



# 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 8
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	04 May 2022
Centre ID:	OSV-0005830
Fieldwork ID:	MON-0028038

## About the designated centre

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

DC8 is a designated centre operated by Stewarts Care Limited and registered to provide full-time support for up to four adults with intellectual disabilities. The designated centre is located in a congregated setting in South County Dublin. The centre comprises a two storey building which is divided into four single occupancy living spaces. Each resident is afforded their own bedroom, living room/dining area, a separate kitchen and bathroom/shower facility. The centre is staffed by a team of nurses, a social care worker, care assistants and a day service staff and has a full-time person in charge. Residents living in this centre have access to clinical services such as psychiatry, psychology, occupational therapy, speech and language therapy, social work and physiotherapy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 4 May 2022	10:00hrs to 17:40hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

The inspector met three of the four residents who lived in the designated centre and spoke specifically with one resident. The inspector met some of the staff team and spoke with the person in charge. Each resident had also been supported to complete a questionnaire for the inspection, which gave the views of residents in relation to the facilities, food and mealtimes, visitors, resident rights and activities and their care and support in the designated centre. The questionnaires received demonstrated that overall, residents were happy with how comfortable their centre was, how warm it was and the access to garden or outdoor areas. Residents noted some things that would make them more satisfied with their home environment, such as a more comfortable chair, outdoor furniture for the garden area and the completion of some painting works.

Questionnaires showed that residents were happy with the amount of choice they had in deciding when to get up or go to bed, what they liked to eat, the activities they took part in and the overall care and support they received from the staff team.

Most of the questionnaires expressed that residents were happy that the staff team were easy to talk to. All questionnaires demonstrated that residents felt that staff listened to them and knew their likes and dislikes. All questionnaires demonstrated that residents were happy with how safe they felt, how they were respected and how their dignity was protected.

During the day, some residents and staff told the inspector about their plan for the afternoon, and the activities that they were looking forward to going to. Residents were seen to be supported to prepare themselves for their planned outings, and demonstrated that they were looking forward to this. The inspector met some residents who were listening to music before heading out for a planned activity. Residents appeared nicely dressed and expressed that they were eager to go out, which was supported by the staff team. Questionnaires demonstrated that residents had a variety of activities, both inside their home and outside the centre that they enjoyed doing. Such as swimming, using multi-sensory facilities, painting, planting, going to the beach or natural places, going to pubs and restaurants, for example. Staff explained that they were trialling different activities with residents, based on their own interests and sampling different activities or locations to see if residents enjoyed them. While the majority of questionnaires showed that residents were happy with how often they took part in activities outside of the centre, one questionnaire expressed that they were unhappy with this, as at times the number of staff available to support them affected their ability to socialise more.

Some residents explained to the inspector how they kept in touch with friends and family, through regular visits in their home, or through video calls and telephone calls when in person visits were not possible.

Some residents' living areas had been recently decorated and residents had picked

the colour scheme themselves. Based on their assessed needs in relation to mobility and seating, some residents had recently received new furniture in their home, however the resident had expressed that they did not like it and the person in charge was supporting the resident to seek alternative seating that was more in line with their wishes. Residents had their own bedrooms, and some had chosen a larger double bed for their room. Some residents who had recently moved in, were awaiting a more suitable bed to be delivered.

The designated centre was seen to be nicely decorated in line with residents' wishes, was homely and comfortable and some residents showed the inspector around their home. There were photographs and art work on display, such as pictures of important people or memorable events. Some residents had work space in their bedrooms if they wished to do writing or other table top activities. There were well maintained garden areas for each resident with furniture for residents to sit outside. Some of the garden areas had been decorated with pot plants, garden decorations and fences that offered privacy and residents had been involved in planting and decorating the garden.

One of the four bedrooms in the designated centre opened out directly into the living and dining area. The use of an inner room for the purpose of a bedroom had not been fully considered or identified in line with best practice regarding fire safety. The designated centre was seen to have an appropriate number of unobstructed fire exits, a fire alarm and detection system and fire fighting equipment located in key areas.

