



# 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 15
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	05 January 2022
Centre ID:	OSV-0005860
Fieldwork ID:	MON-0027116

## About the designated centre

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

Designated Centre 15 is intended to provide long stay residential support for up to nine men with intellectual disabilities. Designated Centre 15 comprises of two residential units, located on a campus in West Dublin operated by Stewarts Care Limited. One residential unit is a wheelchair accessible bungalow and is home to six men with intellectual disabilities and complex needs. The second residential unit is a two story house also located on the campus and is home to two residents with intellectual disabilities. Each resident has their own bedroom and additional living room spaces and kitchen facilities in both residential units are available for preparing snacks and meals for residents. The centre is managed by a person in charge and senior manager. Staff working in the centre comprise of 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 5 January 2022	10:30hrs to 18:00hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

This report outlines the finding of an announced inspection of this designated centre. This inspection was carried out on foot of the provider's application to renew registration of this designated centre.

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection and also wore personal protective equipment (PPE). The inspector greeted all residents that were present during the course of the inspection. At all times, the inspector also respected residents' choice to engage with them or not during the course of the inspection.

During the inspection, the inspector met briefly with all six residents present in one residential bungalow that made up the centre. Residents in this house did not wish to engage in conversations with the inspector but did provide some brief comments about their newly refurbished bungalow. They told the inspector that the entire bungalow had been repainted and showed the inspector their bedroom. They said it was nice and when asked if they liked the new bathrooms and toilets in their home, they said yes, they were good.

On a previous inspection of this bungalow, in February 2021, it had been identified the toilet and showering facilities were unsuitable to meet the assessed needs of the residents living in the residential bungalow. Their configuration and layout could not contribute to promoting residents' self-help skills or adequately maintain their privacy and dignity. For example, the shower room door opened directly onto the hallway of the premises and did not provide adequate space for residents to receive staff support during personal hygiene. Discussions with the person in charge at the time had also confirmed the difficulties this posed for residents and staff supporting them, when using these facilities, to ensure their privacy and dignity due to the location and size of the space.

On this inspection, the inspector observed that the provider had undertaken a significant upgrade of the toilet and bathing facilities. Residents were now provided with access to three toilets each decorated and finished to a very good standard. Residents bathing facilities had also been improved. Residents were now provided with a shower/toilet wet room area that could ensure their privacy and dignity as it provided space for residents to get changed before and after bathing. In addition, staff could better support residents with this additional space.

The inspector also observed the presence of additional hand washing sinks located beside the toilet/bathing facilities. During the course of the inspection, the inspector observed a resident engage in hand washing with the support of a staff member. The space available to residents to engage in personal hygiene and hand-washing and the location of the hand washing sinks contributed, to not only improved privacy and dignity arrangements, but also to enhanced infection control standard

procedures in the centre. This was a significant improvement in the provision of services and environmental arrangements for residents living in this residential bungalow.

In the second residential house, one resident was present during the course of the inspection. They didn't wish to engage with the inspector earlier on in the inspection, however, they did engage in a brief chat with the inspector towards the end of the inspection.

The inspector observed the resident listening to music and engaging in their wood work hobby in the garden area to the side of their home. They had been provided with their own shed which was equipped with a table, chair, electricity points and heating. The resident told the inspector that they were busy making window boxes out of wooden pallets and showed the inspector their progress so far. They told the inspector that they liked to come outside and work on their projects and enjoyed listening to music when they worked.

The inspector also met with a family member of the resident, during the course of the inspection, and sought their feedback about the service. They told the inspector that they were very happy with the service provided to their family member. They described how important the service was to not only their family member but to the wider family and were very happy with the staff that worked there. They also described the importance of familiar staff working with their family member and knew the staff members names. They told the inspector that they knew who to approach if they had a complaint but overall were very happy with the service.

The inspector carried out a visual inspection of the home during the course of the inspection.

Overall, it was observed to be a pleasant, homely environment which provided residents with their own bedrooms which were decorated in line with their personal preferences and reflected their interests with framed photographs of people that were important to them.

However, a suite of refurbishment works were required to improve the overall standard of the premises which in turn would enhance infection control standards.

The inspector observed a number of areas in the home required repair or replacing. As the house was an old property, a number of fixtures in the setting were observed to be worn and damaged.

