



# 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 Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0008179
Fieldwork ID:	MON-0036202

## About the designated centre

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

Designated Centre 31 is intended to provide long stay residential support for service users to no more than three adults between the ages of 18-50 with a range of support needs. Each service user is supported to live their life to their full potential in a person centred way. Activities are provided from the home in line with HSE new directions. 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, and a team of nine whole time equivalent staff members. (One whole time equivalent social care worker, 0.66WTE person in charge and 7.34 WTE care staff.) The designated centre is a three-bedroom detached house and provides a living room, kitchen/dining/living room, utility room, staff office/breakout room and two toilets downstairs. Upstairs there are three bedrooms for residents, one of which is an en-suite and a main shower room. The outside space consists of a front and back garden. Each resident has a Personal Support Plan (PSP). This details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes and that of their parent/guardian. Stewarts Care provides the following clinical services to residents; Physiotherapy, Social Work, Occupational Therapy, Speech and Language Therapy, Psychology, Mental Health (under Clinical Director – Mental Health).

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 30 March 2022	10:45hrs to 16:45hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

On arrival to the designated centre, one resident was at home, with a care staff and the person in charge. One resident was out for a drive with a second staff member. The resident appeared comfortable and relaxed in their home, watching television and eating fruit. The resident was smiling and appeared relaxed.

Residents had a sufficient number of staff available to support them, for example, residents had one-to-one staffing available to them during the day and night-time. This meant that throughout the day if residents communicated that they wanted to go out or leave the centre this could be easily facilitated. Residents were seen to use their environment freely, with no locked doors or restrictions in place and residents appeared content and settled, for example some residents were smiling while sitting in the dining room and some residents told the inspector that they liked their home and that it was theirs. At times, during the day some residents turned off lights, closed doors internally or switched off plugs or power outlets. This had, on some occasions, been disruptive to other residents, for example, when it occurred within their own bedroom space. While staff supported residents to use their environment freely, there was an absence of a formal plan to ensure staff understood how best to support residents to understand this, or the impact it could have on others. For example, turning off lights while people were using the bathroom, or seeking everyone to leave the centre at the same time. This posed a challenge at times to honour all residents' rights in this regard and ensure freedom to express their needs, but without impacting on others and their own choices.

Staff outlined that they enjoyed their role, and liked working in the designated centre. However, staff had not been provided with additional training to enhance their understanding or skills in supporting people with autism, or in providing a low arousal, low demand environment for residents. It was observed that staff and residents were getting to know each others, since the centre opened in January 2022. Staff were making efforts to trial different communication aids and to support residents' wishes around their daily plans. That being said, the absence of comprehensive written assessments and plans in the designated centre did not ensure everyone was following an agreed plan, that was based on an individual assessment with input from other allied health professionals.

During the day, the inspector observed residents communicating through alternative methods with the staff team, for example, taking staff by the hand to show them things or putting on their own coat to demonstrate that they wished to go outside. In general, staff understood these communications and facilitated residents' requests. Documentation reviewed, showed that some residents in this home used alternative communication to express and understand their needs, such as Lamh sign language, using objects of reference and visual aids. Some of these methods were seen on inspection, for example, a visual aid created by the person in charge, however these were based on staff trialling different approaches to see if they were

effective, and not based on a formal assessment.

The resident was waiting for the centre bus to return so that they could go on a planned drive. To support the resident to wait, staff encouraged the resident to go for a short walk to pass the time. The inspector went with a resident and staff for a stroll around the housing estate, as the resident indicated their wishes to do this together. During the walk, it was observed that the person in charge was supporting and leading the team to understand residents' needs and was promoting and guiding staff in how to deliver a low arousal approach to care and support, for example, explaining how to manage a situation or encourage the resident to return back to the centre. On return to the centre, the resident was supported to use a visual aid, to better understand their later plan for going out on the bus, once it returned, this supported them to understand what was happening next in their plan and helped them to feel more at ease.