Each resident had access to a television and television and radio stations in their living areas. Previously there had been a restrictive practice in place, which resulted in the television being placed behind a plastic screen, but this had been removed as part of a restrictive practices review as it affected how easily the screen could be seen. Some residents used computer tablet devices and used these for communication or to contact family and friends. While some residents had access to Internet services for their devices, not all residents had the same access.

The inspector saw keypad locks on some doors in the designated centre, some of which had been deactivated following a recent review of restrictive practices. Some doors were locked at particular times, when deemed necessary and this was monitored to ensure they were used for the least amount of time required.

Overall, residents were seen to be supported by a suitable number of staff during the day of inspection, with sufficient staff and resources available to follow residents' chosen plan for the day, and in line with their wishes. It was seen that the staff team were working at reducing restrictive practices and trialling more opportunities for residents in their daily lives. Residents expressed overall that they were happy living in their home and the supports they received, with some improvements required in relation to fire safety, minor premises and furniture upgrades and equal access to Internet for residents' use.

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.

## Capacity and capability

The provider had applied to renew the registration of this designated centre, for 8 adults and this inspection was to inform that decision. This inspection found that the provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider and person in charge had adequately addressed the areas identified for improvement in the previous report in March 2021, for example, through strengthening the governance structure and monitoring tools and improving staff training. Some areas were in need of further improvement, as will be outlined further in the report in relation to fire safety, and minor improvements in relation to communication and food and nutrition.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, there was transport available, adequate premises, facilities and supplies.

The provider had a revised management structure which identified clear roles and responsibilities in the designated centre. Since the previous inspection, there was a new person in charge who was supported in their role by a clinical nurse manager and social care worker, who both had identified responsibilities for the operation of the centre and supervision of the staff team. This structure, while new, was seen to be effective at ensuring appropriate oversight and leadership for the team.

The person in charge was responsible for two designated centres, located next to each other on the campus. There was an identified deputy manager, who assisted the person in charge in carrying out their duties and this supported their operational management of two areas of responsibility. There were management and oversight systems in place, to continuously monitor the quality of the care and support in the designated centre, and these tools were being effectively used to bring about improvements. For example, a recent infection prevention and control audit had resulted in improved oversight of the daily cleaning regimes, and changes to the procedure for managing laundry.

Overall there was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. The provider had recently recruited for a full-time role that was previously vacant and this person was starting in the coming weeks. There was

a recruitment plan for the remaining 0.7 vacancy for the role of health care assistant, and this was being covered currently by regular staff employed in the designated centre. The staff team was made up of staff nurses, a social care worker, a day service staff and health care assistants. There was additional household staff employed by the provider to support with the cleaning and upkeep of the designated centre. The provider had enhanced the skill-mix in the designated centre by appointing a social care worker to compliment the other roles.

The provider had routine and refresher training made available to the staff team and had identified mandatory training for the organisation as per their own policies and procedures. On review of the training records, there were some small gaps in the refresher training for staff, however staff were booked to attend refresher training in the coming weeks. The training provided to staff in positive behaviour support and safeguarding in particular, were in line with the assessed needs of the residents living in this home.

There were systems in place for the formal and informal supervision of staff members, with one-to-one meetings with staff members occurring as set out in the provider's policy. While there had previously been some gaps in the provision of formal supervision, this had been rectified and a more stable system was now planned for by the person in charge. There were regular staff team meetings held in the designated centre which were used to discuss emerging needs of residents, the operation of the centre and also to keep staff informed of important information or guidance. The person in charge was present in the centre on a regular basis, to oversee the care and support being delivered by the staff team.

Overall, the designated centre was being operated and managed in a way that promoted a good quality of care and support for residents living in the designated centre.

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

The provider submitted an application, along with the required documentation to apply to renew the registration of the designated centre. These documents were submitted within the time-frame required.

