



# 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 DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	12 January 2024
Centre ID:	OSV-0005830
Fieldwork ID:	MON-0038272

## About the designated centre

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

Stewarts Care Adult Services Designated Centre 8 is a designated centre operated by Stewarts Care DAC. It provides 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
Friday 12 January 2024	10:00hrs to 17:00hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. It was carried out as part of the regulatory monitoring of the designated centre.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

The centre consisted of four self-contained apartments in one building situated on a congregated campus setting in West Dublin. The centre is registered to accommodate a maximum of four residents, at the time of the inspection there were four residents living in the centre full-time.

On arrival to the designated centre, the inspector was greeted by a staff member who informed them that the person in charge was on leave. The programme manager was contacted and made themselves available for the day. The person in charge arrived within the hour and accompanied the inspector on an observational walk around of the centre.

Overall, the centre was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there. The apartments were personalised to the resident's tastes with art-work, photos of family and of residents attending events and activities on display. Each resident had their own bathroom, kitchen and sitting room as well as their own private bedroom.

The inspector spoke with the programme manager, the person in charge and staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service with supports in place to meet those needs.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Residents were observed to be supported by staff who knew them and their individual needs well.

The inspector met with some of the residents who lived in the centre and staff on duty, and observed the care and support interactions between residents and staff throughout the day. One resident was having breakfast when the inspector called. The resident proudly showed the inspector around their apartment and with support from staff told the inspector their plan for the day ahead. Another resident was in the living room of his apartment chatting to staff and having coffee. They spoke to the inspector about how they enjoyed having visitors and doing their own shopping.

All staff had received training in human rights and the provider had an

organisational human rights committee. From what the inspector observed and what residents and staff communicated, this training was used to enhance the care and support provided to residents. For example, one resident expressed an interest in sea swimming and regularly carried out this activity.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. For example, in one of the apartments, for a resident that enjoyed drinking coffee, as part of the decor of his home, a cafe style menu plan was framed on the wall. This not only provided choice to the resident but also acts as a conversation starter for visitors.

In summary, the inspector found that the residents enjoyed living here and had a good rapport with staff. The residents' overall well-being and welfare was provided to a reasonably good standard.

The next two sections of this report will 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 care in the centre.

## Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. They in turn report to and were supported by a programme manager and Director of Care.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions were tracked using tracking spreadsheet devised by the provider and reviewed regularly by the person in charge and the service manager. Residents were consulted

regularly through residents meetings.

The provider's most recent annual review of the centre, completed in January 2023, had consulted with residents and their representatives. Residents views were obtained by staff through key-working and personal plans to ensure their voices were heard. The consensus from the review showed that residents were 'generally comfortable living here'. With residents saying they 'like having their own apartments' and one commented that they were 'happy with food and mealtimes' provided and the 'amount of choice and control in their daily lives.'

Resources in the centre were planned and managed to deliver person-centred care. There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation which demonstrated that there were sufficient staff to meet the residents' needs.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

## Regulation 14: Persons in charge

The designated centre was managed by a suitably qualified and experienced person in charge.

The person in charge was full-time and had oversight solely of this designated centre.

There were suitable arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

### Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents.

The staffing resources in the designated centre were well managed to suit the needs and number of residents with additional staffing sourced for activity management.

Staffing levels were in line with the centre's statement of purpose.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

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

Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff have completed or are scheduled to complete mandatory training in the coming months.

The inspector found that staff are receiving regular supervision as appropriate to their role.

Supervision records reviewed were in line with organisation policy, with a provision for staff to request early supervision if they have any concerns arising.

Judgment: Compliant

### Regulation 19: Directory of residents

The centre had an up to date directory of residents and it was made available to the inspector to view.



Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a selection of records across Schedule 3 and 4. The registered provider had ensured the records of information and documents pertaining to each resident as specified in Schedule 3 was correct and in order. Similarly, the sample of records viewed pertaining to Schedule 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

Audits carried out included a six-monthly unannounced visit, infection prevention and control (IPC), safeguarding, medication, as well as an annual review of quality and safety by which residents and their representatives were consulted.

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, adequate premises, facilities and supplies and residents had access to a vehicle for transport which was assigned for the centre's use only as well as the use of public transport.

Judgment: Compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations and schedule 1 and clearly set out the services provided in the centre

and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector completed a walk-through of the designated centre and saw that efforts had been made to make the communal areas homely, for example, nice photos and pictures were displayed. Each of the residents had their own apartment. Overall, the premises had a homely and inviting aesthetic. There was some areas of the home in need of minor attention, for example a bathroom cabinet in one of the apartments, these had been identified by the person in charge and the provider's maintenance department notified.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment. However, the fire panel was not addressable and the provider had informed the Chief Inspector early last year of their plans to replace the fire alarm system in a number of homes on the campus to enhance the system overall. Furthermore, the inspector was concerned in relation to the systems in place for opening of exit doors from one particular apartment for the purpose of evacuation. This will be discussed further in the report.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. The designated centre was located in a residential area with easy access to public transport, shops and community facilities such as a park nearby.

