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Stewarts Care Adult Services Designated Centre 7, OSV-0005861, 30 September 2021

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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:	Unannounced
Date of inspection:	30 September 2021
Centre ID:	OSV-0005861
Fieldwork ID:	MON-0034007

About the designated centre

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

Designated Centre 7 is operated by Stewarts Care Ltd. This designated centre provides full-time residential care and support for up to 13 adults with intellectual disabilities. The centre is comprised of four community based houses located in West Dublin. The centre is managed by a full-time person in charge who is also a clinical nurse manager 2 (CNM2). The person in charge reports to a senior manager. The centre staff team comprises of one nurse, a social care worker, care assistants and day service team members.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 - 2015 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
Thursday 30 September 2021	09:30hrs to 16:50hrs	Ann-Marie O'Neill	Lead
Thursday 30 September 2021	09:30hrs to 16:50hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

During the course of the inspection, inspectors visited all four residential houses that made up this designated centre. Inspectors greeted and spoke with residents in each residential unit. In some instances residents did not wish to engage or speak with inspectors and at all times this choice was respected.

Conversations between inspectors, residents and staff took physically distanced as much as possible. Inspectors also wore personal protective equipment (PPE) at all times during the inspection.

Stewarts Care Adult Services Designated Centre 7, comprises of four residential houses. Three of the residential houses are located in a town in Dublin, the remaining house is located in a different town but within a short drive of the other houses. Each of the residential houses comprises of two storey house, located in a housing estate.

At the time of inspection, one resident was living in a single occupancy arrangement in one of the residential houses. There was a group living arrangement in place for the other three residential houses.

Inspectors visited each residential house that made up the centre, during the course of the inspection, to review the premises and to establish if the provider had carried out a provider-led audit within each house as per their written representation.

Overall, inspectors found the provider had carried out the actions they committed to within their written representation and premises improvement works had been carried out and were underway at the time of inspection with provider-led audits and action plans undertaken in each residential house of the centre.

At the commencement of the inspection, inspectors visited the residential house that had been the focus of the previous inspection.

On arrival to the house it was observed that the provider had undertaken a wide suite of premises refurbishment and improvement works in the house to a very good standard and had suitably addressed, not only the findings from the previous inspection, but had carried out additional works in the house.

Inspectors observed new flooring throughout a number of areas in the home, the ceiling in the living room area had been repaired and repainted over. Bathrooms had been reviewed and upgraded to better meet the assessed needs of residents. New kitchen units had been fitted and painting and refurbishment had been carried out in each residents' bedroom and throughout the house.

Inspectors briefly met residents living in the house at the commencement of the inspection and asked for their feedback about the changes that had occurred in their

home. A resident commented that they liked the improvements and mentioned that they loved their bedroom now. They told inspectors they really liked the house now since those improvements had occurred.

Further improvements were observed and heard in the residential house, during the course of the inspection, which were a notable improvement since the last inspection.

On this inspection, staff interactions with residents was more engaged and inclusive. Inspectors observed and heard staff including residents in the daily chores and activities that were going on in the home. Inspectors overheard residents chatting with staff with regards to their laundry and meal preparation and providing lots of praise and acknowledgement of them during the course of the day. Residents positively responded to this enhanced engagement from staff and on this inspection inspectors heard residents talking more and spending time in various areas of their home in contrast to the previous inspection.

An inspector spoke briefly with a new member of staff working in the centre. They told the inspector they had commenced working in the centre approximately one month prior to the inspection. They told the inspector that they liked working with the residents and enjoyed coming to work each day. They were also able to describe to inspectors their understanding of the enhanced risk management response strategies relating to incidents of absconding and personal risk, presented by some residents.

An inspector met with the resident that lived in the single occupancy home. They were busy doing some art work and making cards. The inspector sat with the resident for a short while and chatted with them. They told the inspector they were making a card for their friend. They pointed out some of the nice paintings in their home which had an animal theme and told the inspector they liked animals.