The designated centre was located in a quiet housing estate in Kildare. It was a detached house, with three bedrooms upstairs, one of which was en-suite, and a shower room. Downstairs there was a welcoming entrance hall, a sitting room at the front of the house, a staff office, two toilets and a large open plan kitchen, dining/ living room space which overlooked the back garden. The house had a separate utility room off the kitchen. Each of the two residents had their own private bedroom, with large bed, wardrobe space and rooms that they had been supported to decorate in line with their own choices and interests. Some residents bedroom doors could be locked by residents when inside, if they wished to have additional privacy.

On arrival to the designated centre there was hand sanitising point on entry and visitor sign in and symptom check and declarations to be completed, to promote safe practice in relation to possible infection control. Staff members were wearing surgical face masks and not FFP2 masks in the course of their work, as the most recent public health guidance would advise. There was sufficient hand sanitising and hand washing facilities around the building, an adequate supply of personal protective equipment (PPE) and separate facilities for laundry. Residents were seen to be encouraged to use hand sanitiser on entering the building to promote good hand hygiene.

Residents had been supported to build and maintain relationships with their natural support networks, for example, visiting family members and seeing people that were important to them. Some residents had independent advocates or identified people, who supported them with their transitions and arrangements had been put in place to include key people in their lives.

There was a full-time person in charge working in the designated centre, who held the role of social care worker. The person in charge based themselves in the centre during the week. As mentioned, it was observed that the person in charge was supporting and leading the team to understand residents' needs and was promoting and guiding staff in how to deliver a low arousal approach to care and support. However, there were times when the person in charge or a social care worker was not on duty to demonstrate this to staff, in the absence of formal training for the

team. Suitable arrangements had not been put in place for times when the person in charge was absent from the centre or off duty which had resulted in gaps in the monitoring of adverse events and to monitor the use of as needed medicine for symptoms of illness or infection.

Overall, residents appeared to have settled into their residential home and were being supported with the appropriate number of staff, they were provided with homely environments that offered them individual bedrooms for space and privacy and they were supported by a team who enjoyed their roles. However, the provider had not ensured that the new designated centre was set up and managed in a manner that would fully meet residents' needs.

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.

## Capacity and capability

The registered provider had applied to register this new designated centre in December 2021, and had provided written assurances and documentation to support their application, for example, a written statement of purpose, a compatibility assessment for proposed residents and premises and fire safety assurances. The designated centre was registered in January 2022 and two residents had been admitted since to live there for full-time residential care. This inspection was unannounced and the purpose of the inspection was to monitor compliance with the regulations and standards, to meet residents and see how they had settled into their home and to verify that the provider had planned and opened the centre in line with their statement of purpose and assurances regarding the care and supports that would be delivered.

This inspection found that the provider did not fully demonstrate that they had the capacity and capability to operate the designated centre in line with their written statement of purpose and proposed plans. There were deficits in the governance and management structure, systems and oversight mechanisms which resulted in poor findings in relation to staff training and development, infection prevention and control and assessment of needs and plans.

There had been a number of challenges in relation to practical resources upon opening the designated centre, which impacted on the governance and management oversight of the designated centre. For example, issues with technology and Internet connectivity which resulted in tools, aids and information not being easily available to the person in charge on-site in the course of their duties.

While the provider had strong management systems and tools, as part of their

organisational structure, these had not been used effectively or made available to the person in charge in this designated centre to assist with identifying potential issues and areas in need of improvement prior to the first admission into the centre. For example, a provider-led audit in March 2022 identified the absence of a risk register or subsequent risk assessments to manage potential risks in the centre; a number of incidents had not been considered for screening in line with National policy due to their potential to be safeguarding concerns and there had been no formal team meetings to support the team on beginning their roles within the new designated centre. At the time of the inspection, the person in charge had rectified a number of actions from the provider's audit and put in place measures to promote better oversight going forward.

While it was positive finding that once carried out, this audit had resulted in improvements in the designated centre, the tools available to the provider had not been sufficiently utilised to support the team on the commencement of providing services within the designated centre. Audits reviewed also did not identify gaps in relation to skill-mix arrangements and the particular training needs of staff.

This centre was providing a social care model of care as outlined in the statement of purpose, however the provider had not clarified the specific roles and responsibilities of staff working in the designated centre. For example, audits identified that health care plans were to be signed off by a nurse, however this designated centre did not require nursing staff. The responsibilities of the social care worker required further definition as plans for this role to support the person in charge in relation to oversight and leading the team had not been finalised and communicated to the team.

The person in charge worked full-time and held responsibility for this centre and was outlined in the statement of purpose as being in the centre 0.66WTE with proposed plans for a second area of managerial responsibility being assigned to them shortly. However, the arrangements for the absence of the person in charge and/or social care worker had not been clarified to ensure effective governance and oversight in the designated centre. Similarly, the role of the person in charge to operationally manage the centre and monitor the care and support, and also to be present so as to lead, teach and develop the staff team to work with the residents in line with their needs required recognition in the context of being assigned further areas of responsibility.

While there was a sufficient number of staff available to support residents in the designated centre, the inspector was not assured that the provider had recruited and appointed a staff team with the required qualifications, skills and experience to support young people with autism, based on the assessment information they had prior to admissions and in line with their plans and statement of purpose. For example, ensuring the rosters were managed in a way that gave optimal leadership or guidance to the team and ensuring the team had core training in areas specific to residents' needs.

Overall, the provider had ensured a safe and pleasant home environment for residents, and had supported residents to secure permanent full-time residential



care, the provider had ensured an adequate number of staff were available to support residents and had appointed a suitable and experienced person in charge to manage the designated centre. However, improvements were required to ensure effective oversight tools and adequate resources were in place to support staff to operate a new designated centre in a manner that was effectively monitoring the quality and safety of care and support through effective assessment processes and plans and ensuring the staff team were provided with the specific skills and knowledge to support residents.

### Regulation 14: Persons in charge

The person in charge was suitably skilled, experienced and qualified in their role. For example, they had completed additional qualifications in supervisory management and held a degree in social care. The person in charge demonstrated a good knowledge of the residents in the designated centre.

At the time of the inspection the person in charge was responsible for one designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider had put in place an appropriate number of staff on duty in the centre during the day and night-time.

There were planned and actual rosters in place to demonstrate who was working in the centre and these were well maintained.

The provider had appointed a person in charge who was a social care worker, a team of care staff and one social care worker in the designated centre. While there was a sufficient number of staff, the management of the staffing resources required improvement to ensure a balanced skill-mix and effective oversight.

For example, while there was a social care worker appointed to work opposite the person in charge and assist in leading the team, this role was not always rostered for times when the person in charge was off duty to provide a wider cover.

From speaking with the person in charge and reviewing the rosters, it was seen that the social care worker worked either two or three 8am-8pm shifts a week. Managing the hours in this manner resulted in longer periods of time where the staff team

were without the person in charge or social care worker to support and lead them.

Not all staff working in the centre had a formal induction into the designated centre upon starting in their role.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The provider had identified mandatory training for staff working in their organisation and made these trainings available to the staff team. However, some staff required refresher training in key areas at the time of the inspection.

While the provider had identified mandatory training across the organisation in key areas, they had not identified and provided for the specific training needs in this designated centre, based on residents' particular needs as acknowledged at admission. For example, staff were not all provided with training in the following areas:

- Alternative communication (Lamh, objects of references and augmentative communication).
- Low arousal and low demand environment and supports.
- Positive behaviour support.
- Autism awareness.

There was a system of formal supervision put in place in the designated centre by the person in charge. These meetings had identified some of the training needs that were required, however this was not put in place prior to residents moving into the centre.

