced, and staff completed daily fire safety checks. The inspector tested a sample of fire doors and found that some did not close properly which comprised the effectiveness of the fire containment measures. Furthermore, while there was a detection and alarm system in place, the fire panels 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 system.

The person in charge had prepared written fire evacuation procedures and personal evacuation plans for staff to follow in the event of a fire. There were regular fire drills to test the effectiveness of the procedures and plans. The fire drills had included scenarios with the most amount of residents and least amount of staff on duty to demonstrate that residents could be safely evacuated. Fire drills had also included the use of ski-pads which were used to support the evacuation of some residents.

Individualised assessments on residents' health, personal and social care needs had been undertaken to inform the development of personal plans. The registered provider had implemented a new electronic information system that contained residents' assessments and personal plans. The inspector chose to review the assessments of two residents as a sample, however, the assessments were not accessible on the system for the inspector to view. Furthermore, the statement of purpose outlined the components for reviewing residents' personal support plans on an annual basis. One component was a multidisciplinary meeting; however, it was found that some residents were over due an annual multidisciplinary meeting.

Generally, residents had good access to multidisciplinary input as required, such as speech and language therapy, occupational therapy, and physiotherapy. Resident had their own general practitioners and received nursing care as required. However, there was a need for enhanced dementia care specialist input. The inspector reviewed a sample of residents' healthcare plans. The care plans were detailed and up-to-date, however, one care plan in relation to the prevention of pressure sores required revision to include all of the interventions that were used.

Residents had access to media forms and the Internet, and some residents used social media and video technology to keep in touch with their families. Staff spoken with had a good understanding of how residents communicated and the supports they required. The inspector reviewed some of the residents' communication assessments and plans. The inspector found that some of the assessments and plans required updating. As mentioned earlier in the report, one resident communicated with the inspector through augmentative means. The resident previously used specialised communication equipment which has not worked since before the COVID-19 pandemic. The resident expressed to the inspector that they were keen to use the equipment again, and the person in charge was supporting them with this.

Positive behaviour support plans were developed for residents who expressed behaviours of concern. The plans were completed by a behaviour specialist and were readily available to staff to guide them in appropriately responding to residents

behaviours. Training in positive behaviour support was also available to staff. Restrictive practices were implemented in the centre. There were protocols for the restrictions, and the use of restrictions was recorded to ensure that they were for the least amount of time required. There was also evidence that efforts had been made to trial removing the restrictions. However, it was not clear if residents or their representatives had provided consent for use of the restrictions.

Staff spoken with advised the inspector on how residents were supported with their meals and menu choices. The residents were supported to shop in the local grocery shops and planned the weekly menu at residents' meetings. The residents' main meals came from a central kitchen on-campus, however, there were options to choose from, and there were plenty of alternative foods and snacks in the centre.

Many of the residents in the centre were prescribed modified diets. Feeding, eating, drinking, and swallowing (FEDS) care plans had been developed. The inspector reviewed the plans in both of the bungalows, and found that some of the plans were overdue a review. The inspector also found that the recording in some of the fluid intake records were not fully complete. Staff were required to modify foods for residents. The inspector observed that a hand blender used to modify food required cleaning, and staff present cleaned it. Generally, the fridges and food storage facilities were clean and tidy. However, containers in one kitchen were dirty.

The inspector observed a lunch time dining experience in one bungalow. There was an appetising smell of food and relaxing music was played to create a pleasant atmosphere. Staff offered residents choices, and the food was presented in a manner that was visually pleasing. Staff were observed supporting residents in a kind and dignified manner, and sat with them at their eye level. However, the inspector observed that one aspect of a resident's FEDS plan was not adhered to, and thickened fluids for one resident were not prepared exactly as prescribed.

Residents were supported by staff working in the centre to participate in activities meaningful to them. Activities were planned on a weekly basis and there was flexibility and alternative options for residents to choose from. Some of the residents had dedicated day service staff supporting them, however, expressed that they were not fully satisfied with their day programmes. The provider's quality team were engaging with residents in the centre to explore what types of activities and programmes that they would like to engage in. Following the engagement work, individualised day activity programmes were going to be developed reflective of the resident's individual preferences and interests. Residents had access to bus services to facilitate community activities. At times the bus had to be booked in advance to guarantee availability, however, there was also access to public transport and taxis.

The registered provider had implemented effective measures to safeguard residents from abuse, which were underpinned by a comprehensive policy. Staff had completed training in the safeguarding of residents, and staff spoken with were aware of the procedures in the event of a safeguarding concern. Residents had intimate care plans to ensure that residents were supported in a manner that respected their dignity and bodily integrity.

Regulation 10: Communication

The registered provider had not ensured that all residents were supported and assisted to communicate in accordance with their needs and wishes. Communication equipment used by some residents had not been working for over two years which impacted on their rights to expression and communication.

The inspector also found that some communication assessments and plans required review.

Judgment: Not compliant

Regulation 13: General welfare and development

The registered provider had provided residents with facilities and opportunities to participate in activities in accordance with their interests. Residents were also supported to develop and maintain personal relationships and links with the community.

Staff planned activities with residents on a weekly basis. The activities reflected residents' known interests. On the day of the inspection, most residents attended an on-campus Easter gathering, and some went to the cinema and out for coffee. Residents were also observed having beauty treatments, listening to music, and watching television within the centre. The centre had access to a bus to facilitate community activities. Sometimes the bus had to be booked in advance to guarantee availability, however, public transport and taxis could also be used.

Some residents had dedicated day service staff supporting them with activities within and outside of the centre. Some of the residents expressed a wish to return to their day service, which had been curtailed during the COVID-19 pandemic, on a more regular basis and to engage in more activities outside of the centre. The registered provider was consulting with the residents in the centre about their individual interests and abilities in order to identify and develop appropriate day programmes.

Judgment: Substantially compliant

Regulation 17: Premises

The premises comprised two large bungalows. The premises were spacious and each resident had their own bedroom with sufficient storage. There were inviting

garden spaces for residents to use. Efforts had been made to make the centre homely, however, parts of the centre were institutional in aesthetic due to the size, layout and facilities.

The inspector conducted a walk-around of the centre and found that the premises required upkeep and renovation. Painting was needed throughout the centre including in the bedrooms (some of the bedrooms had been recently painted by staff). Flooring was damaged in the centre, particularly in one of the bungalows. There were plans for the centre to be painted by the end of April 2022 and for the flooring to be replaced at a later stage. New curtains and blinds had also been ordered.

Hoists were used to transfer residents and were found to have been serviced (except for one that was not used). Residents used electric beds, some of the beds had not been serviced and it was unclear what the servicing arrangements were.

In one bathroom, there was an unused specialised bath. The bath was due to be removed in June 2022, and replaced with a shower that was more suitable to the resident's needs.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had, so far as was practical, ensured that residents were supported to buy food, and be involved in the cooking of their meals. Residents' main meals were provided by a central kitchen on campus. However, they were provided with choices and there was also ample alternative foods within the centre. One resident expressed to the inspector that they were not satisfied with the food in the centre and was assured by the person in charge that this would be addressed.

The fridges and food presses were clean, however, some containers were observed to require cleaning. The inspector observed that a hand blender used to modify food required cleaning (staff attended to this immediately when highlighted by the inspector).

Residents required modified diets and had feeding, eating, drinking, and swallow (FEDS) care plans. The inspector reviewed the plans and found that some required review. The inspector observed how residents were supported during a mealtime experience. Staff supported residents in a kind and respectful manner and ensured that residents were afforded choices. The atmosphere was relaxed and there was an appetising smell. The food was also presented in a visually appealing way. However, it was observed that some residents were not supported in full accordance with their FEDS plans. It was also found that staff required training in modified diets.

The recording of fluid intake records also required improvement to ensure that the

records were completed in full.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider and the person in charge had established and implemented measures and arrangements to protect residents from the risk of infection, however, some enhancements were required. The registered provider had prepared written policies and procedures on infection prevention and control (IPC) matters. There was also guidance on COVID-19 and the use of personal protective equipment (PPE). In response to the COVID-19 pandemic, the person in charge had developed a contingency plan to be followed in the event of a suspected or confirmed COVID-19 case, and had completed a COVID-19 self-assessment tool to test the measures implemented in the centre. The person in charge was the IPC lead in the centre, however, there were also arrangements for access to IPC specialists. A comprehensive IPC audit had been completed and outlined actions for improvement. The person in charge had also completed risk assessments on infection matters, however, it was found that further risk assessments required development, for example, in relation to the management of soiled laundry, food handling and preparation, and the transmission of hepatitis.

The inspector spoke to members of staff about the IPC measures and cleaning procedures. The staff spoken with were knowledgeable on the matters discussed, for example, the management of soiled laundry, management of bodily fluid spills, cleaning of equipment, and on the use of cleaning equipment and products. There were established cleaning schedule and arrangements, and generally the centre was clean and tidy. The inspector reviewed a sample of the cleaning schedule records and found that some enhancements were required, for example, to include cleaning of bathroom fans. There were schedules for the cleaning equipment used by residents such as wheelchairs and shower trolleys. However, mobility equipment used by a resident was observed to be unclean. A bathroom fan, utility room, and 'playroom' also required cleaning. While there was an arrangement for the cleaning and replacement of nebuliser masks, there were no records to indicate that the masks had been cleaned and replaced.