They told the inspector they really liked their new home, they had moved to the house some months previous and had settled in well. They told the inspector staff were nice and helpful and they had a key worker. They then showed the inspector around their home. They told the inspector they really liked their bedroom, they showed the inspector how well they were able to get up and down the stairs.

Observations carried out of the inside the house demonstrated the provider had good systems in place to ensure it was well maintained inside and out. There was a high level of cleanliness throughout the house with communal and private space areas that were well proportioned to meet the assessed needs of the resident.

The provider had assessed the premises of the other two houses that made up the centre with a suite of planned works to be carried out in both. At the time of the inspection, some premises upgrade works were underway in one of the houses.

An inspector visited the house where these works were underway. The residents had temporarily moved out to one of the provider's respite houses in order to accommodate the works to the premises. Staff and the builders showed the inspector the work that had been completed and outlined further work which was

due to be finished in the coming weeks. The house had been fitted with a new kitchen and utility.

Bathrooms were in the process of being refurbished and converted into more accessible wet rooms. New flooring was to be laid throughout the premises. Staff showed the inspector how the design had taken account of individual resident's needs and preferences. For example, there were plans to convert one living area in to a sensory room. Staff reported that these plans had been considered in consultation with relevant multi-disciplinary team members.

Renovations in this house would allow for each resident to have access to their own living space if they wished. Each living space would be laid out in accordance with residents' preferences and needs. For example, one sitting room would be set up with enhanced WiFi access, another room converted into a sensory room with lighting and mirrors and the third living area allocated as TV room.

An inspector also visited the fourth and final house which comprised the designated centre. The residents greeted the inspector and brought them on a tour of their home. The house was observed to be homely and comfortable. Bedrooms were personalised and residents' artwork and photographs decorated the communal living areas.

The provider had plans in place to complete a refurbishment of this premises. Staff provided the inspector with a list of planned renovation works for this house which included a new kitchen, a new external path and refurbishing bedrooms and bathrooms.

Residents spoken with were aware of the refurbishment plans and were looking forward to them. Residents had clearly been consulted with regarding these works. They described to the inspector how their bedrooms and kitchen would look when refurbished. Some residents planned to go to the provider's holiday home for the duration of the refurbishment while others stated they would be staying with family members. Residents in this house informed the inspector that they are happy in their home, they get on well together and that they like the staff.

In summary, as discussed, the regulatory findings from this inspection were focused on assessing the provider's implementation of their written representation to a notice of proposal to cancel registration of this designated centre.

Overall, Inspectors found good levels of compliance within the specific lines of enquiry and associated regulations reviewed on this inspection. It was noted that there had been considerable progress towards improving compliance with the regulations in this designated centre.

There remained some residual personal and safeguarding risks presented by residents which the person in charge and provider were required to continually monitor and review to ensure their assessed needs were being suitably met in the centre.

The next two sections of this report present the inspection findings in relation to

governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to follow up on the actions the provider had committed to undertake as part of their written representation to a notice of proposal to cancel registration of this designated centre. The notice had been issued to the provider in response to high levels of not compliant findings during an inspection carried out in June 2021.

The provider had submitted a written representation to Office of the Chief Inspector, in response to the notice of proposal to cancel registration of this designated centre which was issued 13 July 2021.

Overall, it was demonstrated the provider had implemented the improvements as set out in the written representation and within the time-lines set out.

Since the previous inspection, the provider had appointed a social care worker post in the centre. Their role formed part of the management team for the centre. Some of their responsibilities included the supervision of staff, management of staffing rosters and oversight of resident support planning. This was a positive improvement by the provider which enhanced the management oversight arrangements in the centre. There was evidence on inspection which demonstrated they had begun to carry out these roles and responsibilities within the centre.

An annual report for the service for the previous year had been completed and was found to be in line with the matters of Regulation 23, whereby the the provider had sought feedback from residents and families, reviewed their compliance with the standards and had identified areas for improvement with persons responsible. A copy of the annual report was available in the centre.