While a formal one-to-one supervision system was in place, improvements were required in the informal supervision of the team, who often worked in the centre without the person in charge or social care worker present to guide and support them.

Judgment: Not compliant

## Regulation 23: Governance and management

The provider had not ensured the designated centre was adequately resourced with access to information, systems and tools to effectively monitor the transition into the

designated centre. The provider had not put plans in place to ensure the staffing resources were fully aligned to the needs of residents and the statement of purpose and timely access to the allied health and social care professionals prior to, or following admission.

The management systems and tools as part of the provider's organisational structure, had not been used effectively or made available to the person in charge in this designated centre to assist with identifying potential issues and areas in need of improvement prior to the first admission into the centre.

The provider's audit tool did not fully identify gaps in relation to skill-mix arrangements and the training needs of staff to promote improvements on the quality of care and support delivered in the designated centre.

The provider had not fully clarified the specific roles and responsibilities in the designated centre for the social care-led model of care identified.

The arrangements for supporting the staff team when the person in charge and/or social care worker were not on duty required review and improvement to ensure effective governance and oversight in the designated centre. Similarly, the role of the person in charge to operationally manage the centre and monitor the care and support, and also to be present so as to lead, teach and develop the staff team to work with the residents in line with their needs required recognition in the context of being assigned further areas of responsibility in the future.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The written statement of purpose did not include full details on the specific care and support needs that would be provided in the designated centre.

The written statement of purpose outlined a team of experienced, qualified and skilled care staff operating a social care model, however the organisational structure and roles and responsibilities in the statement of purpose were not clear.

Judgment: Substantially compliant

### Quality and safety

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. Each resident had their own bedroom which was decorated to their tastes

and had adequate space and storage for personal belongings. The designated centre is a three-bedroom detached house located in a town in County Kildare, and there was access to a vehicle and the majority of staff had been assessed as suitable to drive the company vehicle. The provider was considering further plans on how to enhance the garden and premises further in line with residents' needs and wishes.

While the provider had been aware of particular needs of residents at the time of applying to register the centre, they had not put the measures in place to meet these needs fully through their resources, for example, ensuring timely access to allied health and social care professionals, ensuring staff had the required training in key areas and ensuring a balanced skill-mix as planned. The provider and person in charge had endeavoured to obtain as much information as possible prior to residents moving into the centre, to guide the supports that they would need, however there was an absence of a comprehensive assessment prior to admission to ensure the designated centre could be set up and resourced to fully meet residents' needs. While the person in charge and staff were supporting residents in a kind and caring way, and trialling different approaches in relation to communication and other supports, there was an absence of formal written personal plans with input from other allied health and social care professionals to guide consistent supports for residents.

The service had procedures and practices in place to support the protection and safeguarding of residents. Training was available to staff on the protection and safeguarding of vulnerable adults. There was a designated person identified and responsible for screening any safeguarding concerns, with support from the provider's social work and safeguarding team if required. There were good practices in place to promote residents' rights, and encourage positive relationships between peers, and when safeguarding plans had been developed these were comprehensive and detailed. While practices were found to promote residents' safety, initial incidents of a potential safeguarding nature had not been identified, screened and planned for in-line with National policy and the provider's own policy and the time-lines within them. The provider's audit had identified this, and had since put in place improved reporting and recording mechanisms.

The centre was well maintained, clean and contained adequate hand-washing facilities. The centre also had sufficient access to personal protective equipment (PPE), cleaning equipment and supplies. There were cleaning rotas in place and checklists to ensure different staff on day and night-duty had identified cleaning tasks to maintain the centre, and reduce infection. Residents were encouraged to demonstrate good hand hygiene during the day of inspection. Guiding documentation and practices within the centre did not always ensure residents were fully protected from infection or the control of infection spread. For example, at times when residents had presented with potential symptoms for infection, this had not resulted in staff following the written protocol to ensure isolation and arrangements for screening or testing for COVID-19, even at times when staff members had been recently identified as positive cases. Residents were supported to manage their symptoms with over the counter medicine, however the protocols for managing possible infection risks had not been carried out to limit potential

spread and determine if residents had contracted an infection.

