



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Respite Home Centre 14
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	15 November 2023
Centre ID:	OSV-0004104
Fieldwork ID:	MON-0041801

## About the designated centre

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

Stewarts Respite Home Centre 14 is operated by Stewarts Care DAC and is made up of four separate community based properties. Three of the properties provide respite services to adults, the fourth property provides services to children. The designated centre can provide respite services for up to 20 residents at any one time. The service provides respite stays for persons with physical and intellectual disabilities and a range of accompanying complex medical needs, life limiting conditions and behaviours that challenge in a setting conducive to supporting these needs. The centre is managed by a full-time person in charge, and the staff team includes clinical nurse managers, nurses, and healthcare assistants.

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

Number of residents on the date of inspection:	5
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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 15 November 2023	09:00hrs to 13:15hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations following receipt of solicited information in relation to an emergency admission to one of the respite houses that make up this designated centre. This was completed over one day and was facilitated by the person in charge and service manager.

The centre provides respite services for approximately 230 respite users. Three of the four houses, that make up this designated centre, accommodate adults only with the fourth house providing respite services to children only. On the day of the inspection, the inspector visited the house that provides respite services to children. This was in response to the solicited information received.

On arrival to the centre the children attending were busy getting ready to go to school. All of the children present used different means to communicate, such as verbal communication, vocalisations and gestures. The inspector carried out the inspection by engaging in observations, discussions with the staff team and management, monitoring care practices and reviewing documentation.

It was evident that the children present felt very much at home and comfortable in the centre, and were able to live their lives and pursue their interests as they chose. Warm interactions between the children and staff members caring for them was observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with the children in a respectful and supportive manner.

The centre had its own dedicated transport which was used by staff to drive the children to school and to various activities and outings in the community.

Children attending the centre were supported to engage in meaningful activities on an individual basis. The inspector had an opportunity to look at some of their personal plans, which included photos of activities the children had engaged in. Some of these activities included, playing in the purpose built sensory room, which included a ball pool, climbing frame and multi-sensory lights. The children were also supported to engage in community based activities for example, trips to the playground, walks in the park and dinner out in their favourite restaurants.

The person in charge and service manager described the quality and safety of the service provided in the centre as being very good and personalised to the residents' individual needs and wishes. They spoke about the high standard of care all the children received. Observations carried out by the inspector, feedback from staff and documentation reviewed provided suitable evidence to support this.

The inspector spoke with different staff members working during the inspection including the person in charge, service manager, nurse, and care staff. All staff

demonstrated a good understanding of the service to be provided in the centre, and spoke about residents with respect and warmth. Staff on duty knew the residents well, and described the supports in place to ensure they had a meaningful day, and that they were cared for as appropriate.

From what the inspector was told and observed during the inspection, it was clear that the residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

This inspection also found there were suitable and effective measures in place to ensure emergency admission arrangements were in line with the provider's policies, procedures and statement of purpose. In addition, this inspection found the arrangements, implemented by the provider, person in charge, senior management and staff, were ensuring the most optimum care and welfare arrangements for those requiring this admission arrangement.

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

## Capacity and capability

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

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

The staff skill-mix at the time of the inspection consisted of nurses and care staff. The staff skill-mix and complement was appropriate to the needs of the residents and for the delivery of safe care.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The person in charge maintained planned and actual staff rosters. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre. A six-monthly unannounced review of the centre had taken place in May 2023 of the quality and safety of care and support provided to residents and there was an action plan in place to address any concerns regarding the standard of care and support provided.

### Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff team comprised of the person in charge, nursing and care staff. On the day of the inspection there were four staff on duty during the day, and two staff at night-time, both in a waking capacity.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The inspector met with members of the staff team over the course of the inspection and found that they were familiar with the residents and their likes, dislikes and preferences. Staff were observed throughout the inspection to be offering care and support in a kind and respectful manner, and in accordance with the documented care plan for each resident.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff were supported and facilitated to access appropriate training including refresher training that was in line with the residents' needs.

A review of the staff training log evidenced that staff training was up-to-date and staff could describe areas of learning from their training, including safeguarding training and children's first training.

As per the provider's policy staff were to receive supervision on a quarterly basis. Regular staff supervision meetings had been conducted, and recorded and there

was a schedule in place to ensure the regularity of these meetings.

Judgment: Compliant

### Regulation 23: Governance and management

On the day of the inspection, there was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.

The person in charge reported to a service manager. They also held monthly meetings which reviewed the quality of care in the centre. An annual review of the care and support offered to residents had been developed, and the required six monthly review on behalf of the provider had been conducted.

These audits identified any areas for service improvement and action plans were derived from these. All actions reviewed by the inspector were either complete or within their agreed timeframes.

Staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents. Communication with the staff team was further supported by daily handovers and a task management folder, whereby routine tasks and resident support needs were also allocated.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider submitted an up-to-date statement of purpose. The statement of purpose contained all required information, as per Schedule 1. It accurately described the service provided in the designated centre and was reviewed at regular intervals.

A copy was readily available to the inspector on the day of inspection.

Judgment: Compliant

### Quality and safety

This inspection was carried out to review the arrangements in place for the management of an emergency admission to the centre and on foot of solicited information received by the Chief Inspector.

The inspector found that the provider had in place appropriate supports and plans in place and the educational, healthcare, welfare and safeguarding needs of the child were being appropriately met.

On the day of the inspection, it was evident that appropriate allied professionals were in place to ensure the care and welfare needs of the child were being met and there were plans in place with regards to transitioning to a more long term arrangement. As per the regulations, an assessment of need for the child within 28 days of their admission and personal plan was in place to direct and guide staff on how to meet their needs.

Overall, the inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

Resident's needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Support plans included health care plans, intimate and personal care, communication and behavioural support. It was also found that residents were supported by staff in line with their will and preferences, and there was a person-centred approach to care and support.

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. They observed residents to have active lives and participate in a wide range of activities within the centre and the community.

The person in charge ensured that health, personal and social care needs of residents were assessed, and that care and support plans were developed. These plans were informed by a clear assessment process and where a particular need was identified a corresponding care plan was put in place for these needs. Care plans reviewed were found to be comprehensive and provided clear guidance to staff on the supports required.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

## Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

Various pieces of easy-read information had been developed to assist the residents to understand, for example easy-read HIQA Standards, and there was a visual schedule board in place to assist residents in communicating their wishes and preferences.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents received a high standard of care on their stay in respite. Staff knew the residents well, and were observed to interpret residents wishes, which may be communicated through gestures, words, and facial expressions.

Staff told the inspector about how residents make choices, and pictures were also used to support residents' choice of meals and activities.

The provider had an up-to-date "Educational Policy for Children in Residential Care". Residents attended school and the staff team were involved in the development of their individual education plan.

The centre had its own vehicle so respite users could avail of outings. Opportunities were consistently provided for residents to participate in a wide range of activities in the centre and the local community. For example, some residents enjoyed playing in the sensory room and were encouraged and supported by staff to do so. Other residents enjoyed community based activities, for example playing in the local playground and going for walks in the park.

Judgment: Compliant

## Regulation 18: Food and nutrition

The person in charge ensured that an up-to-date record was maintained for each resident on their food and drink likes, dislikes and food allergies. These were

displayed in the kitchen throughout a residents' stay. In addition when an individual required additional support to manage eating and drinking this was also detailed and guided staff, including any texture modifications or staff support required.

Food was being stored and prepared in hygienic conditions and access to refreshments and snacks was provided for. The inspector had the opportunity to observe the breakfast mealtime experience for residents. Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

The inspector also observed a wide variety of food and drinks, including fresh fruit for residents to choose from.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There was a policy in place for admissions, transition and discharge to the service.

The person in charge and service manager was aware of the requirement to have transition supports in place for residents if they were transitioning to or from the centre or returning from a hospital stay and residents had up-to-date hospital passports in place.

In addition, the person in charge and service manager spoke about a transition plan for a recent emergency admission. It was evident on the day of the inspection that meetings had taken place and the provider had put in place a clear transition support plan for this resident.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were care plans for all aspects of daily life, including health care plans, intimate and personal care, communication and behavioural support. Regular reviews had been undertaken, the information was current, including information in relation to a recent emergency admission.

Personal plans were developed based on residents' identified needs, and outlined the support residents needed to meet their needs. The person centred plan included goals which had been set together with residents. The goals were appropriate to the assessed needs and abilities of residents, and in some cases included support to learn new skills, such as participating in fire drills.

Personal plans and goals were developed into an accessible format, and residents

could access these when they wanted.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Staff were aware of residents' healthcare needs and how to support them.

Residents had their healthcare needs assessed and were supported to attend appointments and to follow up appropriately. For example, one resident was in receipt of support from an occupational therapist (OT) on a weekly basis.

In addition, referrals had been made to various members of the MDT as required, including the psychologist and speech and language therapist (SLT).

Judgment: Compliant

### Regulation 8: Protection

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures for responding to safeguarding concerns.

Safeguarding concerns were appropriately responded to and managed and consideration of the compatibility of residents using the respite service protected residents from the risk of abuse by peers. Furthermore, safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse. There were clear lines of reporting, and staff spoken with on the day of the inspection were familiar with how to report and escalate any safeguarding concerns.

Each resident had an intimate and personal care plan in place to guide staff on how to support them in this area. In addition, training in safeguarding had been completed by all staff.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant