



# 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 9
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	02 December 2022
Centre ID:	OSV-0005838
Fieldwork ID:	MON-0035563

## About the designated centre

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

Designated Centre 9 is a designated centre operated by Stewarts Care Limited. The centre is intended to provide long stay residential support for up to seven residents with intellectual disabilities and additional complex support needs. The centre is located on a large campus in West County Dublin and comprises two residential homes. One home is a single storey, single occupancy house equipped with an en-suite bedroom, a sitting room, a dining room, a kitchen and a toilet. There is also open access to a secure back garden. The second home, a wheelchair accessible bungalow, comprises six single bedrooms, a kitchen where snacks and meals are prepared, an open plan dining and living room, and a second living area. It also has two smaller shower rooms, a wet room style bathroom with a walk in shower, and a second bathroom. Residents also have access to a secure back garden. The staff team for the centre consists of a full-time person in charge, nursing staff and health care assistants.

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

Number of residents on the date of inspection:	6
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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 2 December 2022	09:35hrs to 15:05hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation.

The centre comprised two buildings located on a campus setting operated by the provider. The centre was close to many amenities and services including shops, cafes and restaurants, and public transport. The inspector observed COVID-19 signage at the front of the centre door, and hand-sanitiser and face masks were readily available.

The inspector carried out a thorough walk-around of the centre with the person in charge. The first building was a large bungalow with capacity to accommodate six residents. There was one resident vacancy and the person in charge advised the inspector that assessments were being carried out to identify a suitable person to move into the centre. The person in charge advised the inspector that compatibility assessments were paramount to ensure that any new potential resident would be suitable to live with the residents currently living in the centre.

The size and layout of the building was somewhat institutional in aesthetic, however it was pleasantly decorated and furnished to make it comfortable and more homely, for example, some Christmas decorations were displayed, and bright photos and pictures were displayed on the walls. The communal living areas were spacious and bright, and there was also an outside area for residents to use. The kitchen was well equipped. Residents' main meals came from a central kitchen, but the inspector observed a good selection and variety of food in the centre to ensure that residents had alternative options to choose from. The sensory room was nicely decorated and contained a variety of aids and equipment for residents to use. The residents' bedrooms were decorated to their individual tastes.

The inspector tested several fire doors, and found that they closed properly when released. However, some fire doors did not have self-closing devices and this required consideration from the provider. The inspector observed stickers on the fire blanket and fire extinguishers indicating that they were up to date with servicing.

Residents' laundry was sent to a central laundrette, however there was a washing machine and dryer in the utility room to wash some of the residents' linen. The utility was poorly maintained and organised which posed an infection risk. The counter was cluttered with items including a large plant and dirty dust pan within close proximity to clean mop heads posing a risk of infection cross contamination. The floor was dirty and the waste facilities were not suitable, for example, a loose plastic bag was being used as a waste receptacle. The ventilation in the room also required more consideration as the output piping for the tumble dryer appeared to be releasing into the room.

Generally, the rest of the building was well maintained and clean. However, some minor upkeep was required to address potential infection hazards, such as tears to sofa fabric, and slightly damaged flooring. Some of these matters had been reported by the person in charge to the providers' maintenance department. The inspector also observed poor practices in relation to storage of residents' personal grooming products, and access and maintenance of cleaning chemicals and equipment.

The second building was a small single storey property opposite the main building. The inspector observed information on safeguarding, complaints, and COVID-19 displayed in the building, as well as some of the resident's own art work. The building required upkeep to its exterior, for example, some of the paint work was chipped and worn. More significant upkeep and cleaning was required in the interior to mitigate infection hazards. In the shower room there was dark mildew in the shower, and the window frame and vent were dirty.

The washing machine drawer and fridge also required cleaning. Some of the flooring was marked and damaged which impacted on how effectively it could be cleaned. The inspector also observed that the sharps box was not properly closed over or stored posing an infection hazard. Some of these matters had been previously identified in audits and annual reviews carried out on behalf of the provider.

The inspector met all residents living in the centre. Most of the residents did not communicate their views, however one resident chose to speak with the inspector. The resident said they liked living in the centre, felt safe, and were happy with their home and the staff supporting them. They said they had no worries, but that staff would help them if they did. They told the inspector that staff did the cooking and cleaning, and they were happy with this arrangement. They knew about the fire evacuation arrangements. They were aware of some of the infection precautions such as hand washing and vaccinations. They enjoyed listening to the radio, art, walks, and swimming. However, they told the inspector that they could not go swimming on the day of the inspection as planned due to staff shortages. They told the inspector that this happened a lot and caused them to feel "let down".

The annual review of the service, carried out in August 2022, had consulted with residents and their representatives. Residents' feedback was generally positive; feedback had been received from one family and indicated their happiness with the quality and safety of care provided to their loved one.

The inspector observed staff engaging with residents in a kind and respectful manner. They spoke with several members of staff including the person in charge, nurse and care staff. Staff supported residents with their social and leisure activities, and spoke about the activities residents enjoyed, such as dining out, hotel breaks, shopping, walks, swimming, and the gym.

On the day of the inspection some residents went for walks, swimming, drives, and attended an on-campus Christmas event. Staff told the inspector that staff shortages were a regular occurrence and often due to staff being redeployed from the centre to other centres. There were also challenges in maintaining the ideal staff gender

mix. They told the inspector that staffing challenges impacted on residents accessing community activities. Records viewed by the inspector noted staffing deficits, for example, a recent handover sheet recorded "lack of resources - short staffed".

Staff redeployment was recorded in a specific book, and the inspector found that there had been approximately eight occasions when staff were redeployed in recent months. Residents' meeting minutes also noted discussions on staffing difficulties, for example, two meeting minutes from November 2022 noted "short staffing" and "staffing issues" affecting residents' activities. The inspector found that the quality of the documentation to plan and record residents' activities was poor. The activity planner for the week of the inspection was not complete for three days, and 'meaningful day' audits noted poor recording of the activities that residents had participated in and therefore could not demonstrate that they had received sufficient opportunities to participate in their preferred activities.

The inspector was not assured that residents' general welfare and development needs were being consistently met, and this was communicated to the person in charge before the inspection concluded. Following the inspection, the provider was requested to submit assurances to the inspector on how the staffing levels in the centre would be maintained to meet the assessed needs of the residents and how resident's general welfare and development would be provided for.

Staff told the inspector that they had no other concerns, but felt comfortable in raising any potential concerns with the person in charge. They felt that overall residents received a high quality of care and support, and that staff supported residents in a person-centred manner. They spoke about residents' care needs and associated support plans, for example behaviour support and modified diet plans, and demonstrated a good understanding of the supports required by residents. They told the inspector about some of the IPC measures implemented in the centre, and these matters are discussed further in the report.

The person in charge advised the inspector on how residents were supported to exercise choice and control in their lives, for example, choosing their meals, activities, and routines. Residents' meeting minutes noted regular discussions on residents' rights and the National Standards for Residential Services for Children and Adults with Disabilities (2013) to promote their understanding of these topics.

The inspector observed some positive IPC practices and measures in the centre, such as good IPC governance and resources. However, other arrangements required enhancement, for example, the cleanliness of the centre and maintenance of cleaning equipment. Overall, the inspector found that improvements were required to ensure that the centre was operating at a good standard of IPC practice and the registered provider was ensuring the risk of healthcare-associated infection was being managed.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

Overall, it was found that the registered provider and person in charge had, for the most part, implemented arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures that were consistent with the national standards, however improvements were required.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was full-time and reported to a programme manager who in turn reported to a Director of Care. Outside of normal working hours, staff could utilise the provider's nurse manager on-call system if they had any concerns.

There were good IPC resources and structures available to the centre. The person in charge was the centre's IPC lead, and the provider also had an established IPC team, including an IPC nurse and assistant director of nursing to provide guidance and direction to the centre on IPC matters. There was an adequate supply of personal protective equipment (PPE), with supporting written guidance on its use, and arrangements to easily access more if required.

The provider had prepared a written suite of infection prevention and control (IPC) policies, procedures and guidelines which were readily available in the centre for staff to refer to. The person in charge had also ensured that staff had access to public health information on COVID-19 and IPC. The 'COVID-19/healthcare associated infection contingency and plan' had been recently developed, but was found to require some enhancement to ensure it also reflected centre specific arrangements.

The provider and person in charge had implemented systems to monitor and assess the IPC arrangements in the centre. An IPC audit, completed in February 2022 by a member of provider's IPC team, was detailed in scope and identified areas for improvement. The recent six-month report on the quality and safety of care and support, carried out in August 2022, reviewed some aspects of IPC and also identified actions for improvement. However, the inspector found that some of the issues identified in the audits and report had not been addressed, for example, storage of the sharps bin, and mould in a shower.

The person in charge completed regular health and safety checklists which assessed aspects of IPC, such as the arrangements for cleaning, sharps, and personal protective equipment. They had also completed a self assessment tool to assess the IPC arrangements and identify any areas requiring improvement; however, the tool was not dated to indicate when it had been completed.

The person in charge had completed a range of risk assessments on IPC matters including COVID-19 and other infection hazards. The risk assessments identified control measures to reduce or mitigate the risks. Some of the risk assessments were



found to require expansion to reflect additional control measures that were available, for example, specialist support.

The staff skill-mix in the centre consisted of nurses and care assistants, and the person in charge was satisfied with it. All staff were required to complete IPC and hand hygiene training to support them in understanding and implementing IPC measures and precautions. However, training records reviewed by the inspector indicated that six staff required IPC training. The deficits in the training of staff posed a risk to the effective implementation and adherence of IPC measures in the centre. However, there was signage and guidance on IPC and hand hygiene in the centre for staff to adhere to.

The inspector spoke to staff working during the inspection about the IPC measures in the centre. They told the inspector about their IPC training, hand hygiene, outbreak plans, arrangements for soiled laundry, use of PPE, and cross contamination measures such as use of colour-coded cleaning equipment. The inspector found that they required further guidance on the cleaning of bodily fluid spills. They had no concerns about IPC in the centre, but advised the inspector that they could escalate any concerns or queries to the person in charge.

## Quality and safety

The inspector found that the provider had not ensured that the practices and care arrangements implemented in the centre were fully sufficient to support a good standard of infection prevention and control.

There had been no recent admissions or discharges in the centre, however as mentioned in the first section of the report, there was one vacancy that the provider was seeking to fill. The residents living in the centre had varied healthcare needs and the provider had ensured that appropriate supports were in place to meet them. Residents had timely access to a wide range of multidisciplinary team services as required. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes.

The person in charge had ensured that residents' needs were assessed which informed the development of personal care plans. The inspector viewed a sample of assessments and plans, and found that some health assessments were overdue review. The care plans, including diabetes and colostomy plans were up to date. Staff told the inspector about how residents had been supported to understand IPC and COVID-19 measures through easy-to-read information and verbal reminders.

Aspects of the premises required attention to mitigate potential infection hazards and risks. As described in the first section of the report, the centre was not maintained to an appropriate standard of cleanliness, for example, there was mould in a shower, and the utility room floor was dirty. The maintenance of the centre

required improvement, for example, there was damaged flooring and torn sofa fabric which impinged on how effectively they could be cleaned. Other practices observed by the inspector required improvement to ensure that appropriate controls were in place to mitigate cross contamination risks, for example, the storage of residents' personal grooming products in communal bathrooms.

There were dedicated cleaning staff working in the centre. Nursing and care staff also completed cleaning duties, in addition to their primary roles. Cleaning schedules and records were maintained, however the inspector found gaps in the completion of records which therefore could not provide assurances that the cleaning duties had been completed in full. Furthermore, the cleaning schedules required enhancement to encompass other duties such as the cleaning of equipment used by residents, for example, glucometers.

There were precautions to reduce the risk of legionella in the centre, however the inspector found that the precautions were not being applied in full accordance with the provider's IPC policy, for example, the running of water from unused taps.

There was a good stock of cleaning chemicals in the centre, however some chemicals did not have accompanying safety data sheets for staff to refer to. The inspector also observed spray bottles that contained cleaning chemicals, however some of the bottles were not labelled or dated, and therefore it could not be determined if the cleaning solution was fit for purpose.

There were good arrangements to support hand hygiene, such as appropriate hand sink facilities, readily available hand-sanitiser, and signage to promote good practices. There were arrangements and guidance for the safe management of laundry and bodily fluid spills, such as alginate bags, personal protective equipment, and spills kits. However, the spills kits was found to be stored in area that was not easily accessible to staff.

The arrangements for waste were found to require improvement. The maintenance and storage of a sharps bin was poor posing a risk to staff and resident wellbeing. The inspector also observed that appropriate waste receptacles were not present in the utility room.

There was a COVID-19 outbreak in the centre in March 2022, affecting residents and staff. Staff advised the inspector that the outbreak was managed well and with good support from the senior management team. However, there had been no formal review of the outbreak to identify any potential learning.

## Regulation 27: Protection against infection

The registered provider had developed and implemented systems and processes to prevent, control, and protect residents from the risk of infection. Residents were receiving care in line with their assessed healthcare needs, and the inspector observed some practices which were consistent with the national standards for

infection prevention and control (IPC) in community services. However, improvements were required to strengthen the IPC procedures and meet the standards.