The previous inspection had found the provider's six-monthly unannounced audits were not comprehensive as they did not review each residential house that made up the designated centre. On this inspection, the provider had ensured a six-monthly audit had occurred in each of the four residential houses that made up the centre. These audits had been carried out by a quality officer, on behalf of the provider.

As an additional oversight framework, the provider had created an overarching compliance improvement schedule for the designated centre, which collated all the identified actions from the six-monthly audits. A senior manager, with responsibility for the centre, the person in charge and members of the multi-disciplinary team, met frequently to review progress towards addressing the actions.

Inspectors carried out a visit of each of the four residential units that made up the centre and cross referenced the actions from the provider's six-monthly audits with

evidence in each house to establish if there had been progress made by the person in charge and provider towards addressing actions identified in the audits. Overall, it was demonstrated the provider had made good progress in addressing the actions within the time-lines identified.

For example, provider-led audits identified the requirement for all residents to have an up-to-date comprehensive assessment of need completed, premises improvement works and a full review of safeguarding plans. Inspectors found these actions had been addressed and completed.

However, it was not demonstrated that there was an established centre-based auditing framework in place for the local management team to implement and oversee to sustain the improved compliance found on inspection. This was required to ensure quality and compliance improvement was driven, not only at a provider level, but also in a consistent manner at a local operational management level.

Good levels of compliance improvement were found on inspection in areas the provider had audited and had put an action plan put in place to address the findings from the audit. However, in areas that had not been reviewed through the provider led audits, some areas for improvement were noted.

For example, a review of intimate care planning had not formed part of the overall provider-led safeguarding auditing review for the centre. Inspectors noted intimate care plans in the centre were considerably out of date, with some last reviewed in 2016. This demonstrated the requirement for enhanced local based auditing in the centre to ensure compliance across all areas of the regulations.

Measures were in place to ensure that staffing resources could be readjusted and enhanced, if required, based on the presenting need of residents. For example, at the time of inspection, the provider was continually monitoring the staffing resources in the centre in a manner that was responsive to the needs of all residents, including residents that required management of personal risk behaviours.

Regulation 15: Staffing

The provider had appointed a social care worker in the centre since the previous inspection. Their role enhanced the social care skill-mix in the designated centre and provided a supportive lead role within the designated centre.

The provider had reviewed arrangements in the centre to ensure a registered nurse was assigned to the centre for the purposes of administration of intramuscular injections. In addition, the provider had appointed a health promotion and community liaison Clinical Nursing Specialist (CNS), to provide nursing oversight arrangements for designated centres where nursing supports were required.

The provider had reviewed the staffing resources in the centre and had initially enhanced the staffing numbers at night time with additional staffing supports made

available to some residents when they engaged in community based activities. However, it was found that these additional staffing resources had resulted in an increased escalation of behaviours and impacted on some residents' night time routines. The provider, following a multi-disciplinary review, readjusted the staffing resources again.

At the time of inspection, it was noted that the provider was continually monitoring the staffing resources in the centre in a manner that was responsive to the needs of all residents, including residents that required management of behaviour and personal risk behaviours.

Judgment: Compliant

Regulation 16: Training and staff development

It was demonstrated staff were provided with training in mandatory areas and also refresher training in those areas.

Following on from the previous inspection, staff had continued to update their refresher training with enhanced training provided in relation to behaviour support planning for some residents. In addition, the person in charge had received training in risk management with the organisation's risk manager.

During the previous inspection, it was unclear where, or with whom, the overall responsibility and accountability for staff supervision arrangements lay. For example, at the time of inspection, redeployed day service staff, working in the centre, received supervision meetings with a day service manager, while long term residential staff received supervision from the person in charge.

The provider had addressed this by ensuring staff working in the centre were aware of the lines of reporting and responsibility.

Staff spoken with were clear on who their direct line manager was and with whom they were accountable to. In addition, inspectors noted staff had received a supervision meeting with their line manager and a record of this was maintained in the centre.

All staff working in the centre were now supervised by the person in charge who held the overall responsibility for the management and running of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had submitted a comprehensive written representation to the Notice of proposal to cancel registration of this designated centre.

On review of the actions identified in the written representation, inspectors were assured that the provider had set about completing the quality improvement actions in the representation and in turn had enhanced the compliance in the areas reviewed on inspection.

The provider had completed an annual report for 2020 that met the requirements Regulation 23.

This inspection found the provider had carried out a comprehensive provider-led audit that included all residential houses that made up the centre. In addition, the provider had created an overarching compliance improvement oversight tracker which examined the provider and person in charges' progress towards addressing actions identified from audits completed.

However, in some small instances, persons accountable for the improvement and a time-line for when they were to be addressed, were not consistently documented on the audits. In addition, there were some discrepancies noted across these audits with some stating, for example, that care plans were up-to-date while another stated that they were still outstanding.

To strengthen the local governance of the centre, the provider had appointed a social care worker in the centre. Their role formed part of the local management team for the centre, for example in supervision of staff, management of staff rosters and personal planning arrangements for residents.

The provider had carried out a suite of premises improvement works in the residential house inspected on the last inspection, to a very high standard. In addition, they had reviewed premises improvement requirements across the other residential houses that made up the centre and had identified areas that required improvement, with works commenced in another house, at the time of inspection.

The provider had initiated an intensive multi-disciplinary framework review of the needs of residents living in this designated centre, with specific focus on some residents that presented with complex needs.

Good levels of compliance improvement were found on inspection in areas the provider had audited and had put an action plan put in place. However, in areas that had not been reviewed through the provider led audits, have not been addressed or reviewed by the local management team.

For example, a review of intimate care planning had not formed part of the overall provider-led safeguarding auditing review for the centre. Inspectors noted intimate care plans in the centre were considerably out of date, with some last reviewed in 2016. This demonstrated the requirement for enhanced local based auditing in the centre to ensure compliance across all areas of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

On a review of incidents that had occurred in the centre, since the previous inspection, it was noted all incidents has been notified to the Chief Inspector as required.

This demonstrated an improved process with regards to the notification of incidents for this designated centre.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured the provider had comprehensively implemented the actions identified in their written representation to a notice of proposal to cancel the registration of this centre, issued by the Chief Inspector, on foot of poor compliance findings from the previous inspection of this designated centre.

Previously, inspectors had found poor risk management systems were in place to support and respond to the complex needs of some residents. Behaviour support planning and strategies were not in place previously and there had been an absence of proactive and comprehensive management of some residents' presenting personal risk behaviours.

On this inspection, inspectors observed and noted there had been improvements in this regard.

There had been a notable decrease in the severity of behaviour presentation for some residents in the recent weeks prior to the inspection. Behaviour support plans had been created by an appropriately qualified allied professional and were evidence based. Behaviour incidents were recorded and reviewed by allied professionals as part of the overall review framework for these plans and to ensure plans were evidence based.

De-escalation strategies were now in place for staff to implement to better support some residents with complex behaviour support needs and associated personal risk behaviours. Staff had received guidance from allied professionals with regards to the personal planning arrangements for some residents to ensure they were knowledgeable of how to implement the plan and the de-escalation and support techniques required for the resident which in turn would ensure consistency in staff

approach and support the resident during times of distress.

Previously it had been unclear what mental health supports were in place for some residents that presented with complex personal risks and behaviours. On this inspection, it was noted those residents had attended a mental health assessment meeting where a clear plan of support and service access arrangements would be in place going forward. The provider was also in the process of sourcing specialist therapy for one resident who required this.

On the previous inspection, inspectors had found that a resident was admitted to the centre without appropriate pre-admission planning to establish if the centre was suitably resourced to meet the needs of the resident. From a sample of files reviewed residents had received an up-to-date assessment of need.

To manage admission planning going forward, the provider had created a transition and admission process document to ensure improved transition planning arrangements in the organisation. This formed part of the provider's representation response to the previous inspection findings. A copy of this process document was provided to an inspector during the course of the inspection.