Judgment: Compliant

#### Regulation 14: Persons in charge

Since the previous inspection, the provider had appointed a new person to be in charge of this designated centre. The person in charge was suitably skilled, experienced and qualified in their role and had a good understanding of their regulatory responsibilities. The person in charge worked full-time and was



responsible for two designated centre located beside each other. There were appropriate arrangements in place for the operational management of these two designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The designated centre had a staff team that consisted of health care assistants, staff nurses, a social care worker and a day services staff. The provider had identified the required staffing for this designated centre, based on residents' needs and had followed through on their plans to recruit for any vacancies in the staff team.

There was an adequate number of staff on duty during the day and night-time to support residents' individual and collective needs. Residents were supported with one-to-one staffing, or two-to-one staffing, if this was required and the staffing resources were managed in such a way as to benefit residents' daily plans. For example, shift patterns had recently changed to ensure residents had higher staffing at the weekends and evenings.

Following the previous inspection, the provider had enhanced the skill-mix in the designated centre, by appointing a social care worker.

The person in charge maintained a planned and actual staff roster for the designated centre, showing who was on duty during the day and night-time and included their full name and role title.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. Some staff required refresher training in mandatory areas and arrangements had been made for this to be completed in the coming weeks.

Staff were formally supervised on a regular basis in line with the provider's policy, there were regular staff team meetings and the person in charge was present in the centre on a regular basis.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had made recent changes to the management structure in the designated centre, through the change of the person in charge role and the appointment of a social care worker who had deputising responsibilities. The management structure was clearly defined and had identified lines of reporting, responsibility and accountability for each role.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider.

The provider had completed unannounced visits to the centre on a six-monthly basis, and had completed an Annual Review of the quality of care and support in line with the National Standards, this had been inclusive of the views of residents and their families. There was also a system of auditing in key areas such as infection prevention and control, fire safety and risk.

There was evidence that the provider and person in charge had taken action in response to these audits and reviews, to bring about improvements.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose which was a clear reflection of the services and facilities on offer. The premises, staffing arrangements and care and supports noted in the written statement of purpose, were a clear reflection of the findings and observations on the day of inspection.

Judgment: Compliant

### Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and was safe. The person in charge was promoting the review of restrictive practices and some practices had reduced in recent weeks. Staff were encouraging a return to more activities and events outside of the centre and

residents were receiving a service within an individualised living environment, suited to their needs. Some improvements were required in relation to fire safety, food and nutrition and communication.

The designated centre was located on a campus, it was a two-storey home that had been divided in such a way to offer each resident their own individual living environment. Each residents' area had a bedroom, kitchen and dining area and bathroom facilities and each of the four residents had access to a garden space for their own use. Residents' areas were decorated in line with their own tastes and interests, for example a resident had recently chosen the colour of their walls when they were repainted and some homes had personal items and photographs important to them on display. Staff had created unique poems for some residents outlining their positive attributes, and these were on display. The provider had completed some decorative works in the designated centre since the previous inspection, such as interior painting and replacing some items of furniture.

There remained some minor decorative and upgrade works in the designated centre, such as further painting and tiling, some residents were awaiting replacement furniture which had been ordered, and residents were awaiting access to their own laundry facilities also. There was one washing machine and dryer being used by all four residents, and this had been identified through infection control audits but also residents expressed a wish for access to their own facilities within their individual living spaces.

While the provider had completed work in the building, there remained some minor works throughout the centre to further improve it, for example, completion of further painting, repairs to tiling and storage under the sink, all of which were planned for by the provider.

Staff understood how residents' liked to spend their time, the activities that they enjoyed and their aspirations for expanding their opportunities. There were plans in place over the day and week to facilitate residents wishes to engage in different at home, or external activities and there was access to a vehicle for staff to drive and attend activities further afield. On review of residents' notes and where they liked to spend their money, it was seen that while residents were supported to attend coffee shops and pubs for example, these had been sporadic at times in the first few months of the year, as national restrictions were beginning to reduce and residents had identified that they would like to increase the amount of activities that they took part in. The person in charge had discussed this at supervision with the staff team, and set a goal of increasing community based activities for the months ahead with each key staff member. Similarly, with the recent changes to the shift patterns of staff, this would facilitate greater access to chosen activities in the evening and weekends for residents, which was a positive change.

Staff spoke to the inspector about how to support residents to engage in their preferred activities and to widen their opportunities. Staff explained that they were trialling different activities with residents, based on their own interests and sampling different activities or locations to see if residents enjoyed them in order to widen their choices. Residents' needs were noted and assessed using assessment tools

implemented by the provider. Based on these assessments, care plans were written up to outline how each individual need would be met and supported. While some aspects of social and personal needs were not as comprehensively assessed as health care needs, staff had developed plans and supports to encourage residents' choice and development in these areas. For example, trialling new places of interest, or expanding home skills.

Residents communicated verbally, or through alternative methods of communication, such as gestures, photograph or picture exchange. Each resident had an up-to-date communication passport which guided staff on how residents expressed themselves, and how best to support residents' understanding. Staff felt that these communication plans in place were working effectively, but there was also access to speech and language therapy, should this be identified as a need for further support in communication. The designated centre provided access to television services, radio and other media. While there was Internet access in the centre for the staff to complete their online work, not all residents had access to Internet for the purpose of using their devices such as tablet computers. This was something identified in the provider's audit and was an action for improvement.

Staff understood that sometimes residents demonstrated their needs or wishes through their presentation, or behaviour and residents had guiding plans to support them in this regard. Residents' needs in relation to behaviour had been assessed with the support of the allied health and social care professional team, and these needs were seen to be met in practice. For example, by providing a low lighting and low stimulus environment in one of the living areas which was observed during the inspection. Staff were provided training in de-escalation techniques and positive behaviour support, with some refresher training planned for the current month. Staff demonstrated a good understanding of residents' needs and how to support them to positively manage behaviour that may be challenging.

Residents had access to food and drink in their home, with fridges and presses open and stocked with suitable supplies, and main meals were provided through a central catering department. Residents knew what was available each day on the planned menu, and the different choices for their meals. If residents chose not to have the meals from the catering department, then staff had facilities and supplies to make different food at home. Residents who required additional support in relation to eating and drinking had been assessed by a relevant professional and written plans and guidance put in place to support any risks associated with choking or aspiration. In general, staff demonstrated good knowledge of the written plans and the foods that residents' enjoyed. On review of records of meals provided in recent weeks there were times when residents had been provided with meals that were not fully in line with written guidance. Residents were being encouraged by staff to trial a variety of different foods types to support a healthier diet, wider choice and encourage good nutrition which was a positive finding. However further improvements were required to ensure the need to manage risks associated with eating and the need to improve choice and nutritional content were balanced and reviewed by the relevant allied health and social care professionals involved through a risk management framework.

The provider had fire safety systems in place in the designated centre to protect residents against the risk of fire such as a fire alarm, emergency lighting and fire fighting equipment. However, the fire alarm and detection system required upgrading to ensure staff had the use of a fire panel that was addressable, and could show them the location of a fire, should it occur. The provider had plans for this upgrade. One of the bedrooms in the designated centre opened into a living area, and was an inner room. This had not been identified or considered in the context of best practice in fire safety. The documentation that guided staff on how to manage a fire, or possible evacuation required improvement, as there was different information in different documents, for example on which mobility aids to use to support residents, and how many staff they required to support them. While improvements were required to the fire system, and to the guiding written documents, it had been demonstrated that fire drill exercises that were completed at day and night-time, went well with staff and residents responsive and showing good evacuation times to get to the assembly point.

Overall, residents were receiving a service that was found to be safe and within a designated centre that was designed and laid-out to meet their assessed needs, with some improvements required in relation to fire safety systems, minor premises works, communication and food and nutrition.

## Regulation 10: Communication

Residents had up-to-date communication passports and staff were aware of the individual communication styles and needs of residents, as outlined in their written plans.

If required, residents had access to allied health and social care professionals who were employed by the provider to assess their communication needs and advise on their support plans.