For example, plaster had come away from parts of the stairs wall, there were issues with damp in some areas of the walls in the home. Skirting in a number of areas was damaged and required cleaning. Some radiators appeared unclean and grab rails were also rusted. Window sills on the inside of the property required repainting. Tiles in the kitchen area were stained and the carpet on the stairs was frayed in some areas.

Further additional improvements were required to the utility space in the centre as it did not adequately provide enough counter space for the segregation and clean

management of laundry. There was also a leak presenting from an upstairs en-suite shower and paint work in the en-suite toilet was chipped and marked.

The inspector also observed improvements were required in relation to fire containment measures in the home. Not all doors were fire rated, and while they had been fitted with smoke seals and door closers, were not the most optimum standard for the purposes of containment and in addition, presented with gaps around the seal of the doors when closed.

In summary, based on the feedback from residents and what inspectors observed, residents living in this designated centre were experiencing an improved quality service with the enhancement of bathing and toilet facilities in the residential bungalow of the centre. In addition, it was also noted that the transition of a resident from the second residential house, in 2021, had also improved the quality of service for residents.

Premises upgrades in one residential house were required to ensure residents had the most optimum environment to meet their assessed needs and could provide an environment where infection control standards could be met. The provider had self-identified this and there were plans in place to address these in due course. Infection prevention and control audits had also identified the impact of the premises on ensuring good infection control standards.

There were also improvements required in relation to fire safety containment measures and the notification of incidents.

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

## Capacity and capability

The provider was operating and managing this designated centre in a manner that ensured residents' needs were met by a staff team who were delivering person-centred care.

It was demonstrated that improvements in training and supervision arrangements of staff had occurred since the previous inspection. Provider-led auditing and oversight arrangements had also improved since the previous inspection and were ensuring the provider was well informed of areas that required improvement in the centre.

However, improvement was required to ensure all incidents were notified by the person in charge to the Chief Inspector as required by the regulations.

There had been a change of person in charge since the previous inspection. The

provider had submitted a registration notification to the Chief Inspector of this change. All outstanding information for the purposes of registration had been submitted.

The person in charge reported to a programme manager who in turn reported to the director of care. The person in charge was knowledgeable of the needs of residents. They were responsible for this designated centre only. It was found that they had the appropriate qualifications and management experience to meet the requirements of Regulation 14.

An annual review had been completed for 2021 by the provider. This review met the requirements of Regulation 23.

The provider had carried six- monthly provider led audits for the centre. These audits were comprehensive in scope and provided an improvement action plan to bring about enhanced compliance. In addition to these audits, the provider had also ensured additional auditing of the quality and safety of the service was carried out by other key provider stakeholders. Relevant appropriately qualified stakeholders had carried out audit reviews of safeguarding, fire safety, risk management and infection control in the centre. In addition, the provider's technical services team had reviewed the two story house premises and had identified where a suite of premises enhancement works were required.

Overall, while improvements were required to ensure better compliance, it was noted the provider had now put in place systems to oversee the quality of their own service and make arrangements to address issues identified.

This demonstrated the provider had enhanced their governance and oversight arrangements for the centre and within their organisation. These audits had identified areas for improvement and the inspector noted that on foot of these audits the provider had put plans in place to address the actions identified.

For example, while doors in the centre were found to be inadequate for the purposes of containment, this had also been a finding from the provider's own fire safety audit for the centre. At the time of inspection, custom fire doors were being made and due to be fitted in the centre later in the month.

The person in charge had suitably addressed a not compliant finding from the previous inspection in relation to staff training and supervision arrangements. Previously, a not compliant finding had been identified in the area of staff training with a large number of gaps identified across all mandatory training areas. Staff had also received supervision meetings with the new person in charge also.

While most staff had received training in risk management, further focused staff support and development was required to ensure staff were suitably knowledgeable in how report and log incident reports for the purposes of incident monitoring in the centre. For example, it was noted there had been a number incidents occurring in the centre which had been recorded in the daily notes but had not been logged on the provider's incident recording system and in turn had not been notified to the



Chief Inspector as required by the regulations.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration.  
All required information had been submitted by the time of inspection.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed a full-time person in charge for the centre.  
They were found to meet the requirements of Regulation 14 in relation to management experience and qualifications.  
The person in charge was responsible for this designated centre only and both residential units that made up the centre were located within walking distance from each other on the congregated campus setting.

