



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Children/Adult Home Designated Centre 13
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	18 January 2023
Centre ID:	OSV-0003910
Fieldwork ID:	MON-0029949

About the designated centre

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

Designated Centre 13 is a designated centre operated by Stewarts Care Limited and provides full-time residential services to a maximum of three residents. The designated centre accommodates both male and female children with moderate and severe/profound intellectual disability. Residents have a wide range of support needs and require high and medium level of support and supervision through a multidisciplinary approach. The designated centre is made up of a bungalow style home located in County Kildare. The designated centre provides care and support 24 hours a day for 365 days per year. The centre is staffed by 10.4 whole time equivalent (WTE) nurses, 2 whole time equivalent care staff who are supervised and managed by a full-time person in charge. Residents have access to a wide range of allied health professionals either employed by the provider, or through appropriate referral to external professionals. All residents have their own bedroom, and access to garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 18 January 2023	10:10hrs to 17:00hrs	Louise Renwick	Lead
Wednesday 18 January 2023	10:10hrs to 17:00hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

Inspectors spent the day in the designated centre, and met one of the residents who lived there, inspectors did not have the opportunity to meet the other two residents.

Inspectors also reviewed documentation such as policies, procedures, risk assessments and plans. Residents did not communicate verbally, and as such were unable to provide feedback about the service or their home. Therefore, inspectors spent some time observing care and support to ascertain how staff supported residents, and discussed residents' care with staff working in the designated centre. Inspectors were also given three resident questionnaires, which had been completed on their behalf by staff who knew them well.

The resident was spending time in the living area watching one of their favourite television shows with staff. Staff interactions were warm and respectful, and the resident was seen to be comfortable in the presence of staff. For example, smiling and laughing in response to staff and playing tricks.

Inspectors saw that the house was accessible for wheelchair users and unrestricted. During the inspection some residents came into the office to interact with inspectors and to check items around the house, such as the signage and fire extinguishers. The living room had visual schedule boards in place at eye level for residents, to assist them to understand the plan for the day, such as who would support them and which activities they would take part in.

Residents were seen to be supported to go for a walk to local shops or facilities close-by. The centre also had their own transport so they could visit places outside their local neighbourhood, or to attend other activities.

The designated centre was a bungalow in a small housing estate which consisted of three resident bedrooms (one of which was en-suite), a large wet room, a living room, a staff office, a large kitchen/ dining/ living room with TV services, sensory art and toys and a utility and medicine storage room. There was a secure back garden with outdoor seating and raised beds for planting.

The designated centre was found to be well maintained, clean and tidy and suitable to meet the needs of residents. Residents in this home required the use of equipment in relation to their care, such as wheelchairs, hoisting equipment, standing frames and beds. Equipment was seen to be kept very clean and there were procedures for daily cleaning and cleaning for after-use.

Residents were supported by a team of permanent staff members who knew them well. If residents required hospital admission for health reasons, the staff team provided support and ensured good handover of information.

Overall, residents living in the designated centre were provided with a comfortable and pleasant community-based home, and were supported by a familiar staff team who were suitably trained to meet their 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 provider and person in charge demonstrated they had the capacity and capability to deliver a good quality residential service to residents living in the designated centre. The provider and person in charge demonstrated that the centre was resourced, operated and managed in such a way as to ensure person-centred, evidenced-based care and support to children and young adults, which was of a high standard.

The provider had recently applied to vary the registration conditions of this designated centre, to reduce the size of the centre down from two homes, to just one bungalow for three residents. The aim of this, was to improve oversight and governance and to ensure the care and support being delivered in the written statement of purpose were specific to the needs of residents in this location.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre with a clear management structure and management systems of oversight to monitor the quality of the care and support in the designated centre. There had been a change in the role of person in charge since the previous inspection, and this had been notified as required. The person in charge was a clinical nurse manager, worked full-time and was responsible for two designated centres. They were suitably skilled, experienced and qualified. The provider had enhanced the clinical oversight in the designated centre, with the appointment of the role of enhanced nurse practitioner within the staff team.

There were effective reporting and information gathering systems to ensure the provider was aware of how the centre was operated to assess if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. Along with this, there were local auditing and review systems in place. Where audits or reviews had taken place, different people were identified as accountable for bringing about required improvements, and there were systems in place to monitor actions and identify clear time frames for completion through a tracker tool.

Residents were supported by a stable and consistent staff team of nurses and care workers who worked in the designated centre. Staff were appropriately trained to

meet the needs of residents, and demonstrated that they knew residents well.

Overall, the provider and person in charge were resourcing and operating the designated centre in a manner that was resulting in a positive experience for residents, and which was in line with the Regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre, for three residents. The provider had submitted all required documentation to support their renewal application within the timelines.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably skilled, experienced and qualified in their role and worked in a full-time capacity. The person in charge was responsible for two designated centres, and there were arrangements in place to support the operational oversight and management of their areas of responsibilities. For example, the provider had put in place a new role of enhanced nurse practitioner in this designated centre and outlined additional responsibilities for this role, that would support the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured adequate staffing arrangements were in place to best support residents' needs in the designated centre. The centre was staffed with both nursing staff and care assistants.

