



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 7
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	22 November 2022
Centre ID:	OSV-0005861
Fieldwork ID:	MON-0029026

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 7 is a designated centre operated by Stewarts Care Limited. The designated centre is made up of four separate community based homes in west Dublin. The service provides long stay residential support for up to 12 male and female residents with complex intellectual disabilities and varying support needs. The centre is managed by a full-time person in charge, and staffed by a team of nurses, social care workers, and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Tuesday 22 November 2022	08:30hrs to 17:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

The centre comprised four two-storey houses located in housing estates in west Dublin within close proximity to many amenities and services. The inspector visited all of the houses and completed a thorough walk-around.

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. The inspector observed information on infection prevention and control displayed throughout the centre, and masks and hand sanitising facilities were readily available. Staff also wore face masks in accordance with the current guidance.

The houses were found to be clean, tidy, comfortable, and nicely decorated and furnished. Residents had their own bedrooms and there was sufficient living and communal space with nicely maintained gardens. Some of the fire safety arrangements and infection prevention and control (IPC) measures in the centre required improvement, and these are discussed further in the report.

The inspector observed easy-to-read information displayed in the houses on complaints, fire evacuation, infection prevention and control, menus, activity planning, safeguarding, the Assisted Decision-Making (Capacity) Act (2015), and there were posters regarding the inspection. There were no visiting restrictions, and the inspector observed residents having free access around their homes and engaging in activities of their choice.

There were two vehicles available in the centre to support residents accessing their community. Some residents also used public transport such as buses and trains. Overall, the inspector observed a homely and relaxed atmosphere in the centre.

In advance of the inspection, residents completed questionnaires, with support from staff, on the service provided to them in the centre. Their feedback was positive and indicated satisfaction in relation to their homes, food and mealtimes, rights, activities, care and support plans, and staffing within the centre. The questionnaires noted activities that they enjoyed, such as day trips, gym, shopping, eating out, cinema, exercise classes, walks, bowling, swimming, attending day services, gardening, video games, cooking, and spending time with loved ones. One of the questionnaires reported that a resident was keen to return to their day service which had ceased due to the COVID-19 pandemic.

The opportunity did not arise for the inspector to meet any of the residents' representatives. However, the annual review of the centre carried out in March 2022 had consulted with them, and their feedback indicated satisfaction with the service.

Residents engaged in different activities during the inspection, such as attending day services, medical appointments, and social and leisure activities. The inspector

met all of them. Some residents did not verbally communicate with the inspector, however appeared relaxed in their home. In the first house, one resident told the inspector that they liked living in the centre and enjoyed the meals. They told the inspector that they felt safe and could talk to staff if they had any worries.

In the second house, three of the residents spoke to the inspector. The first resident showed the inspector their bedroom which was nicely decorated with photos of their family. They spoke about their favourite social activities and how they kept in touch with their family through phone calls and visits. Another resident said that they liked their housemates and living in the centre, and felt safe there. They told the inspector that they could talk to staff if they had any concerns and felt that their needs were being well met. They also spoke about their day service, personal goals, and favourite hobbies. Another resident told the inspector they liked their home and had no concerns. They spoke about how they liked to do some household chores, and enjoyed the food in the centre as well as eating out and getting takeaways. The residents spoken with had participated in fire drills and knew how to evacuate in the event of a fire.

In the third house, a resident briefly spoke to the inspector. They said they were very happy in their "lovely house", and were looking forward to hosting an upcoming Christmas dinner for their friends. They had attended a beauty appointment in the morning and were watching videos on their electronic tablet when the inspector visited their home.

In the fourth house, two residents spoke with the inspector. The first resident said that they liked their bedroom, the house, their housemates, and staff in the centre. They enjoyed their day service and spoke about their favourite activities such as gardening and visiting family. They had baked cookies earlier in the day, and the inspector observed them being involved in the cooking of their dinner. The other resident told the inspector that they too liked the house and their housemates, and said the "staff are good to me". They had a very active and busy social life, and sat on the provider's service user council. They were looking forward to a holiday with their key worker the following month.

Residents attended weekly house meetings. The inspector viewed a sample of the recent meeting minutes which reflected a range of topics including menu and activity planning, fire safety, and complaints. There were also discussions on assisted decision-making and human rights principles. Staff meeting minutes also reflected discussions on residents rights, for example, ensuring residents had choice and control over their daily lives.

The inspector met several staff members during the inspection. The inspector observed staff engaging with residents in a warm and respectful manner, and they appeared to know each other well. The person in charge and staff spoken with had a very good understanding of the residents' care and support needs. They advised the inspector that the quality and safety of service provided to residents in the centre was excellent, and spoke about how they supported residents' rights. The inspector observed this in practice, for example, residents were observed telling

staff what they wanted to do for the day which was facilitated.

From what the inspector was told and observed during the inspection, it appeared that overall, residents received a good quality and safe service that promoted person-centred care and support. However, some aspects of the service were found to require improvement, such as infection prevention and control measures, and fire safety arrangements.

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

There were effective management systems in place to ensure that the service provided to residents in the centre was safe, consistent, appropriate to their needs, and effectively resourced.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and worked across the four houses in the centre. The person in charge was suitably qualified and skilled, and was found to have a good understanding of their role and of the supports required to meet the assessed needs of the residents in the centre. The person in charge reported to a programme manager and Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented good management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre to assess the quality and safety of service provided in the centre. The person in charge monitored actions identified for improvement to ensure that they were progressed and completed.

The skill-mix in the centre comprised social care workers, care assistants, and a nurse. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. The person in charge maintained planned and actual rotas showing staff working in the centre. Residents also had access to multidisciplinary team services as required.

Staff working in the centre completed training in areas such as, fire safety, safeguarding of residents, infection prevention and control, and medication management as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents. Training records indicated that staff required training in supporting residents with modified diets.

The person in charge provided support and formal supervision to staff working in the centre, and staff spoken with advised the inspectors that they were satisfied with the support they received. The supervision records indicated that some staff were overdue formal supervision. In the absence of the person in charge, staff could contact the programme manager or on-call service if outside of normal working hours. Staff also attended regular team meetings which provided an opportunity for them to any raise concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected a range of discussions on safeguarding, incident reviews, risk, complaints, infection prevention and control, staffing, training, audits, and changes to residents' needs.

The registered provider had prepared a written statement of purpose. The inspector found that the statement of purpose required further detail as per the requirements of Schedule 1.

The registered provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

The registered provider had established an effective complaints procedure for residents and their representatives to utilise. The procedure was in an easy-to-read format and underpinned by a comprehensive policy. The inspector found that complaints made by residents and their families had been recorded and managed appropriately.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and commenced working in the centre in February 2022. They had relevant social care and management qualifications, and were found to be suitably skilled and experienced to manage the centre.

The person in charge had a clear understanding of the service to be delivered in the centre and was promoting a person-centred approach to the service provided to the residents. They demonstrated a good understanding of the regulations and

standards pertaining to the Health Act 2007 (as amended).

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of social care workers, care assistants, and a nurse. There were no vacancies. The person in charge and programme manager were satisfied that the current skill-mix and complement was appropriate to the number and assessed needs of the residents.

The inspector observed staff engaging with residents in a professional and respectful manner, and it was clear that they had a understanding of the residents' care and support needs, and personal preferences.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of the staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspector viewed a log of the staff training records with the person in charge. Staff had completed training in areas such as, fire safety, safeguarding of residents, positive behaviour support, hand hygiene, infection prevention and control, manual handling, safe administration of medication, epilepsy management, and supporting residents with modified diets. Some staff required training in supporting residents with feeding, eating, drinking, and swallow (FEDS) care needs.

There were arrangements for the support, and informal and formal supervision of staff. The person in charge was supported by social care workers in the provision of formal supervision to staff. Formal supervision was scheduled every three months as per the provider's policy. The person in charge maintained supervision records and schedules. The schedules, viewed by the inspector with the person in charge, indicated that some staff were overdue formal supervision. Staff spoken with told the inspector that were very satisfied with the support and supervision they received from the person in charge.

In the absence of the person in charge, staff could contact the programme manager for support and direction. There was also an on-call service for staff to contact

outside of normal working hours.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

There was a clearly defined management structure with associated lines of authority and accountability. There were three social care workers in the centre and their responsibilities included supporting the person in charge to manage the centre, for example, supervising care staff, completing audits, overseeing care plans, and organising the rota. The person in charge was supported in their role by a programme manager who in turn reported to a Director of Care. The person in charge prepared a monthly report for the programme manager to support their oversight of the centre. There were good arrangements for the management team to communicate and escalate any issues, and they were found to have a good understanding of the service provided in the centre and the residents' needs.

The registered provider had implemented systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out. The reports were detailed and identified actions to meet compliance. Audits had also been carried out by staff working within the centre and members of the provider's multidisciplinary team in the areas of health and safety, fire safety, personal plans, risk management, and infection prevention and control. The person in charge maintained a compliance plan which monitored actions to drive improvement in the centre.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose. The statement of purpose had been recently revised, however further information was required on the arrangements for the review and development of residents' personal plans, and the arrangements for contact between residents and their relatives, friends, representatives and the local community.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure. The procedure was underpinned by a comprehensive policy which outlined the associated roles and responsibilities, and stages for managing a complaint. The complaints form and procedure were in an easy-to-read format for residents to refer to. However, the inspector found that the information in the procedure regarding some of the complaints officers required updating.

The inspector found that complaints made by residents and their representatives had been recorded, managed appropriately and resolved to the satisfaction of the complainants.

Complaints were regularly discussed at resident and staff team meetings to promote awareness and understanding of the procedures.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Residents spoken with were happy living in the centre, and generally the service provided was safe and of a good quality. However, improvements were required in the areas of infection prevention and control (IPC) and fire safety.

Assessments of residents' healthcare needs had been carried out which informed the development of personal plans. The inspector viewed a sample of residents' health assessments and personal care plans. These were up to date and reflected input from relevant multidisciplinary services as required.

Staff had completed behaviour support training to support resident with behaviours of concern. The behaviour support plans viewed by the inspector were up to date and staff spoken with were aware of the contents. There was one restrictive practice implemented in the centre. There was a protocol for the implementation the restriction, and the resident concerned had been supported through the use of easy-to-read information to provide consent for the restriction. Recording of use of the restriction required minor improvement to clearly demonstrate that it was for the shortest duration necessary.

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. Safeguarding concerns were reported and screened, and safeguarding plans were developed as required. Staff spoken with were familiar with the content of the plans and the procedure for reporting any concerns. Intimate personal care plans were also developed to guide staff in supporting residents in this area in a manner that respected their dignity and privacy.

There was a good quantity and variety of food and drinks in the centre for residents to choose from. Residents were involved in the purchase, preparation, cooking, and planning of meals. The inspector observed residents being involved in the cooking of their meals. Some residents told the inspector that they were happy with the food provided in the centre, and that they also enjoyed takeaways and meals out. Staff were promoting healthy eating through discussions at resident meetings, use of easy-to-read information, and by encouraging residents' interest in their meals. Some residents required support with their meals, and corresponding plans were available for staff to refer to.

The centre comprised four community based houses. They were found to be bright, clean, nicely decorated and furnished. There was sufficient communal space, and nice gardens for residents to enjoy. Residents had their own bedrooms which were decorated according to their individual tastes. Overall, the premises were meeting the residents' needs, and residents spoken with told the inspector that they were happy with their homes. Some minor upkeep was required in parts of the centre, however it had little impact on residents and was reported to the provider's maintenance department.

The fire safety systems were found to require enhancements. Some fire doors did not have self-closing devices and one door into a high risk area did not appear to be a fire door. Assurances were also required regarding the effectiveness of glass panes above fire doors in one house in preventing the spread of smoke and fire. Staff completed regular checks on the fire safety equipment and precautions in the centre, and there were arrangements for the servicing of the fire safety equipment. Fire evacuation plans and individual evacuation plans had been prepared which were tested as part of the fire drills carried out in the centre. However, the records viewed by the inspector indicated that in some houses there had been no drill reflective of a late night-time scenario. Staff completed fire safety training and were found to be knowledgeable on the fire evacuation procedures. Some residents also told the inspector about how to evacuate if the fire alarm activated.

There were infection prevention and control (IPC) measures and arrangements to protect residents from the risk of infection, however minor improvements were required to meet optimum standards. The provider had prepared comprehensive IPC policies and procedures. There was effective support available to the centre from the provider's IPC team. There were good arrangements for the oversight and monitoring of the IPC measures through audits, assessment tools, and discussions at team meetings. A COVID-19 outbreak in the centre had been managed well, however it had not been formally reviewed to identify any potential learning. The associated COVID-19 plans required expansion. A specific risk assessment also

required development in one of the houses.

Staff had completed relevant IPC training and were knowledgeable on the IPC matters that they discussed with the inspector. There were good arrangements for the cleaning and upkeep of the centre. There were good hand washing facilities, and access to personal protective equipment (PPE) and cleaning products. However, the maintenance of some of the spill kits required better oversight.

Regulation 17: Premises

The centre comprised four separate houses. The houses were based in the community and located close to many amenities and services. The premises were found to be laid out and appropriate to the number and needs of the residents. The houses were well maintained. Some minor upkeep was required and had been reported to the provider's maintenance department.

Overall, the houses were very comfortable, homely, clean, and nicely decorated. There was sufficient communal space including inviting outdoor spaces for residents to use. There was sufficient bathroom facilities, and the kitchen facilities were well equipped and in a good state of repair. Residents had their own bedrooms which were decorated in accordance with their personal tastes.

Residents spoken with told the inspector that they were happy with their homes.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals. Some residents used visual aids to help them choose their meals. Menus were planned at weekly resident meetings but residents could also choose their meals on a daily basis. Residents were involved in shopping for groceries, and some liked to cook and bake in the centre.

Some residents told the inspector that they liked the food in the centre and were happy with the selection of food and drinks. They also enjoyed their favourite takeaways and meals out. The inspector observed a good variety of food and drinks in the centre, which were hygienically stored.

Some residents required modified diets. Feeding, eating, drinking, and swallow (FEDS) plans had been prepared and were readily available for staff to follow. Staff spoken with told the inspector about how the plans were implemented.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects were found to require improvement.

There were policies and procedures on infection prevention and control for staff to refer to, as well as information from public health. There was also signage and posters throughout the centre on IPC and COVID-19. The provider had an established IPC team and they provided support and guidance on IPC matters. COVID-19 plans had been prepared, however they required expansion to consider other potential infections beyond COVID-19.

The person in charge had completed a self-assessment tool to assess the effectiveness of the IPC measures, and was satisfied that they were sufficient. The tool was not dated to indicate when it had been completed. The person in charge had also completed risk assessments relevant to IPC and COVID-19, however an additional one required development specific to one house. Detailed IPC audits had been carried out by the IPC team and included actions for improvements. Staff and residents were offered COVID-19 vaccines if they wished, and there was information on the vaccines in an easy-to-read format.

There was good access to hand hygiene facilities and PPE in the centre. Staff in the centre were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. There were safety data sheets for the cleaning chemicals.

There were arrangements for the management of soiled laundry and bodily fluid spills, for example, alginate bags and spill kits. However, the inspector found that maintenance of some of the spills kits required more attention, for example, the cleaning chemicals in one kit had expired.

Staff had completed relevant IPC training. COVID-19 and IPC was also a recurring topic discussed at team meetings. Staff spoken with advised the inspector on some of the IPC measures, such as the arrangements for soiled laundry and bodily fluid spills, components of their training, and the reporting of IPC concerns.

The centre had experience a COVID-19 outbreak in 2022, the outbreak had not been formally reviewed to identify potential learning, however the person in charge advised the inspector that it had been managed well and all persons affected recovered.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety systems implemented by the registered provider required some improvements. There was fire detection, containment, and fighting equipment, and emergency lights in all of the houses. The inspector viewed a sample of the servicing records, and found that the fire extinguishers, alarms, emergency lights, and fire blankets were up to date with their servicing. However, a recent servicing record recommended that the emergency lights in one house required upgrade.

