



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 31
Name of provider:	Stewarts Care DAC
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	23 July 2024
Centre ID:	OSV-0008179
Fieldwork ID:	MON-0035643

About the designated centre

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

Designated Centre 31 is a designated centre operated by Stewarts Care Ltd. The designated centre is made up of three properties located in Kildare and Meath and is intended to provide long stay residential support and part-time shared care to no more than eight adults with a range of support needs. Care and support is provided by experienced qualified staffing through a social care model led environment. There is a full-time person in charge who is responsible for ensuring the regulations are compliant.

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
Tuesday 23 July 2024	08:55hrs to 15:20hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and conversations and interactions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

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

The designated centre is registered to accommodate eight residents and is comprised of three homes. Since the previous inspection the provider had added the third home to the registration of the designated centre. There were three residents living in one house, two residents lived in another and one resident lived in the third home. There were two vacancies at the time of inspection. On the day of the inspection the inspector had the opportunity to meet with four of the residents.

Residents had been made aware of the upcoming inspection, gave the inspector a warm welcome and were very comfortable with the presence of the inspector in their home. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all surveys completed and found that feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including staff, activities, trips and events, premises and food. Positive comments made by residents included "food is very good and the house is comfortable", "I can ask staff to give me privacy with my family", "my parents are very important and I like when they visit" and " I like to live here with my friends".

The inspector did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

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

Each home had adequate private and communal space for residents to use, a separate utility room, accessible garden spaces and a sufficient number of showering facilities. The inspector observed that residents could access and use available spaces both within each home and garden without restrictions. There was adequate suitable storage facilities for residents to securely store personal belongings and each home was found to be in good structural and decorative condition.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the wellbeing of any of the residents living in the centre. Observations carried out by the inspector, interactions with residents, feedback from staff and documentation reviewed provided suitable evidence to support this.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including communication and feeding, eating, drinking and swallowing (FEDS). The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes and told the inspector they really enjoyed working in the centre.

Staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, the inspector observed residents engaging in an individualised service, which enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests. For example, one resident spoke about their goal of joining a local boxing club and was being supported by staff to explore this goal further.

The inspector spent time speaking with four residents throughout the course of the inspection. It was apparent to the inspector that residents enjoyed being in each others company and had built up strong connections with each other and with the staff team who worked with them.

Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. On the day of the inspection the inspector observed residents to be relaxed and comfortable in their homes, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good rapport. Residents spoke about the other people living in their home in a positive way.

Two residents showed the inspector their bedrooms, which were decorated to their individual style and preference. One resident told the inspector they had chosen the colour of the walls and showed the inspector their en suite, while another showed the inspector the view from their bedroom window and told the inspector they enjoyed spending time in the garden. They showed the inspector photographs of their family and friends, which were displayed in their bedroom and spoke about visiting the Phoenix Park earlier in the day and seeing the deer, which they really enjoyed.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had implemented management systems to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their assessed needs.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. In addition, the provider had also ensured that the centre was well-resourced. For example, vehicles were available in each home visited by the inspector for residents to access their wider community.

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

There were systems in place to ensure all records, as required by the regulations, were of good quality and were accurate, appropriate, up-to-date and stored securely. Confidential information was ethically used and securely maintained to protect the rights of individuals, and was readily accessible for those who needed it.

The provider ensured that the building and all contents, including residents' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to residents.

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

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

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

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application.

In addition, the provider had ensured that the fee to accompany the renewal of registration of the designated centre under section 48 of the Health Act was paid.

Judgment: Compliant

Registration Regulation 8 (1)

Since the previous inspection the registered provider had submitted an application to the Chief Inspector of Social Services under section 52 of the Health Act for the variation of conditions of registration.

The provider had submitted all information in line with the regulations including; the

conditions to which the application referred and reasons for the proposed variation. In this instance, the provider applied to increase the footprint of the designated centre, which was granted.

Judgment: Compliant

Regulation 15: Staffing

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

The person in charge maintained a planned and actual staff roster. The inspector reviewed planned and actual rosters for the months of May, June and July and found that regular staff were employed, meaning continuity of care was maintained for residents. In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector spoke to four staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

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

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

All staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge. The person in charge had developed a

schedule of supervision for 2024 for all staff members. In addition, all staff had completed and signed a supervision agreement, which was in line with the provider's policy on supervision of staff.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for the inspector to view on the day of the inspection.

Judgment: Compliant

Regulation 22: Insurance

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

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

Judgment: Compliant

Regulation 23: Governance and management

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

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

The person in charge worked full-time, were aware of their regulatory responsibilities and were supported in their role by a programme manager and Director of Care.

The provider and local management team carried out a suite of audits, including comprehensive unannounced visit reports and annual reviews, which had consulted with residents and their representatives, and audits on health and safety, and medication management. The audits identified actions to drive continuous service improvement.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge or senior services manager.

Judgment: Compliant

Regulation 3: Statement of purpose

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

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

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

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

Individual communication passports had been prepared by the staff team on each

residents' individual communication means, such as using objects of reference, visual aids, and gestures and staff were observed communicating with residents in accordance with their assessed needs and communication means.