The inspector also observed premise issues that presented infection hazards and risks, for example:

- Broken bathroom tiles, chipped paint and rust on grab rails and radiators, frayed fabric on stools (new ones had been ordered), damaged enamel on sink holes in hand washing basins, chipped kitchen cupboards, damaged flooring, torn bumper rail fabric, and damaged shower trolley fabric (a new one had been ordered), presented risks as they could not be cleaned properly and potentially harboured bacteria or fungus.
- Foot operated pedal bins were required in all bathrooms as a precaution

against cross contamination of infection.

- Washing machines were not maintained to a clean standard as there was a build-up of residue in them.
- Some cleaning equipment such as mop containers were dirty which posed a risk of cross contamination.
- The arrangements of laundry in one of the utility room required improvement; damp sheets were observed unattended on the counter, the laundry basket was overflowing with dirty laundry and was stored in close proximity to the cleaning trolley.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety managements in the centre. There was a fire safety policy, and the provider's fire safety expert had completed a fire safety risk assessment and audit of the centre. The audit had identified areas for improvement, such as the upgrading of exit door locks for ease of evacuation. There were fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers, and emergency lights. The alarms, blankets, extinguishers, and lights had been serviced, and staff were also completing daily fire safety checks. However, some deficits in equipment were found. While there was a detection and alarm system, the fire panels 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. Furthermore, the inspector tested some of the fire doors and found that some of them did not close properly when released which comprised their effectiveness in containing fire.

The person in charge had prepared written fire evacuation procedures and personal evacuation plans for residents. The plans were readily available to guide staff in the event of a fire. There were also regular fire drills to test the effectiveness of the fire evacuation procedures and plans. Some of the drills were reflective of the most amount of residents and least amount of staff on duty. Staff working in the centre completed fire safety training, however, some required training in the use of fire evacuation aids and were scheduled to attend upcoming sessions. Staff spoken with had completed fire safety training, participated in fire drills, and were knowledgeable on fire evacuation procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There were arrangements for the assessment of residents' individual health, personal and social care needs. However, the assessments were located on the provider's electronic information database system and could not be accessed for the inspector to view during the inspection.

Personal plans had been prepared for residents and the inspector reviewed a sample of them. The plans were detailed and mostly up-to-date, however, one resident's plan related to the prevention of pressure sores required revision to reflect all of the interventions in place. The statement of purpose outlined the components for reviewing residents' personal support plans on an annual basis. One component was a multidisciplinary meeting; however, it was found that some residents were overdue an annual multidisciplinary meeting.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge and staff spoken with were found to have a very good understanding of the residents' healthcare needs and associated supports.

The registered provider had provided good healthcare for residents, although as discussed earlier in the report, some healthcare plans require review. Residents had their own general practitioner, and had nursing support was available as required. There was also availability of allied health services, such as speech and language therapy, occupational therapy, physiotherapy. However, the person in charge and provider had identified a need for enhanced dementia specialist input.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents were supported with positive behaviour support plans. The behaviour support plans were overseen by a clinical nurse specialist and had been recently updated. The plans were readily available to guide staff in responding to behaviours of concern.

Restrictive practices were implemented in the centre. There were protocols for use of the restrictions and staff recorded the duration of use to ensure that they were for the least amount of time necessary. It was also found that the removal of restrictions had been trialled, albeit to little success. However, the protocols did not reflect if residents or their representatives had provided informed consent for use of

the restrictions.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had implemented systems to protect residents from abuse. The systems were underpinned by a comprehensive policy and procedures. There was no active safeguarding plans or concerns in the centre. Staff completed safeguarding training in order to prevent, detect and respond appropriately to safeguarding matters, and staff spoken with were aware of the safeguarding procedures.

Intimate care plans had also been prepared to ensure that residents were assisted in a manner that respected their dignity and privacy.

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	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 11 OSV-0005856

Inspection ID: MON-0027890

Date of inspection: 13/04/2022

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The Register Provider has submitted the revised floor plans on 27/04/2022.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has addressed the training requirements identified during the inspection to Learning and Development team and arrangements for training to be provided is in place. This should be complete by 30th of November 2022.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The registered provider had ensured improved arrangements to support and develop all members of the workforce. The person in charge had received formal supervision and informal meeting ensure effective support and supervision is in place. The Person in Charge has received 2 quarterly formal supervisions for this year, 2022.

The Person in Charge will ensure that the residents will be supported to complete the surveys and provide feedback on upcoming Annual review that will commence January 2023.



