

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 28
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	24 June 2024
Centre ID:	OSV-0005833
Fieldwork ID:	MON-0039212

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 28 is a designated centre operated by Stewarts Care DAC. The centre is comprised of one two-storey building located on a campus setting operated by the provider located in County Dublin. The centre's campus is located close to many amenities and services including shops, cafes, restaurants, and public transport. Stewarts Care Adult Services Designated Centre 28 is intended to provide long-stay residential support for no more than seven male residents with varying support needs. The centre is managed by a full-time person in charge, and the staffing complement included staff nurses, care staff, and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Monday 24 June 2024	09:00hrs to 16:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations, completed over one day and was facilitated by the person in charge. Overall, the inspector found high levels of compliance with the regulations.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities". The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The centre was comprised of one two-storey building located on a campus setting operated by the provider. The centre was close to many amenities and services including shops, cafes, restaurants, and public transport. It was home to seven residents and the inspector had the opportunity to meet all residents over the course of the inspection. Each of them used different means to communicate, such as verbal communication, vocalisations and gestures. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. The inspector observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in the home. In addition, the person in charge ensured that the centre's certificate of registration, complaints policy and advocacy information was on display.

Since the previous inspection, the provider had refurbished a vacant bedroom on the ground floor into a utility room, which provided residents with facilities to launder their own clothes. In addition, a small garden area had been created that provided outdoor seating for residents to use, as they wished. The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good structural and decorative condition.

The person in charge spoke about the high standard of care all residents receive

and had no concerns in relation to the wellbeing of any of the residents living in the centre. They spoke about positive changes that had occurred since the previous inspection, which included the utility room, garden area and approval of one resident to transition to a new home. The inspector spent time speaking to the resident about their upcoming move. The resident spoke of their excitement about the move, going to visit their new home on a weekly basis and picking out which bedroom they would like to have.

Residents in the centre presented with a variety of communication support needs. Some residents living in the centre were unable to provide verbal feedback about the service, therefore the inspector carried out observations of residents' daily routines and of their home and support arrangements. On observing residents interacting and engaging with staff, it was obvious that staff could interpret what was being communicated to them by the residents. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a good rapport between residents and staff.

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, one resident indicated that they wanted to have a shower and this was supported attentively by the staff member on duty.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding and managing behaviour that is challenging. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes and told the inspector they really enjoyed working in the centre.

Staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, the inspector observed all residents engaging in an individualised service, which enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests and at their own pace.

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

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

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. 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.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported by a programme manager and Director of Care.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. There were no staff vacancies on the day of the inspection and gaps / absences in the roster were managed well to reduce any impact on residents. For example, additional shifts were offered to the core staff team or familiar staff from neighbouring centres were used to support the consistency of care for residents. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023, which included consultation with residents and their families and representatives.

There were contracts of care in place for all residents, which clearly outlined fees to be paid. Contracts for the provision of services supported the residents' assessed needs and they were consistent with their associated personal plan and the provider's statement of purpose for the centre.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where

the service is delivered.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the building.

The person in charge maintained a planned and actual staff roster. The inspector reviewed planned and actual rosters for the months of April, May and June and found that regular staff were employed, meaning continuity of care was maintained for residents.

In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

Judgment: Compliant

Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. The inspector reviewed the staff training matrix and found that staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, feeding, eating, drinking and swallowing (FEDS), infection, prevention and control (IPC), food safety, epilepsy and safe administration of medication.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members. In addition, all staff had completed and signed a supervision agreement, which was in line with the provider's policy on supervision of

staff.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review. Positive feedback from residents included; "happy with my home", "happy with meals" and "feel listened to by staff and management" and feedback from residents' family members included; "the staff are always coming up with ideas and things to make life good for residents and their friends".

In addition, a suite of audits were in place including monthly local audits and six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included fire safety, health and safety, medication management and resident finance audits. On completion of these, action plans were developed to address any issues identified.

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in December 2023. The action plan documented a total of 29 actions. Following review, the inspector observed that 26

actions had been completed and the remainder were all partially complete or in progress. All actions identified by the provider were being used to drive continuous service improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had in place a policy on admission, temporary absence and discharge for long term residential placements.

There were contracts of care in place for all residents. The inspector reviewed seven contracts of care in place for residents, all of which had been recently reviewed. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Contracts of care in place had not been signed by residents on the day of the inspection. However, the provider recognised that legal documents were difficult to understand. They were ensuring that information about the contract was available to residents in an appropriate format to support informed decision-making and key workers and staff were actively supporting residents to read through and understand all information in the contracts of care before signing.

Documentary evidence in the form of key working notes reviewed by the inspector and conversations with key staff and residents supported this.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure in place was accessible and in a format that the residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

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. However, improvements were required under Regulation 18: Food and nutrition and Regulation 28: Fire precautions.

There was an emphasis on supporting residents with life-skills including money management or looking after their own room and belongings, which the inspector saw that they took pride in. The inspector also found that residents were supported in participating in everyday tasks in their home such as, independent living skills and gardening. This was part of the culture of the centre in promoting lifelong learning with positive support from staff to ensure residents felt valued and supported.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good

repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. However, improvements were required to ensure that food safety and hygiene standards were maintained for all residents in the home.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met. However, improvements were required to ensure the fire panel in the centre alerted staff to identify the exact location of fire, should it occur.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, medicine sign out sheets and ongoing oversight by the person in charge.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

The provider had ensured that there was effective leadership in place that identifies responsibilities for the transition process of residents. In addition, the provider had developed and implemented strategies to support decision-making about relocation.