Residents appeared to be content, had settled into their new home and were at ease in the company of staff members. However, the gaps in the governance oversight and resourcing of the centre prior to admission, had resulted in some oversights in relation to the quality and safety of care, as outlined above.

### Regulation 17: Premises

The designated centre was well maintained and nicely decorated, it offered a homely environment for residents to live and had spaces for residents to spend time together, and large private bedrooms if resident's wished to have time alone. There were locking mechanisms on bedroom doors, should resident's wish for further privacy when alone. As this was a new centre, the use of the garden area was being explored to see if it could be enhanced as a space for residents to use, for example, the person in charge was considering different equipment of furniture that could be put in place that residents may enjoy.

Similarly, the staff room/ break out room required further planning and development to assess if it was feasible for use a sensory space for residents, as at present it was set up as an office environment but may be required as a sensory room or space, should this be assessed as needed.

There was a vacant bedroom at the time of the inspection, which had been set up and decorated with a double bed along with adequate storage and wardrobe space.

Overall, the provider had arranged for homely, comfortable premises that afforded residents a safe and pleasant place to live, with further plans being considered on how to enhance them further in line with residents' needs and wishes.

Judgment: Compliant

### Regulation 27: Protection against infection

Improvements were required in relation to the guiding documentation and risk assessments to promote infection prevention and control, and to the practices of applying infection prevention and control measures in the designated centre.

On reviewing documentation such as medicine records, daily notes and hand-over information it was found that temperature and symptoms checks for residents did not result in appropriate action in line with the centre's protocol and public health guidance. For example, there were a number of times in the previous weeks where residents had presented with potential signs or symptoms of an infection, that did not result in the guidance for management of potential infection to be followed

through, such as isolation and arrangements regarding testing or screening. While residents were supported to feel good and to alleviate their symptoms, the procedures for infection prevention and control were not followed to determine the cause and to limit potential spread.

On the day of inspection, the staff team were not wearing the correct personal protective equipment (PPE) as advised in the most recent public health guiding documentation. This was rectified by the person in charge during the day.

While the provider had identified risk assessment tools and systems for managing risks of possible infections, these tools had not been made available or put in place to assess the risk and plan for all eventualities prior to the centre opening. The guiding procedure for staff that was since put in place, was not kept up-to-date with guidance in line with the latest information, for example, guiding staff to change to an FFP2 mask should a resident present with symptoms, in place of guiding staff to use this particular PPE on a consistent basis.

Judgment: Not compliant

### Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place with residents on admission to the designated centre so they had an awareness of what to do in the event of a required evacuation. There were two staff on duty each night, on waking night shifts to support residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider and person in charge had taken measures to obtain information in relation to proposed residents prior to their admission, however important information regarding residents' particular needs had not been fully available to support a comprehensive assessment and corresponding plans prior to moving into the centre.

In the absence of full information prior to admission, the provider did not make arrangements for their own comprehensive and multidisciplinary assessment of residents' needs.

While some assessments had been completed and some plans available from

previous caregivers, there was an absence of a full and comprehensive assessment of residents' needs in this centre, inclusive of the input of other allied health and social care professionals to guide the creation of support plans. For example, where it was known that residents required food to be chopped up at mealtimes, this had not resulted in an assessment by the speech and language therapist. Residents' needs in relation to positively supporting their behaviour were not planned for, to ensure a consistent and appropriate approach was in place, in which all staff were trained.

In the past week, referrals had been submitted for support and assessment by speech and language therapy and occupational therapy and behaviour support specialists had begun to engage in an assessment process with some residents. However, personal plans outlining the support requirements for residents were not put in place within 28 days of admission to promote consistent supports.

In the absence of these assessments and plans, the provider did not fully ensure that the centre could meet the needs of residents prior to them moving into the centre.

Judgment: Not compliant

## Regulation 8: Protection

It was seen on inspection that there were good practices in the designated centre to promote residents' rights, and to encourage positive and safe relationships between peers. There had been consideration of residents' interests, needs and personalities prior to admission to alleviate any potential concerns between residents. When developed, safeguarding plans were found to be comprehensive and based on a human rights approach. Safeguarding plans in place, were linked to assisting residents to demonstrate their own wishes but in the context of understanding the impact that this can have on others.

The initial reporting and recording mechanism for potential safeguarding concerns had not been adequate, which had resulted in a delay in following national policy for safeguarding vulnerable adults and putting comprehensive safeguarding plans in place.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Substantially compliant



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

Inspection ID: MON-0036202

Date of inspection: 30/03/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing compliment has been reviewed and an additional social care worker will be recruited to ensure that sufficient governance is in place on site when the PIC is not on duty. They will be rostered on alternate shift patterns to ensure that staff are supported each day.</p> <p>All new staff will be inducted and the appropriate documentation completed in line with Stewarts Care Induction Policy.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training programmes are being developed and staff will receive training which is diagnosis specific, communication supportive and expand their behavior support knowledge as identified as required to fully support the residents of the home.</p> <p>All current staff have completed additional diagnosis specific training on HSELand.</p> <p>A second social care worker will be recruited to provide guidance and support and informal supervision when the PIC is not on duty.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Referrals have been made to appropriate multidisciplinary services for the residents where appropriate and care plans developed in accordance with recommendations made.</p>	

<p>All staff have been instructed on implementation of care plans by the Person In Charge.</p> <p>All staff will be provided with additional training to further develop the skill mix of staff who are supporting the residents in the home.</p> <p>The position of the social care worker is defined within the organization. The role and its specific responsibilities will be circulated and defined to ensure that the social care model of care identified is implemented effectively and understood by non social care staff.</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 amended to elaborate details on the care and support needs being provided for in the home.</p> <p>The organisational structure, roles and responsibilities are clearly defined in the statement of purpose.</p>	
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>All staff have completed infection prevention and control training and hand hygiene. A second infection prevention and control lead person has been identified. These staff will support the PIC to implement and monitor IPC protocols in the home. IPC leads will ensure that all guidelines/protocols are adhered to and the most up to date guidance/advice is available to staff on site.</p> <p>The most recent public health IPC protocols/guidance are available on site. IPC leads and PIC to ensure this information is updated in accordance with public health advice.</p> <p>All surgical masks have been removed from the home and no longer available for order. FFP2 masks can be ordered in line with HSE protocols.</p> <p>IPC procedures for infection prevention and control to be followed by all staff when any infectious symptoms are observed. When symptoms are observed medical advice will be sought immediately in line with organizational policy. This is a standing agenda item at team meetings.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>eferrals have been made for both residents to Occupational Therapy (OT), Positive Behaviour Support (PBS) and Speech and Language Therapy (SLT).</p>	

Recommendations and plans will be completed for the residents.

Total communication training to be provided for all staff. This training will identify specific communication needs and upskill staff in management of same.

All staff have completed autism awareness training on HSELand since the inspection date.

All staff have completed additional positive behavior support education since the inspection date.

Autism Specific/Low arousal education will be provided to all staff.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The reporting and recording protocol for safeguarding concerns has been discussed with all staff. This is a standing agenda item at monthly team meetings. Timelines for reporting has been highlighted as part of this discussion.

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2022
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.	Not Compliant	Orange	30/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/05/2022

Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Not Compliant	Orange	07/04/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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	07/04/2022
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Not Compliant	Orange	31/05/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	28/04/2022

	is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	28/04/2022
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	08/02/2022