In addition, personal planning for residents, who had been recently admitted to the centre, now reflected their new home and the supports required.

Previously, it had been noted that referrals for some residents had not been acted upon for a long period of time, in particular in relation to suitable bathroom facilities. This had been addressed on this inspection and residents en-suite and bathroom facilities had been upgraded. Residents spoken with told inspectors they were happy with the arrangements in place.

The provider's technical service management team and director of care had carried out a review of the premises for each of the residential houses that made up the centre since the previous inspection. One of the residential units an inspector visited was found to be maintained to a very high standard throughout and had not been identified as requiring upgrade works.

For the remaining three houses the provider had identified a suite of improvement works required to bring each residential house to its most optimum standard and in response to findings from the previous inspection. This inspection found works had been completed to one of the houses that made up the centre to a high standard. At the time of the inspection, refurbishment works were underway in another residential house that made up the centre. With remaining refurbishment works scheduled for another house in due course.

Following on from the previous inspection, the provider had carried out an intensive review of risk management policies and procedures in the centre. In addition, the risk manager for the organisation had carried out risk management training with the person in charge.

A full review of the risk register for the centre had been completed and updated. Risks identified on the register were reflective of the risks presenting in the centre.

Control measures documented in each risk assessment had been identified in collaboration with the person in charge and risk managers. This ensured accurate risk management information was recorded in the centre to manage the risks presenting.

Risk protocols and procedures had been drafted and documented to manage the presenting personal risks for some residents in relation to absconding, self-harm and behaviours that challenge. Control measures listed in risk assessments were found to be in place in the centre and available for review. Staff spoken with demonstrated understanding of the risk management procedures to be implemented in response to personal risk behaviours displayed by some residents.

While it was acknowledged that personal risks for some residents could still occur, there were now improved risk management procedures and arrangements in place for staff to implement and follow which had previously not been in place.

For example, absconding, self-harm and challenging behaviour risk management assessments had corresponding documented risk management procedures for staff to follow. Additional, proactive behaviour support strategies and de-escalation techniques also formed part of the overall management of personal risks in this centre and were put in place to lessen the likelihood or severity of the incidents if and when they did occur.

Where restrictive practices had been put in place there was evidence that these were approved and signed off on by a restrictive practices committee. Restrictive practice plans had been written in consultation with relevant multi-disciplinary professionals.

While it was acknowledged that the restrictions were implemented for the management of personal risks presenting in the centre, the process for their regular review required improvement. This finding further demonstrated the requirement for enhanced operational management auditing systems in the centre to ensure there was a system in place for review of key quality areas by the local management team.

The provider had made improvements to the measures in place in order to protect residents from abuse. All staff had completed safeguarding training on the day of inspection. Staff spoken with were knowledgeable in relation to reporting safeguarding concerns. Safeguarding concerns had been screened and reported to the relevant authorities as required. Safeguarding plans were in place for those residents who required them.

Regulation 17: Premises

The provider's technical service management team and director of care had carried out a review of the premises for each of the residential houses that made up the

centre since the previous inspection.

They had identified a suite of improvement works required to bring each residential house to its most optimum standard and in response to findings from the previous inspection.

This inspection found works had been completed to one of the houses that made up the centre to a very high standard.

This included:

- Repainting of walls and ceilings throughout.
- New flooring in a number of areas.
- New carpet on stairs and landing area.
- New kitchen units.
- Upgrading of some residents en-suite bathrooms and a refurbishment upgrade of communal toilets and bathrooms.
- Ceiling repair works had been addressed and painted.

At the time of the inspection, refurbishment works were underway in another residential house that made up the centre. With remaining refurbishment works scheduled for another house in due course.

One of the residential units an inspector visited was found to be maintained to a very high standard throughout and had not been identified as requiring upgrade works.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had carried out an intensive review of risk management policies and procedures in the centre.

The risk manager for the organisation had completed training with the person in charge.

The risk register for the centre had been fully reviewed and now accurately reflected the risks managed in the centre with appropriate risk ratings assigned to each risk identified.

Personal risk assessments for residents had been updated.

Additional risk management procedures for the risk of absconding, behaviours that challenge and self-harm had been created and were available in the centre.

Staff spoken with demonstrated understanding of the risk management procedures

to be implemented in response to personal risk behaviours displayed by some residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

From a sample of files reviewed residents had received an up-to-date assessment of need.

The provider had created a transition and admission process document to ensure improved transition planning arrangements in the organisation. This formed part of the provider's representation response to the previous inspection findings. A copy of this process document was provided to an inspector during the course of the inspection.

From a sample of resident files reviewed, residents had received an up-to-date assessment of need which was maintained in the centre. This formed part of the provider's own compliance improvement plan for the designated centre.

In addition, personal planning for residents, who had been recently admitted to the centre, now reflected their new home and the supports required.

Previously, it had been noted that referrals for some residents had not been acted upon for a long period of time, in particular in relation to suitable bathroom facilities. This had been addressed on this inspection and residents ensuite and bathroom facilities had been upgraded. Residents spoken with told inspectors they were happy with the arrangements in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been created by an appropriately qualified allied professional and were evidence based. Behaviour incidents were recorded and reviewed by allied professionals as part of the overall review framework for these plans.

De-escalation strategies were documented and in place for staff to implement to better support some residents with complex behaviour support needs and associated personal risk behaviours.

Some residents had attended a mental health assessment meeting where a clear

plan of support and service access arrangements would be in place going forward.

Staff had received guidance from allied professionals with regards to the personal planning arrangements for some residents to ensure they were knowledgeable of how to implement the plan and the de-escalation and support techniques required for the resident.

Where restrictive practices had been put in place there was evidence that these were approved and signed off on by a restrictive practices committee. Restrictive practice plans had been written in consultation with relevant multi-disciplinary professionals.

Judgment: Compliant

Regulation 8: Protection

While the provider had taken measures to protect the residents from all forms of abuse, improvements were required in the areas of reviewing safeguarding plans and staff training in specific individual plans.

All staff had completed safeguarding training at the time of inspection. Staff reported that they were aware of resident safeguarding plans but would benefit from dedicated time to review and become thoroughly familiar with these plans.

There were residual safeguarding risks presenting due to the personal risks for some residents which required ongoing review and monitoring to ensure the centre could suitably meet the resident's safeguarding needs going forward.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 7 OSV-0005861

Inspection ID: MON-0034007

Date of inspection: 30/09/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. A New Person in Charge has being recruited to take over the role of PIC in DC7.This person is the Social Care Worker currently in place in DC7 and has good knowledge of the DC (01/12/2021). 2. A social care worker has being recruited and is in place on induction in one home in the DC(08/11/2021). <ol style="list-style-type: none"> 1. The Person in charge will use a Local based auditing in the centre to ensure monitoring and day to day governance of the centre and ensuring compliance across all areas of the regulations(01/12/2021). 2. There are on going recruitment for two social care workers for the other homes in the DC and this will enhance the goverenance and management of the DC(28/02/20220). 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. A missing person risk assessment has being completed with control measures in place to mitigate the risk of absconding for the resident . This is subject to review weekly or sooner if required (05/11/2021). 	

1. A procedure has being developed for staff and the on call manager with clear guidelines in how to respond appropriately to the risk of absconding .The person in charge will ensure that all staff are clear in their responsibilities in how to respond appropriately if there is an incident. This is subject to weekly review (05/11/2021).

2. A meeting was held with the resident and the Disability manager on 28/10/2021 to explore resident's wishes and preferences.

3. The HSE Disability Manager and the Disability Advocate and Programme manager met with the resident on 05/11/2021 and outlined wishes and preferences and a SMART plan was developed with and in agreement with the resident in line with residents wishes and preferences.

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 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.	Substantially Compliant	Yellow	28/02/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	05/11/2021