The provider had prepared written policies and procedures on IPC matters which were readily available for staff to refer to. However, some of the supporting documentation such as the 'COVID-19/healthcare associated infection contingency and plan' and IPC risk assessments required further amendments.

While there were good arrangements for the oversight of IPC in the centre, the inspector found that some of areas identified for improvement in IPC audits and annual reviews had not been addressed in a timely manner, for example, mould in a shower, and storage of a sharps bin.

Staff working in the centre were required to complete IPC training to support them in understanding and implementing IPC measures and precautions. However, training records indicated that six staff required IPC training which posed a risk to the effective implementation and adherence of IPC measures in the centre. The inspector found that staff spoken with had a good understanding of the IPC measures in the centre, however required further guidance on the cleaning of bodily fluid spills.

Residents' healthcare needs had been assessed, however some assessments were over due review. The provider had ensured that appropriate supports were in place to support residents' care needs, for example, access to multidisciplinary team services, development of care plans, and vaccinations programmes.

Aspects of the premises were not well maintained or clean, for example, the utility room was cluttered and dirty, and the small building required cleaning and repair to flooring. The premises issues required attention to mitigate potential infection hazards and risks.

Cleaning schedules and records were maintained, however there were gaps in the completion of records, and the cleaning schedules required enhancement to include other duties such as the cleaning of equipment used by residents. The records to demonstrate some of the controls against the risk of legionella also required improvement.

Some of the cleaning chemicals in the centre did not have accompanying safety data sheets for staff to refer to. Some of the spray bottles containing cleaning chemicals were not labelled or dated, and therefore it could not be determined if the cleaning solutions were fit for purpose. The spills kits was stored in area that impinged on its accessibility for staff to use. The arrangements for disposing of waste including sharps required improvement.

A COVID-19 outbreak in the centre in March 2022 had been managed well, however not been formally reviewed to identify any potential learning.

Judgment: Not 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>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 9 OSV-0005838

Inspection ID: MON-0035563

Date of inspection: 02/12/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge will ensure the written policies pertinent to IPC matters are added to in-house morning handover to promote awareness and understanding among the staff team. Further documentation and supports related to the COVID-19 or other healthcare associated infections and contingency plan with associated risk assessments will be reviewed and added to the document library in the home by the Person in Charge to ensure compliance. These actions shall be completed by end of Quarter 1 of 2023 or as new guidelines become available.</p> <p>The staff assigned to the centre will adhere to guidelines, based on evidence-based practice, to bring the designated centre into IPC compliance. The recording of improvements will be evidenced in the home and reviewed with increased frequency. The above actions will be scheduled for completion by end of Quarter 1 2023.</p> <p>Greater emphasis will be placed on any outstanding training for staff working in the designated centre to engage with the providers Learning and development department to complete IPC and other relevant centre specific training. This will be recorded and documented through the supervision process and in turn evidenced through the providers Care Management Team review meetings held monthly. Audit tools in place with the registered provider such as a Compliance Tracker will also capture any outstanding actions and provide direction for the Person in Charge to follow. This is currently in place in the Designated centre.</p> <p>The Person In Charge will ensure good governance and oversight of the area and escalate any gaps or concern such as training issues, IPC concerns, Internal audit actions as they arise.</p> <p>The Person in Charge shall ensure there is adequate guidance on the cleaning of bodily fluid spills.</p> <p>The healthcare needs of the residents who have some assessments overdue shall have</p>	

the plans reviewed and acted upon appropriately by the end of Quarter 1 2023.

An enhanced timetable to maintain the cleanliness of all areas in the designated centre will be implemented and reviewed weekly by the Person in Charge.

The providers technical services department will attend to rectifying the flooring of the centre. The provider has an on-going home improvement project team tasked with following a timetable for job completion.

The Person in Charge shall ensure that full and accurate safety data sheets are present in the home and any receptacles used in the designated centre are fit for purpose with appropriate labelling being dated and with the contents named.

The spills kits shall be stored in an area that is free from any obstruction to its safe and effective use.

The arrangements for disposing of waste including sharps will be supported by the clinical team and the Person in Charge. The Person in charge will engage in timely reviews in the designated centre to identify and implement any potential learnings supported by the PPIM, Quality and Risk departments of the registered provider.

The above actions will be scheduled for completion by end of Quarter 1 2023.



## 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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/03/2023