Almost all the staff team had received human rights training and the Inspector saw that residents had opportunities to participate in activities which were meaningful to them, for example one resident now goes sea swimming.

Residents' health and support needs were assessed on an ongoing basis and there

were measures in place to ensure that residents' needs were identified and adequately met.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

Behaviour support plans were available for those residents who required them and were up to date and written in a person centred manner. Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

## Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Some residents' had communication care plans in place which detailed that they required additional support to communicate.

The inspector saw that visual supports required by residents were readily available in the designated centre. Folders containing pictures to support residents to understand and make decisions in areas such as menu planning were available to all residents.

Residents had access to telephone and media such as radio and television. All residents had access to the Internet in each of their apartments.

Judgment: Compliant

## Regulation 13: General welfare and development

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development.

Each resident had access to facilities for occupation and recreation with opportunities to participate in their local community in accordance with their wishes.

Residents were further supported to make their own choices in terms of meal planning, activity activation, including sea-swimming and attending concerts or arranging visits from family members and friends. One resident was supported to carry out their own grocery shop. This was reflected in the audits as well as the daily reports and residents meetings.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own self contained apartments, which were decorated in line with their tastes.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had measures in place to protect residents and staff from the risk of fire. These included scheduled servicing of equipment such as extinguishers, alarms and emergency lighting, and a system of ongoing internal checks. The provider had ensured that fire doors were installed throughout the house and that self-closing mechanisms linked to the fire alarm were in place and operational.

The staff team had been provided with appropriate training regarding fire safety and evacuation. However, two staff were overdue training.

There was a written plan to follow in the event of a fire or emergency during the day or night.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. Each resident had a personal evacuation plan.

The fire alarm panel for the building was located outside the premises. Therefore the location of the panel required review as it was not readily accessible for staff

and in addition were not addressable and therefore not used as part of the evacuation procedures for the centre. The provider had informed the Chief Inspector of their plans to replace the fire alarm system in a number of homes on the campus to enhance the system overall. At the time of this inspection, these works were in progress in some parts of the campus and this designated centre is due to have a new fire panel installed in April 2024.

While there are suitable procedures and appropriate fire safety management practices in places, the inspector identified that the centre's means of escape required review.

In particular, the inspector was concerned about the systems in place for opening of exit doors from the premises for the purpose of evacuation. All exit doors in one apartment required keys for unlocking them. The two exit doors in this apartment did not have a key available either in the door lock or in a key holding container beside the door.

While some staff held bunches of keys, for the purposes of locking and unlocking doors, not all staff had a set of keys on their person. As a result staff who were not in possession of the key had to travel from an exit location to retrieve keys and come back to the exit door location, therefore potentially impacting on the timeliness of evacuation from the centre.

Furthermore, in order to know who had possession of the keys, a sign in and out sheet, located in the kitchen, was in operation for all staff in the centre.

The inspector was not assured that this was a sufficient measure in the event of an emergency evacuation.

Judgment: Not compliant

## Regulation 6: Health care

The registered provider had ensured that there were arrangements in place to meet the health needs of each resident.

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

Residents had access to a range of allied health care professionals. These professionals included psychologists, physiotherapists, occupational therapists, general practitioners and speech and language therapists.

Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

The inspector viewed a sample of residents' care plans which included guidelines around resident's medical needs including epilepsy management, kidney care, nutrition, skin integrity and eye care.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning. There was evidence of their use observed during the inspection.

Staff were observed to have a good knowledge of each residents needs and their accompanying support plans.

Judgment: Compliant

### Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

There were procedures in place to protect the resident from abuse. Allegations of abuse were reported, documented and responded to in a timely manner and in line with statutory frameworks.

Safeguarding plans were implemented where required.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

Furthermore safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



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

Inspection ID: MON-0038272

Date of inspection: 12/01/2024

## 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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"><li>1. Staff training is reviewed on a quarterly basis and addressed with full team via supervisions by Person in Charge. Training has been booked for staff identified during inspection who were overdue, same is scheduled for completion by 13/3/24.</li><li>2. Fire Panel upgrades are scheduled for 10/6/24.</li><li>3. Fire exit doors: Full review of fire escape systems was held on 17/1/24 with Fire Officer, Risk manager, ANP for MHID (Chair of Restrictive Practice Committee), Programme manager and Person in Charge. Full review carried out by external contractor on 28/1/24.</li><li>4. The agreed plan is that Service provider will replace current key system by installing 3 point keypad locking system into 2 external doors. This will be combined with an access control delayed system, controlled by use of staff ID swipe cards. There will also be a 'Break Glass' override system put in place. Business case has been submitted to the HSE for funding. Will be completed by 30/6/24</li></ol>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2024