Visitors were welcome in the service and encouraged to participate in the resident's life, if the residents' so wished. Residents had access to suitable communal facilities or a private space, other than their bedroom, in which to receive visitors and visits which were facilitated did not negatively impact on other residents living in the service. The provider routinely monitored visiting arrangements, which were included as part of the centre's statement of purpose and resident's guide.

Residents were encouraged and supported to make decisions about how their room was decorated and residents' personal possessions were respected and protected. Residents had easy access to and control over their clothing, and there were systems in place to ensure that residents' clothing and other items were laundered regularly, and were returned to them safely and in a timely manner.

The inspector found the atmosphere in each home to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of each home within the designated centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that each premises, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their individual taste and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were encouraged to eat a varied diet, and equally their choices regarding food and nutrition were respected. Residents were supported by a coordinated multidisciplinary team, such as medical, speech and language therapy, dietitian and occupational therapy and during the inspection staff were observed to adhere to advice and expert opinion of specialist services.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in each home within the designated centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

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

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

associated supports and interventions residents required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Good practices were in place in relation to safeguarding. However, some improvements were required. For example, some safeguarding concerns had not been notified to the Chief Inspector of Social Services in line with the regulations. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Regulation 10: Communication

The inspector found there was an individual approach to supporting residents that recognised the uniqueness of each resident's communication skills and abilities. For example, where residents presented with limited or no verbal communication, staff were observed to use gesture in conjunction with simple consistent phrases and non-verbal cues.

Residents had up-to-date communication support plans on file, which were regularly reviewed by appropriate multidisciplinary team members. Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

Communication aids, including activity support visuals, personal care visuals and objects of reference, had been implemented in line with residents' needs and were readily available to support residents' communication in each of the homes visited by the inspector.

Judgment: Compliant

Regulation 11: Visits

The provider had a policy in place which outlined the arrangements in place for residents to receive visitors in line with residents' wishes. Appropriate space was available should residents wish to meet their relatives in private.

A visitors log was maintained in each home visited by the inspector which required anyone visiting to record their name, details and time of visit.

The arrangements for visits were also detailed in the designated centre's statement of purpose and residents' guide. There were no visiting restrictions in any of the homes and the inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

Judgment: Compliant

Regulation 12: Personal possessions

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

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

The inspector reviewed two residents' financial records where residents received support from staff to manage their finances. Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

Regulation 17: Premises

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

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

welcoming atmosphere.

Residents had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with their personal preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal tastes. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Overall, each of premises visited by the inspector was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in each home within the designated centre. Residents indicated to the inspector that they were very happy with their home.

Judgment: Compliant

Regulation 18: Food and nutrition

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

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. For example, staff were observed during breakfast preparation to adhere to the therapeutic and modified consistency dietary requirements as set out in the resident's FEDS care plan. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

Residents had opportunities to be involved in food preparation in line with their wishes. For example, the person in charge told the inspector that one resident enjoyed baking. In another home one resident told the inspector that they enjoyed cooking and had opportunities to make their own breakfast, lunch and dinner. In each of the the three homes, the inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available. The fridge and presses were well stocked with lots of different food items, including fresh fruit, vegetables, juices and cereals.

Residents spoken with confirmed that they felt they had choice at mealtimes and that they had access to meals, refreshments and snacks at all reasonable hours. In addition, residents were consulted with and encouraged to lead on menu planning as they wished. For example, menu planning and food choices were discussed during weekly resident meetings.

Judgment: Compliant

Regulation 28: Fire precautions

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

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway of all homes and all fire doors, including bedroom doors closed properly when the fire alarm was activated.

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

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: 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 in each of the three homes for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

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

- Feeding, eating, drinking and swallowing (FEDS)
- Communication
- Personal and intimate care
- Social development and community access
- Positive behaviour support

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident. Examples of goals set for 2024 included; attend day service programme, to go swimming in a local leisure centre, attend a comedy show and to go on a holiday.

The provider had in place systems to track goal progress, which included; goal description, actions taken, progress made, supporting evidence and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, four positive behaviour support plans reviewed by the inspector were detailed,

comprehensive and developed by an appropriately qualified person. In addition, each plan included trigger and setting events, proactive and preventive strategies in order to reduce the risk of behaviours that challenge from occurring.

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

There were two restrictive practices used in one home within the designated centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible.

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

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

On the day of the inspection there was one safeguarding concern open. However, following a review of incidents that had occurred in the centre it was noted that there were three safeguarding concerns which had not been notified to the Office of the Chief Inspector, in line with the regulations. This required review and improvement by the provider and person in charge in order to assure the Office of the Chief Inspector that any risk to the quality and safety of care and support has been or is being addressed.

The inspector reviewed three preliminary screening forms and found that previous incidents, allegations or suspicions of abuse were appropriately investigated in line with national policy and best practice.

Following a review of three residents' care plans the inspector observed that

safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

Judgment: Substantially 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
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 31 OSV-0008179

Inspection ID: MON-0035643

Date of inspection: 23/07/2024

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 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding reports reviewed with Person in Charge and corresponding NF06 x 3 completed on day of inspection. More robust pathway put in place with the person in charge to ensure that safeguarding notifications are supported appropriately by NF06 where required. Escalated at person in charge meeting post inspection to ensure all designated centres are following the same pathway in relation to HIQA notifications.	

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 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/08/2024