The inspector tested several of the fire doors across the centre, and they closed properly when released. However, some fire doors did not have self-closing devices, and one door did not have a visible intumescent strip. A recent fire audit had noted the requirement to upgrade some of the fire doors, and there was a plan for this. In another house, the utility room door, which was a high-risk area, did not appear to be a fire door and this arrangement required more consideration from the provider. There was no certification in the centre to provide assurances that the glass panes above some bedroom doors were effective in preventing the spread of smoke and fire.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating. Fire drills were carried out to test the effectiveness of the evacuation plans. The inspector found that in one house a drill was required to reflect a night-time scenario. Staff had completed fire safety training and were familiar with the fire procedures. Fire safety was discussed at residents' meetings to promote their understanding, and some of the residents told the inspector about the evacuation arrangements and fire drills they had participated in.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate healthcare.

Residents' healthcare needs were assessed which informed the development of care plans. The inspector viewed a sample of the residents healthcare assessments and plans, and found them to be up to date. Residents had good access to a range of multidisciplinary services including psychology, psychiatry, behaviour support, general practitioners, speech and language, dentists, and physiotherapy. Residents were also supported to participate in national health screening programmes as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern. Staff received training in positive behaviour support, and the provider had prepared a policy on positive behaviour support for them to refer to.

Residents had good access to multidisciplinary services such as psychology and behaviour support specialists to help them manage their behaviours. Positive behaviour support plans had been developed for residents where required. The inspector viewed a sample of the plans and found that two of the plans required minor revisions as some of the details were not current. Behaviour supports and strategies were discussed at staff team meetings, and staff spoken with had a very good understanding of the plans.

The provider had prepared a written policy on the use of restrictive practices. There was one restrictive practice in the centre. The practice had been consented to by the resident concerned and there was a protocol for its use. The recording of the use of the restriction required minor improvement to clearly record the exact times when the restriction was used.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff spoken with had completed safeguarding training and were able to describe the safeguarding procedures. There was also safeguarding information displayed in the centre for staff and residents to refer to, and safeguarding was a regular topic discussed at staff team meetings. The inspector found that safeguarding concerns were reported and screened, and safeguarding plans were developed as required.

Residents told the inspector that they felt safe in the centre, and said they could speak to staff if they had any concerns. Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 7 OSV-0005861

Inspection ID: MON-0029026

Date of inspection: 22/11/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training requirements in supporting residents with feeding, eating, drinking, and swallow (FEDS) care needs has been addressed to the team and the person in charge has arranged for staff to complete the training by 28th February 2023.</p> <p>The Person in charge has ensured that Q4 2022 formal supervisions for staff has been completed on 31st December 2022 and records has been updated to reflect this. The Person in Charge will continue to ensure that quarterly supervisions are completed in a timely manner.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been updated to reflect the recommendation during the inspection and further information was updated on the arrangements for the review and development of residents’ personal plans, and the arrangements for contact between residents and their relatives, friends, representatives and the local community.</p> <p>The updated version of the Statement of Purpose was sent to the registration team on 1st of December 2022.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge has amended the self assessment tool addressed during the inspection and has ensured that it is dated and this was completed on 23rd of November 2022.</p> <p>IPC Risk Assessment has been further developed specific to one house addressed during the inspection to mitigate the risk of infection. This was completed on 31st of December 2022.</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 Person in Charge has ensured that the following has been escalated to the Fire Safety Officer for further action:</p> <ol style="list-style-type: none"> (1) The emergency lights in one house that requires upgrading. (2) Arrangements for fitting self-closing devices on fire doors, (3) Putting a visible intumescent strip to the door addressed during inspection. (4) Replacement of the utility room door with a fire door. <p>The Fire Safety Officer has escalated the above required improvements to the contractor and is due to be completed by 30th of April 2023</p> <p>Upgrading of the fire doors, addressed on the Fire Safety Audit was completed on 9th of December 2022.</p> <p>The Person in Charge has discussed with Fire Safety Officer to follow up on further documentaion required to reflect the prevention of spread of smoke and fire for the glass panes identified during inspection. This is due to be completed 31st of March 2023.</p> <p>The Person in Charge has arranged a night time fire drill scenario and was due to be completed by 31st of January 2023.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2022
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	Substantially Compliant	Yellow	31/12/2022

	healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/01/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/12/2022