Regulation 12: Personal possessions

The provider recognised the importance of residents' property and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art and decorative accessories were displayed throughout the home,

which created a pleasant and welcoming atmosphere.

Each resident was encouraged and supported to make decisions about how their room was decorated. Resident bedrooms were decorated to their individual style and preference. For example, bedrooms were decorated in the colours of residents favourite soccer teams, wallpaper depicting their favourite actors and musicians. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Residents were able to access their possessions and property as required or requested. Records of residents' possessions deposited or withdrawn from safekeeping were maintained. For example, the inspector reviewed the resident asset register, which was found to be accurately maintained and up-to-date.

Residents had easy access to and control over their personal finances, in line with their wishes. Information, advice and support on money management was made available to residents in a way that they could understand and all residents had finance support plans on file. Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on managing residents' finances.

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of the centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Residents had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

Since the previous inspection, the provider had refurbished a vacant bedroom on the ground floor into a utility room, which provided residents with facilities to launder their own clothes. Laundry was no longer being sent to a central laundrette on campus, which promoted the residents' independence and dignity and provided opportunities to engage in and learn independent living skills.

In addition, a small garden area had been created that provided outdoor seating for residents to use, as they wished. Raised beds, potted plants and garden benches that residents had painted were observed by the inspector. All garden furniture was well maintained and residents were observed spending time relaxing in this area

over the course of the inspection.

The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file. The inspector reviewed five FEDS care plans and found that there was guidance regarding residents' meal-time requirements including food consistency and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements. The inspector had the opportunity to observe some mealtime experiences for residents, including lunchtime meals. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

The person in charge had ensured that residents were supported to be involved in the buying, preparation and cooking of meals if they so wished. For example, one resident told the inspector they were going food shopping with staff during the week and had prepared a list of things they wanted to buy.

Residents planned their main meals on a weekly basis and they were supplied from a central campus kitchen. Residents were encouraged to eat a varied diet, and equally their choices regarding food and nutrition was respected. For example, alternative options were made available to residents who chose not to eat meals supplied from the central campus kitchen.

The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and presses were well stocked with lots of different food items, including fresh fruit, vegetables, juices and cereals. However, there were some gaps in documentation. For example, fridge temperature checks were not being recorded on a daily basis and food items were not being labelled once opened. This required review by the provider to ensure that food safety and hygiene standards were maintained for all residents in the home.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed all resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. In addition, all fire exits were thumb lock operated, which ensured prompt evacuation in the event of a fire and all fire doors, including bedroom doors closed properly when the fire alarm was activated.

The inspector observed that the fire panel was easily accessed in the entrance hallway of the home. However, the fire panel in the centre did not alert staff to identify the exact location of fire, should it occur. The provider had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus, which would result in all centres having a high standard fire alarm system and addressable fire panel. The programme manager informed the inspector this would be completed for this home by the end of Quarter 4 2024.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and

signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

All medicine errors and incidents were recorded, reported and analysed. The inspector reviewed medicine error forms and found that learning was fed back to improve each resident's safety and to prevent reoccurrence.

The provider and person in charge ensured that all residents received effective and safe supports to manage their own medicines. For example, residents had been assessed to manage their own medicines. Outcomes from these assessments were used to inform resident's individual plans on medicine management. No residents were self administering medicines on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed all residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Communication
- Mental health
- Personal and intimate care
- Feeding, eating, drinking and swallowing (FEDS)
- Positive behaviour support

The inspector reviewed two residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident. Examples of goals set for 2024 included; attend sound therapy, apply for a new passport and to go on holiday. In addition, there was evidence of goals achieved by residents in 2023, which included; going to see a musical, go on a boat trip and take part in a garden project.

The provider had in place systems to track goal progress, which included; goal description, status of the goal, progress made and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and

how they celebrated were included in their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, seven positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were some restrictive practices used in this centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible.

The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were consented to by residents, subject to regular review by the provider's restrictive practice committee, clearly documented and appropriate multi-disciplinary professionals were involved in the assessment and development of the evidence-based interventions with the resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

At the time of this inspection there were some safeguarding concerns open. However, the inspector found that these had been reported and responded to as required and formal and interim safeguarding plans were in place to manage these

concerns.

The inspector reviewed three preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of three residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had a policy on transition for long term residential placements.

One resident had recently been approved to transition to a new home and had a comprehensive transition plan in place. This had been developed in consultation with the resident and supported their understanding and decision-making about relocation.

There was evidence documented that the resident was being gradually prepared for a smooth transition. For example, the resident had made weekly visits to their new home and spoke to the inspector about their excitement and happiness of the upcoming move.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 28 OSV-0005833

Inspection ID: MON-0039212

Date of inspection: 24/06/2024

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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Fridge temperature checks are being recorded on a daily basis and this is being audited by line manager on weekly basis.</p> <p>All food items are being labelled with open date once opened.</p> <p>Labelling and documentation regarding food and nutrition is now reviewed in our Registered Provider Audit.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider has a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on campus. This will result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. Works will be completed in DC 28 by 31st December 2024.</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 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024

