



# 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 25
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	03 April 2024
Centre ID:	OSV-0005837
Fieldwork ID:	MON-0038214

## 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 25 is a designated centre operated by Stewarts Care Ltd. This centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives. The centre provides long term residential support to no more than nine people with complex support needs. The centre is a wheelchair accessible bungalow, each resident has a private bedroom, there is a large communal living room, dining room, family room, multi-sensory room and music room. Healthcare is provided by residents' General Practitioner along with allied healthcare professionals and the centre consists of a staff team of nurses, health care assistants and an activity staff member. The centre has a full time clinical nurse manager.

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

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 3 April 2024	10:30hrs to 17:30hrs	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.

The inspector used observations, in addition to a review of documentation, and conversations with staff to form judgements on the residents' quality of life. Overall, the inspector found high levels of compliance with the Regulations and Standards.

The centre consisted of one residential bungalow situated on a congregated campus setting in west Dublin. Residents availed of transport provision afforded, by the provider, to the designated centre. It had the capacity for a maximum of eight residents, at the time of the inspection there were eight residents living in the centre full-time.

On arrival to the designated centre, inspectors were greeted by a staff member. The staff member informed the person in charge who then facilitated the inspection.

The person in charge accompanied the inspector on an observational walk around of the premises. Overall, the inspector found the centre to be clean, bright, homely, nicely-furnished, and laid out to the needs of the residents living there. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. The house had been decorated for Easter and fresh flowers were observed in the sitting room. There was adequate private and communal spaces, including two dining rooms and a sitting room. The centre also had a well-proportioned sensory room available to its residents.

A weekly activities board was accessible to all residents in the communal space to support residents routine management. Activities included Tai Chi, retirement group, the gym, going to the cinema and visiting friends in the community. A new coffee machine had been purchased and residents were trying out different pods to determine which ones they liked. Each resident's bedroom was decorated individually to reflect their personality and interests.

The inspector attended the residents weekly meeting which took place in the centre's dining area. Some residents attended this meeting, with one opting to not attend. Another resident participated for some of the meeting before deciding to leave. Residents were supported to update each other on their news, discuss plans for the coming week and were supported to understand their right to safety at home. The meeting was facilitated by staff members who knew residents communication styles well.

The inspector spoke with the person in charge and some members of staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. They were

observed to interact with residents in a manner which supported their assessed needs.

The inspector reviewed the most recent annual review which contained feedback from residents on the quality and safety of care provided. The consensus from the review showed that residents were generally comfortable living here and liked living with each other. Two residents were looking forward to move to their new home as part of a move from the campus to a community based setting. Some residents indicated dissatisfaction with the amount of choice and control they had over their lives with respect to independent decision making.

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

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 registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

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.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained.

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.

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. There was evidence that complaints were discussed at weekly resident meetings and that residents had been assisted to make complaints which were completed to the residents satisfaction.

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies were readily available for staff to access.

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 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. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

A planned and actual roster was maintained. Vacancies were managed by utilising the core staff team and familiar relief staff to ensure continuity of care and support for residents.

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 had completed or were scheduled to complete mandatory training including fire safety, safeguarding, manual handling and infection prevention control (IPC). Refresher training was available as required to ensure that adequate training levels were maintained.

Supervision records reviewed were in line with organisation policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

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 were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge worked full-time and was based between two centre's on the campus. They ensured good operational oversight and management of the centre and were supported by a programme manager who in turn reported to a Director of Care. They also held monthly meetings which reviewed the quality of care in the centre.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included a six-monthly unannounced visit, infection prevention and control (IPC), fire, medication, activity activation and keyworking as well as an annual review of quality and safety by which residents and their representatives were consulted. These audits identified any areas for service improvement and action plans were derived from these.

A review of monthly staff meetings showed regular discussions on all audit findings.

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.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was current and accurately reflected the operation of the centre on the day of inspection.

It 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



## Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre.

The complaints log was reviewed on the day of inspection. The inspector found that the person in charge had good oversight of the complaints made within the centre and ensured that complaints were followed up in a timely and satisfactory manner.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented.

The inspector viewed a sample of the policies, including the policies on admissions and discharges, provision of behavioural support, nutrition, risk management, complaints and medication management; and found they had been reviewed within three years of approval and updated in accordance to best practice.

These policies were readily available to staff. The inspector also found evidence that policies were discussed regularly at staff team meetings and that they had been signed by staff members to indicate that they had been read.

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.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The provider and the person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, which offered a comfortable and homely place to live. The inspector found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

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.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

As part of the provider's de-congregation plan, some residents had started to transition out of the centre to their new home located in a community setting. Compatibility and familiarisation were considered throughout the plans and each resident had the support of their current key worker and the staff team throughout the transition process.

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 and an adequate means of escape and emergency lighting provided. However, the fire panel was not addressable and 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. This work is in progress but a date had not been set for works to commence in this designated centre.

On review of a sample of residents' medical records, the inspector found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

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 staff were familiar with residents' communication needs and care plans.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

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. Furthermore, a weekly activities board was accessible to all residents.

Judgment: Compliant

### Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

Equipment used by the residents was easily accessible and stored safely. Records showed that this equipment was serviced regularly.

The provider had taken measures to amend the premises and facilities in response to feedback from the last inspection and all actions had been completed in a timely manner. Additional minor premises issues pertaining to wear and tear had been identified by the person in charge and reported to maintenance.

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

of the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge and the provider has ensured that residents who were moving to a new designated centre, as part of a de-congregation plan, received support throughout their transition by continuing to provide consistent and known staff to each resident and providing up-to-date information to each resident.

Compatibility assessments were completed and familiarisation plans in place. Clinical input was provided for oversight in the form of a multi-disciplinary team including psychology and occupational therapy.

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.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

The fire alarm panel for the bungalow was located outside the premises meaning it was not readily accessible for staff and was 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. Therefore, while improvements were required there were comprehensive arrangements in place for these to be suitably addressed.

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 medication administration records indicated that medicines were administered as prescribed.

An up-to-date record of all medications prescribed to and taken by residents was maintained as well as stock records of all medicines received into the centre. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

There was a system in place for return of out of date medication to the pharmacy.

Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

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.

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

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.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 25 OSV-0005837

Inspection ID: MON-0038214

Date of inspection: 03/04/2024

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: An action is currently in place to change all fire panels across the organisation. There is a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all homes on campus.	



**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	31/12/2024