Judgment: Compliant

### Regulation 16: Training and staff development

The recently appointed person in charge had made significant improvements in ensuring staff had completed training and refresher training in mandatory areas. All staff had received up-to-date training at the time of the inspection.

Some additional staff skill development was required.

While most staff had received training in risk management, further focused staff support and development was required to ensure staff were suitably knowledgeable in how to access the provider's incident reporting system for the purposes of reporting incidents occurring in the centre.

It was not demonstrated if all staff had received training in infection control standard precautions and COVID-19 management.

All staff had received a supervision meeting with the recently appointed person in

charge.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had addressed not compliant premises issues from the previous inspection to a good standard. Other areas of non compliance found on the last inspection had also been suitably addressed.

The provider had submitted a full and complete application to renew registration.

The provider had completed an annual report for 2021 that met the requirements of Regulation 23.

The provider had completed required six-monthly provider-led audits for the centre. These audits were comprehensive and provided an action plan to improve compliance in the centre.

The provider had also instated additional quality oversight auditing in the centre by ensuring audits and quality reviews were carried out by key qualified provider stakeholders in specific areas.

For example, quality and risk audits had been completed in the area of infection control, risk management, safeguarding and fire safety. In addition, the provider's technical services team had also reviewed the environment and premises and identified areas that required improvement.

The provider had appointed a full-time person in charge for the centre that met the requirements of Regulation 14.

The provider had ensured there were clear lines of responsibility and reporting for the management oversight of the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was found to meet the requirements of Schedule 1.

The statement of purpose accurately described the services provided in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

Not all incidents had been notified to the Chief Inspector in line with the requirements of the regulations.

The inspector noted a number of incidents that could be a potential or actual safeguarding incidents for example, had not been notified.

One incident that could constitute absconding had not been notified to the Chief Inspector.

The person in charge was required to submit a notification for all incidents occurring in the centre and provide retrospective notifications for incidents that had occurred in the previous year.

Judgment: Not compliant

## Quality and safety

This inspection found that residents were in receipt of a service that was person-centred and for the most part, meeting their social and health care needs within the context of COVID-19. Improvements were required in the area of infection control, premises and fire safety arrangements.

As discussed, the provider had carried out a suite of upgrade works in the residential bungalow that made up the centre. They had suitably addressed a not compliant finding from the previous inspection and had upgraded the toilet and bathing facilities in the bungalow. In addition, they had ensured better hand washing facilities for residents and improved infection control standards in doing so.

The provider had also repainted the bungalow throughout in light colours and had enhanced the lighting in the hallway section leading to residents' bedrooms. Residents' bedrooms had also been repainted and residents had been provided with new curtains also. The person in charge and staff also informed the inspector that furniture in the communal area had been moved around to ensure residents with mobility aids had more space to move about. Some residents had their own corner table where they liked to do jigsaws and other art hobbies.

However, refurbishment works were required in the second residential house that made up the centre.

The second two storey house was a period property and therefore a number of fixtures and fittings in the premises presented as old, worn and requiring

replacement or repair. Due to an issue with damp, some areas of plaster had come away from the wall leading up the stairs. There were also issues with leaks from the upstairs en-suite and areas within the en-suite required repainting. Skirting boards required repair and the carpet on the stairs was noticed to be fraying.

The provider had self-identified the requirement for refurbishments to take place in this residential house and had also carried out a full environmental premises review. While notable refurbishments were required, it was noted however, that residents were very happy living in the centre. The house was homely, comfortable and warm. The inspector observed a resident during the course of the inspection, access the utility space to put their clothes in for washing and later in the day use their outdoor shed to engage in their woodwork hobby.

The provider had processes in place to promote residents' safety and protect residents from harm. There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions, and the process for responding and recording safeguarding concerns was in line with national policy. Residents had access to a social work department, if required, and there was a named designated officer for the designated centre. The person in charge had ensured staff had received refresher training in safeguarding vulnerable adults and at the time of inspection all training was up-to-date.

The inspector reviewed a safeguarding investigation that had been undertaken and noted it had been very thorough and comprehensively followed up by the relevant safeguarding designated officers and social work department. A safeguarding plan was in place and had been reviewed recently.

While this was evidence of good safeguarding processes and procedures when incidents were reported and recorded, it was noted improvements were required to ensure staff reported all potential safeguarding incidents that presented at times as episodes of behaviours that challenge. The inspector noted a number of behavioural incidents, recorded in residents' daily notes, could constitute potential safeguarding concerns as they had a negative impact on their peers from time-to-time. It was not demonstrated that all such potential safeguarding incidents had been appropriately screened through safeguarding processes.

The inspector however, did note that the provider's safeguarding team had carried out a thorough safeguarding review of all incidents and daily notes recorded in the centre and had identified areas where improvements in reporting were required. Actions were being put in place on foot of this review.

There was a schedule of maintenance in place for fire safety equipment. The inspector reviewed servicing check records in each residential unit visited and noted they were up-to-date in each house with a record maintained and available for review in each house. Staff had received training in fire safety management with refresher training available and provided as required. Each house had also undergone a fire safety audit by a stakeholder of the provider with a remit in fire safety.

Containment measures were in place in the bungalow residential unit to a good

standard. Fire doors were in place with door closers and smoke seals in place. However, in the second house that made up the centre, these were inadequate. While doors in the centre had been fitted with smoke seals and door closers, the doors were not fire doors and therefore were not the most optimum for smoke and fire containment purposes. This had been identified during the provider's fire safety audit of the centre and custom made fire doors had been ordered at the time of inspection. The inspector was informed that these doors were due to be installed later in the month following the inspection.

Recorded monthly day time fire drills had been carried out during and were maintained in the fire register for the centre. Each resident had a documented personal evacuation plan which was in date maintained. However, it was not adequately demonstrated that an evaluation of night time evacuation procedures, where the minimum number of staff to resident ratios were in place, had been carried out. This required improvement. The provider was also required to review the use of keys in some exit doors in the bungalow residential setting. This was to ensure the most optimum and efficient evacuation system was in place if appropriate following a risk assessment, for example, thumb turn opening devices.

The inspector reviewed infection control management in the centre and noted good contingency planning was in place. Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day. The premises across all residential houses were maintained to a good standard of hygiene. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection which were in line with recent changes to public health guidance.

The provider had ensured a comprehensive infection control audit in each residential house had been completed by a clinical nurse specialist in Infection Control for each residential home that made up the centre. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. This audit identified where good infection control standard precautions were being implemented and where improvement actions were required. For example, the audit had identified that the premises of one of the residential houses could not provide the most optimum infection control standards due to areas requiring upgrading refurbishment.

The inspector observed some areas where infection control standards required improvement. While risk of smearing had been identified as a risk in the bungalow residential setting, it was not demonstrated that associated infection control risk assessments had been created for the management of this potential infection control risk which identified the risk mitigation measures in place.

As discussed, some aspects of the premises of the second residential house, that made up the centre, impacted on the infection control procedures that could be implemented. A number of surfaces and areas in the home required repair and upgrading to ensure they could be kept in a clean manner.

In addition, the utility space in the home required improvement to ensure laundry could be effectively segregated and managed to ensure good infection control standards. For example, the inspector observed there was limited counter and storage space area available for segregating and managing dirty and clean laundry, which in turn impacted on the infection control measures.

Residents' healthcare needs were assessed and planned for. Residents' healthcare information was kept up to date and there was a plan in place for their assessed healthcare needs. Residents had access to their own general practitioner (GP) and had received an annual health check. Residents had also been supported to attend out patient clinics and reviews by relevant healthcare physicians. Appointments and follow up tests had been arranged for residents and they had been supported to attend these.

Residents were also supported to avail of National Screening programmes and there was evidence to demonstrate they had received relevant tests and screening in this regard.

The person in charge maintained a risk register for the centre. Overall, it was demonstrated there were comprehensive records of risks presenting in the centre with associated risk assessments in place for each risk identified. The provider's risk manager had also carried out a review of risk procedures in the centre and had made recommendations which the person in charge had put in place.