Residents had access to telephone and media such as radio and television. However, residents did not all have access to the Internet.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

Residents had resumed attending activities and events both through the provider's service and in the wider community, for example, returning to using the swimming pool, local barbers and amenities.

Residents wishes and interests were known by the staff team and daily and weekly activities were planned in advance to offer residents opportunities to engage in

meaningful activities and occupation. There was access to a vehicle to support residents' plans and the staffing resources had been amended to ensure a greater access to higher number of staff during the week for activities and socialising.

Judgment: Compliant

### Regulation 17: Premises

Residents were provided with individualised living environments suited to their needs, with their own bedroom, kitchen, bathroom and living/ dining area along with access to a private garden space. The designated centre was designed and laid-out to meet residents' needs.

The provider had redecorated some parts of the designated centre in consultation with residents. With further actions required such as, completion of painting works, tiling, flooring and bathroom storage.

The provider had plans to address the laundry facilities in the centre, to ensure residents had access to their own machines and dryer.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were offered meals that were properly and safely prepared, nutritious and offered them choice, with a combination of meals provided by a central catering department and lighter meals prepared and cooked in their own homes.

Residents had access to snacks, drinks and meals at times that suited them, had choice around what time they ate their meals.

There were adequate provisions for the storage of food.

Residents were being encouraged to take part in buying, preparing and cooking snacks and meals, if they so wished with the support of the staff team.

Residents had individual staff to support or assistance at meal-times, if this was required. Staff were aware of the likes, dislikes and requirements of residents in relation to their diets and mealtimes. Some improvement were required to ensure the need to manage risks associated with eating and the need to improve choice and nutritional content were balanced and reviewed by the relevant allied health and social care professionals involved through a risk management framework.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The specific risk of COVID-19 was assessed, and the designated centre was designed in a way that supported residents to self-isolate if this was required.

There were written procedures specific to the designated centre, if there was a suspected or confirmed case of an infection and how the shared facilities would be allocated and managed to lower the risk of infection.

The provider had made arrangements for routine infection prevention and control (IPC) audits to be completed in the centre by a suitably qualified person. The results of the most recent audit in this centre were generally good overall, and it was seen that action had been taken for the issues raised, to bring about improvement, for example, improving the oversight of cleaning regimes and enhancing guidelines for soiled laundry.

Staff were wearing the personal protective equipment (PPE) as required in the latest guidance and there was an adequate supply of PPE stock for the designated centre.

On arrival to the designated centre there was appropriate signage on the correct PPE to be used by visitors and staff, a visitor sign in sheet and measures to check temperature of all people entering the building. There was hand sanitising facilities located around the premises and on immediate arrival into the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There was fire fighting equipment in the centre, emergency lighting, fire containment measures and suitable number of fire exits. While there was a detection and alarm system in place in the designated centre, the fire panel sounded the alert of a potential fire, but did not identify the exact location of fire, should it occur and therefore, the panel was not used to support the evacuation procedure.

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. Once completed, there would be a higher standard fire alarm system and addressable fire panel to support their evacuation plans.

A copy of this plan was submitted to the Chief Inspector prior to the inspection, by way of demonstrating an assurance to HIQA that the provider had plans in place to

improve fire safety measures in their centres to the most optimum standard.

On inspection, it was seen that staff and residents had participated in fire drills during the day and night-time and response times were good. However, improvements were required to the written guiding documents as information within them was not consistent. For example, there was different information within written fire procedures and the details within the personal evacuation plans for residents to guide staff on which mobility aids were required, or how many staff were needed to safely evacuate. Similarly, some of the documentation such as floor plans demonstrated secondary fire exit options that would not be viable for all people in the designated centre.

Upstairs in the designated centre, one bedroom for use by residents opened out into the wider living room/ dining room space. This had not been identified and considered in the context of best practice in relation to fire safety, and the use of inner rooms for the purposes of sleeping accommodation.