Regulation 10: Communication	Not Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication:
The registered provider had made arrangements to ensure that all residents were supported and assisted to communicate in accordance with their needs and wishes.

SALT is currently involve in working with HSE to ensure that Communication equipment is urgently provided to the identified service user to ensure that their rights to expression and communication is upheld.

The Person in Charge has sent in referral to SALT to request for support in reviewing communication assessments and plans. These should be completed by 30/07/2022



Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

The Person in Charge has addressed bus arrangements with Transport Manager to ensure bus availability in place. Use of public transport and taxis are also encouraged to promote community access and inclusion.

The registered provider was consulting with the residents through their wills and preferences survey in the centre about their individual interests and abilities in order to identify and develop appropriate day programmes. This is reviewed on a regular basis to ensure meeting the changing needs and wishes of the service users.



Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Register provider has ensured that Painting was completed throughout the centre including in the bedrooms on April 30, 2022. The damaged flooring has been addressed to Tech Services and has planned to replace these before the end December of 2022. Servicing of Hoist and electric beds has been addressed to Tech Services to review of improvement on their current servicing system.</p> <p>The bath was due to be removed in June 2022, and replaced with a shower that was more suitable to the resident's needs.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The Person in Charge has ensured that cleaning of equipment for use to modify food has been addressed to the staff team. The Person in Charge has also made arrangements with Learning and Development to provide Food Hygiene training to the staff team which will commence on June 27, 2022.</p> <p>The Person in Charge has sent in a referral to the SALT team to review the service users FEDS Plans and review of all plans.</p> <p>The Person in Charge has ensured that ongoing monitoring and reviewing of fluid intake records are in place to ensure that the records were completed in full before each shift finishes.</p>	
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>The person in charge has developed risk assessments in relation to the management of soiled laundry, food handling and preparation, and the transmission of hepatitis. This was completed on 15th of May 2022.</p>	

The Person in Charge has ensured that cleaning schedule records were improved and regularly monitored and included cleaning of bathroom fans, mobility equipment used by utility room, and 'playroom'. The household has also completed a deep clean in the centres. The Person in Charge has ensured that single use nebulizer masks are in place in line with IPC measures in place.

The Person in Charge has addressed the premises issues that presented infection hazards and risks to Technical Services team to be included in the home improvement plan.

The Person in Charge has ensured that Foot operated pedal bins are in place. Washing machines maintenance schedule has been in place. Cleaning equipment such as mop containers were replaced. These were all actioned on 30 April 2022.

The Person in Charge has made developed laundry schedule to improve the laundry arrangements identified during the inspection. This is completed on 15th of May 2022.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person in Charge has addressed the deficits in equipment and fire doors to the Fire Safety Officer.

The Person in Charge has arranged for required training in the use of fire evacuation aids and were scheduled to attend upcoming sessions.

The Register Provider had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Register Provider has arranged for improvement by providing additional training and support to staff in accessing electronic information database system.

The Person in Charge has completed a plan related to the prevention of pressure sores and revised the plan to ensure that the plan reflects interventions in place. The person in

charge has scheduled dates of multidisciplinary meeting for the residents. These should be completed before the end of 2022.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Person in Charge has reviewed the service users' healthcare plans.

The Register Provider has recently recruited an enhanced dementia nurse specialist and is due to commence on 15th of June 2022. The Dementia Nurse Specialist will be able to provide Dementia specific input in developing Health Care plans.

Regulation 7: Positive behavioural support

Substantially Compliant

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

The Person in Charge has arranged for the restrictive practice protocols to be updated to reflect the residents and their representative's informed consent for use of the restrictions. The Person in Charge has arranged for Easy Read and Social stories to provide informed consent to the service user and the use of restrictions. This is due to be completed by 31st of July 2022.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	27/04/2022
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Not Compliant	Orange	31/07/2022
Regulation 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and	Not Compliant	Orange	31/07/2022

	aids and appliances to promote their full capabilities.			
Regulation 10(3)(c)	The registered provider shall ensure that where required residents are supported to use assistive technology and aids and appliances.	Not Compliant	Orange	31/07/2022
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/07/2022
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/07/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental	Substantially Compliant	Yellow	31/07/2022

	needs.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as	Substantially Compliant	Yellow	31/07/2022

	quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	30/11/2022
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/11/2022
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	30/11/2022
Regulation 18(3)	The person in charge shall ensure that where residents require	Substantially Compliant	Yellow	30/11/2022

	assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	30/11/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/12/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/12/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/12/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Substantially Compliant	Yellow	31/07/2022

	than on an annual basis.			
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	31/07/2022
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/12/2022
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/06/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical,	Substantially Compliant	Yellow	31/07/2022

	chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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