While this demonstrated good oversight arrangements and review by the provider, some improvements were still required. As discussed, it was not demonstrated that staff were recording incidents that occurred in the centre in a timely manner and in some cases recorded incidents in the daily notes. This in turn impacted on the reporting of risks in the centre and could not ensure the person in charge or provider were adequately informed of all risks and incidents presenting in the centre.

The inspector observed a potential fire safety risk in the use of a storage space under the stairs of the two storey residential home. During the course of the inspection, the person in charge removed all items from under the stairs and made arrangements for their storage elsewhere. The provider was required to risk assess the use of this storage space and put in appropriate control measures to inform staff of what items were suitable to store there within the context of fire safety.

## Regulation 17: Premises

The provider had suitably addressed not compliant findings from the last inspection relating to the toilet and bathing facilities in the residential bungalow of the centre. These had been addressed to a good standard and had enhanced the privacy and

dignity arrangements for residents in the centre.

Refurbishment works were required in the second residential house that made up the centre. The provider had self-identified this and there were plans in place to address these in due course.

The second two storey house was a period property and therefore a number of fixtures and fittings in the premises presented as old, worn and requiring replacement or repair.

- Due to an issue with damp, some areas of plaster had come away from the wall leading up the stairs.
- There were also issues with leaks from the upstairs en-suite and areas within the en-suite required repainting.
- Skirting boards required repair and the carpet on the stairs was noticed to be fraying.
- Tiles in the kitchen wall area were marked and the grout appeared dirty.
- The carpet on the stairs was frayed in some areas.
- Some window sills required repainting where paint had chipped away.
- Low level radiators, situated at ground level in the kitchen and living room space, appeared dirty with dust present inside them.
- Some air vents were dusty and required cleaning.
- Some high level areas required cleaning and dusting.
- A number of walls and areas required repainting.

Judgment: Not compliant

### Regulation 26: Risk management procedures

It was not demonstrated that staff were recording incidents that occurred in the centre in a timely manner and in some cases recorded incidents in the daily notes.

This in turn impacted on the reporting of risks in the centre and could not ensure the person in charge or provider were adequately informed of all risks and incidents presenting in the centre.

The provider was required to risk assess the use of a storage space under the stairs and put in appropriate control measures with regards to what items were suitable to store there within the context of fire safety.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had enhanced the infection control standards in the residential bungalow setting by upgrading the toilet and bathing facilities and by installing hand washing sinks for residents and staff to use which were located adjacent to the toilet area in the centre.

It was noted good COVID-19 outbreak contingency planning was in place.

Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day.

Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection which were in line with recent changes to public health guidance.

The provider had ensured a comprehensive infection control audit in each residential house had been completed by a clinical nurse specialist in Infection Control for each residential home that made up the centre. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions.

While risk of smearing had been identified as a personal risk in the bungalow residential setting, it was not demonstrated that associated infection control risk assessments had been created for the management of this potential infection control risk which identified the risk mitigation measures and cleaning schedules required.

The premises of the second residential house that made up the centre, impacted on the infection control procedures that could be implemented. A number of surfaces and areas in the home required repair and upgrading to ensure they could be kept in a clean manner.

In addition, the utility space in the home required improvement to ensure laundry could be effectively segregated and managed to ensure good infection control standards.

For example, the inspector observed there was limited counter and storage space area available for segregating and managing dirty and clean laundry, which in turn impacted on the infection control measures.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Containment measures in one residential house that made up the centre, required improvement.



While doors in the centre had been fitted with smoke seals and door closers, the doors were not fire doors and therefore were not the most optimum for smoke and fire containment purposes.

Recorded monthly day time fire drills had been carried out during and were maintained in the fire register for the centre. Each resident had a documented personal evacuation plan which was in date maintained. However, it was not adequately demonstrated that an evaluation of night time evacuation procedures, where the minimum number of staff to resident ratios were in place, had been carried out.

The provider was required to review the use of keys in some exit doors in the bungalow residential setting. This was to ensure the most optimum and efficient evacuation system was in place if appropriate following a risk assessment, for example, thumb turn opening devices.

Judgment: Not compliant

### Regulation 6: Health care

Residents had access to a general practitioner (GP) and a multidisciplinary team which consisted of a psychiatrist, psychologists, occupational therapist, physiotherapist, speech and language therapist, clinical nurse specialist in behaviour, social workers and dietitians.

Residents also had access to dental services, optician services and chiropody services.

Residents were supported to avail of National Screening programmes if required and with due regard to their wishes.

Each resident had received an annual health care check with their General Practitioner.

Judgment: Compliant

### Regulation 8: Protection

There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions and the process for responding and recording safeguarding concerns was in line with National policy.

The provider had appointed a designated officer in the centre to ensure all reported safeguarding incidents were responded to and investigated, and residents had

access to a social work department if required.

There was comprehensive evidence to demonstrate where safeguarding incidents were reported they were screened, reviewed and followed up on in a comprehensive manner and in line with National Policies and procedures.

The provider's safeguarding team had carried out an audit of safeguarding in the centre and in doing so had identified incidents and recordings in daily notes that were potential safeguarding incidents.

While this was evidence of the provider's enhanced safeguarding governance oversight arrangements for the centre, it was not demonstrated staff were appropriately reporting these incidents in the context of safeguarding and were recording these incidents as behaviours that challenge. This impacted on the provider's implementation of safeguarding policies and procedures in the centre.

The provider and person in charge were required to review the reporting procedures for safeguarding incidents in the centre to ensure effective and timely reporting procedures were in place.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 15 OSV-0005860

Inspection ID: MON-0027116

Date of inspection: 05/01/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>-Safeguarding Manager to provide full staff team with in person Safeguarding Adults At Risk of Abuse training- to be completed by 15.3.2022.</li> <li>-Person In Charge will discuss safeguarding and staffs role re reporting correctly in First Quarter supervision- to be completed by 31.3.2022.</li> <li>-Person in Charge will discuss Stewarts Incident Management System and how to report issue of concern appropriately in staff meetings and in individual supervisions- to be completed by 31.3.2022</li> <li>-all staff to complete infection control training- to be completed by 31.3.2022</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Person In charge will submit retrospective notifications for incidents that where not reported for year- to be completed by 12.2.2022</p> <p>--Safeguarding Manager to provide full staff team with in person Safeguarding Adults At Risk of Abuse training- to be completed by 15.3.2022.</p>	

<p>Person In Charge will discuss safeguarding and staffs role re reporting correctly in First Quarter supervision- to be completed by 31.3.2022.</p> <p>-Person in Charge will discuss Stewarts Incident Management System and how to report issue of concern appropriately in staff meetings and in individual supervisions- to be completed by 31.3.2022</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: -schedule of renovation works to be completed by 30.4.2022</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Safeguarding Manager to provide full staff team with in person Safeguarding Adults At Risk of Abuse training- to be completed by 15.3.2022.</p> <p>-Person In Charge will discuss safeguarding and staffs role re reporting correctly in First Quarter supervision- to be completed by 31.3.2022.</p> <p>-Person in Charge will discuss Stewarts Incident Management System and how to report issue of concern appropriately in staff meetings and in individual supervisions- to be completed by 31.3.2022</p> <p>-Storing items under stairs in prohibited- date completed 5.1.2022</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>	

smearing risk and associated actions added to IPC Risk assessment- completed on 3.2.2022	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  fire doors to be replaced on or before 28.2.2022  -schedule of renovation works to be completed by 30.4.2022</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  Safeguarding Manager to provide full staff team with in person Safeguarding Adults At Risk of Abuse training- to be completed by 15.3.2022.</p> <p>-Person In Charge will discuss safeguarding and staffs role re reporting correctly in First Quarter supervision- to be completed by 31.3.2022.</p> <p>-Person in Charge will discuss Stewarts Incident Management System and how to report issue of concern appropriately in staff meetings and in individual supervisions- to be completed by 31.3.2022</p> <p>-weekly review of behaviour records / 24 hour progress notes by Person in Charge/ designated staff nurse to ensure all issues of concern (or possible safeguarding incidents ) are appropriately documented and notified</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2022
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.	Not Compliant	Orange	30/04/2022
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 26(2)	The registered provider shall	Substantially Compliant	Yellow	28/02/2022



	ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	03/02/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	02/01/2022

	of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	12/02/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	06/02/2022
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in	Substantially Compliant	Yellow	12/02/2022

	relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	28/02/2022