As identified through the provider's own audit, there were some outstanding actions during the inspection, which the provider had plans in place to address:

- Repair to some fire containment measures (Fire doors)
- Replacement of some break-glass key units, or changing to a turn lock devise on final exits
- Documentation to be reviewed and updated (evacuation plans)

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

There was a system in place for assessing, and planning for residents' needs in the designated centre, through assessment tools, information gathering and a mixture of online and paper based documents. Assessments included the advice or input from allied health and social care professionals when this was required.

While some aspects of social and personal needs were not as comprehensively assessed as health care needs, staff had developed plans and supports to encourage residents' choice and development in these areas. The provider had recently implemented a new online record system for assessments, plans and all relevant information to guide residents' supports.

Judgment: Compliant



## Regulation 7: Positive behavioural support

The person in charge had ensured that the staff team had access to training and refresher training in positive behaviour support and de-escalation techniques. While some small gaps were evident, training had been scheduled for staff to attend in the coming weeks. Staff understood the needs of their residents in relation to their behaviour and were guided through support plans.

Residents had access to allied health and social care professionals, to assist them to understand the cause of behaviour and how to positively and proactively support residents. This advice was incorporated into residents' personal plans. It was seen on inspection, that advice within written plans was put in place in practice. For example, providing a low stimulus environment and lower lighting for residents.

The person in charge and staff team were promoting a restraint-free environment by continuously challenging and reviewing the requirement of restrictive interventions, some of which had been in place for a long time. Following a review of restrictive practices, certain environmental restrictions had been removed.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured there were policies and procedures in place to identify, report and respond to safeguarding concerns in the designated centre. There was a named designated officer responsible for managing and screening any safeguarding concerns or incidents in the designated centre. The pathway for managing safeguarding concerns was on display in the designated centre, along with information on the designated officer contact details.

There were no current safeguarding risks in the designated centre at the time of the inspection. Residents were supported through long-term safety plans that promoted their safety, for example, to support the risk of bruising and staffing available supported residents in line with their needs. Residents questionnaires outlined that residents felt safe in their home.

Residents who required support with personal and intimate care had documented intimate care plans in place.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 8 OSV-0005830

Inspection ID: MON-0028038

Date of inspection: 04/05/2022

## 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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The Person In Charge has commenced the process of ensuring all residents have access to the internet. This will be completed by 13-09-22.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Renovation works to the area are ongoing including the completion of painting works in the area, tiling and the provision of additional storage by the 13-09-22. The use of Laundry services in the area is under review with a view to installing additional services to meet the needs of all residents. These works to be completed by 13-12-22.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: A review of the relevant person's food and fluid recording has been completed and discussion held with the staff team regarding providing the residents with choice and nutritional content within a risk based framework. The relevant residents have been referred to their Speech and Language therapist with a view to informing choices within the risk framework. To be completed by 13-07-22.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: As noted a plan for the replacement of all fire panels in the setting has been submitted by the Provider to the Chief Inspector.  All documentation regarding the safe evacuation of residents from the center has been reviewed and adjusted to ensure consistency of evacuation guidelines. The area floor	

plans have been reviewed by the PIC and Fire Safety Officer with a view to removing unviable secondary evacuation routes as appropriate. This will be done in the context of the centers overall fire safety mitigating measures and completed by the 28-06-22. The use of an 'inner room' as a bedroom in the upstairs of the center now forms part of the designated centers Fire Safety risk assessment and has been examined by the Fire Safety Officer and Head of Technical Services in conjunction with the Person in Charge. Remedial works to correct the use of an inner room as a bedroom are now scheduled to start on the 15th August 2022 lasting 3 days. The remedial works will extend the corridor in upstairs apartment 3 resulting in the bedroom opening onto an evacuation space (corridor) and not onto the living room. Remaining remedial actions from the most recent Fire Safety audit of the area have been scheduled by the Fire Safety Officer and will be completed by 12-07-22.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	13/09/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	13/09/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	13/12/2022
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	Substantially Compliant	Yellow	13/07/2022

	individual dietary needs and preferences.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	17/08/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means 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.	Substantially Compliant	Yellow	28/06/2022