Clear rosters were maintained showing who was on duty at day and night-time, and a record was maintained of actual hours worked in each location. Staffing available in the designated centre was in line with what was described in the written statement of purpose and planned rosters.

Residents were supported by a stable and consistent staff team who were directly employed by the provider. This ensured continuity of their care and support, and encouraged positive relationships between staff, residents and their families.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the designated centre were provided with training in line with residents' needs. The provider had identified specific mandatory training for staff, and offered refresher training on a routine basis. For example, in areas such as fire safety and Children First.

The person in charge had an effective system of oversight in place, to ensure any gaps in training were quickly identified and addressed.

There were formal and informal supervision arrangements in place for the staff team. For example, one to one supervision meetings, on-site presence of the person in charge and regular staff meetings.

Information on The Health Act (2007) as amended, the Regulations, Standards and evidence-based best practice for the care of children was available in the designated centre for staff to access.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there was a clear management structure in place with identified lines of reporting, responsibility and accountability.

The provider and person in charge had effective management and monitoring systems in place, to ensure effective oversight of the care and support being delivered in the designated centre.

The provider had carried out unannounced visits to the designated centre on a six-monthly basis, and had completed an annual review in line with the National Standards. Any identified areas for improvement in this centre, had been acted upon in a timely manner for the benefit of residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function describing the services and

facilities in the designated centre, which was seen to be a true reflection of what was on offer for residents. The statement of purpose and function contained the required information as outlined in the regulations.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was safe, meeting residents' needs and offered a comfortable and enjoyable place to live.

The person in charge and staff team knew residents well, and understood their care and support needs. There were systems in place to formally assess and plan for residents' health, social and personal needs. Information was available to guide the supports for residents and there was effective oversight from the person in charge of the care and personal plans for residents. Residents had access to allied health professionals to support the delivery of their care and support and received nursing supports within the designated centre.

Younger residents were supported to attend school and had transport services to support this. Older residents who had completed schooling had support to take part in activities that were meaningful to them, with additional day staffing support in place to facilitate this. Residents were supported to use community based facilities in their area for example going with staff for grocery shopping, local walks or to use local amenities. Residents were supported to keep in contact with family and friends through visits home and spending time with family.

If residents required admission to hospital settings for health needs, there were systems in place for the staff team to ensure hospital staff had up to date and relevant information about their care. The staffing resources were managed in a way to support residents during hospital admissions and there was good communication between the designated centre and the various hospital teams.

Residents were protected against risk in the designated centre, through effective fire safety systems, infection control practices and safeguarding processes.

The premises were well laid out and suitable to residents' needs, were clean and nicely decorated and children had toys and objects for play available. Residents' bedrooms were decorated individually to represent their interests.

Overall, residents' health, social and personal needs were being met in the designated centre, residents were safe and were receiving a good quality service.

Regulation 10: Communication

Residents' needs in relation to their communication were assessed and planned for, for example understanding their preferred method of expressing themselves. The designated centre used photographs, pictures and aids to support residents to understand the plan for the day and the week ahead, with visual boards at eye level for residents.

The staff team had tools as part of residents' assessments to determine how residents expressed pain or discomfort.

The provider had ensured the designated centre had access to television and radio services.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was ensuring residents had appropriate care and support in accordance with their assessed needs. Residents had access to activities that were enjoyable and meaningful to them.

Residents were supported to maintain relationships with their families and friends, for example, by visiting family members and there was good communication between the staff team and residents' families.

The designated centre was well located within a community in Kildare and had local amenities and facilities available, which residents were supported to use.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the individual and collective needs of residents. Residents had sufficient communal and private space and adequate facilities for storage of their belongings. Residents had private bedrooms which were decorated in line with their own interests and wishes and had aids and appliances available to them to support their care needs.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were provided with training in infection prevention and control and had access to information on best practice in the designated centre.

The provider had employed a clinical nurse specialist and clinical nurse manager focused on infection prevention and control, and these staff were available to the staff team, and carried out comprehensive audits.

The premises and environment were clean and tidy and there were systems in place to raise issues with buildings or their facilities.

There were written protocols and risk assessments in place for the management of COVID-19. Residents had isolation plans to be followed in the event of an outbreak, and the premises lay out supported this.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local health and safety audits and as part of the provider's wider auditing systems.

Judgment: 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 were an adequate number of accessible fire exits.

There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre.

Staff were provided with routine training in fire safety and fire procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a formal system of assessing and planning for residents' health, social

and personal needs, with input from allied health professionals, as required.

Information within assessments and plans was kept up-to-date and was reviewed regularly.

The provider had ensured the designated centre was suitable for the purpose of meeting each residents' needs as assessed.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were monitored by the nursing team in the designated centre along with the person in charge and information was maintained in specific health care plans.

Residents had access to their own General Practitioner (GP) along with access to allied health professionals within the organisation. For example, occupational therapy services. Staff supported residents to attend any required health appointments, within the organisation or through referral from the General Practitioner and to attend follow-up appointments as required. Residents had access to consultants or professionals through primary care for specific health care needs.

Judgment: Compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults and in Children First and possible indicators of abuse or harm, and this was refreshed on a routine basis.

There were procedures in place to ensure concerns or allegations of a safeguarding nature were recorded and reported in line with national policy and legislation.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant