



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 27
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	12 December 2023
Centre ID:	OSV-0005855
Fieldwork ID:	MON-0037895

About the designated centre

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

Stewarts Care Adult Services Designated Centre 27 is operated by Stewarts Care Limited. The centre provides long stay residential support for up to seven residents with complex support needs. The centre aims to support people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a team of nurses and care assistants. The centre is located on the provider's congregated campus in west Dublin. It is comprised of one bungalow with seven single occupancy bedrooms, a large living area, two dining areas, a small kitchen, four bathrooms, a multi-sensory room and utility room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 December 2023	09:00hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. The inspector used observations, in addition to a review of documentation, and conversations with staff to form judgements on the residents' quality of life.

The centre consisted of one residential bungalow situated on a congregated campus setting in west Dublin. The centre had the capacity for a maximum of seven residents, at the time of the inspection there were seven residents living in the centre full-time.

On arrival to the designated centre, the inspector was greeted by a staff member who informed them that the person in charge was on leave. The programme manager was contacted and made themselves available for the day.

The inspector spoke with the programme manager, a nurse and two healthcare assistants on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and individual personalities and demonstrated a commitment to ensuring a safe service for them.

The programme manager accompanied the inspector on an observational walk around of the centre. Overall, it was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

All the bedrooms were personalised to the resident's tastes with art-work, photos of family and of residents attending events and activities on display.

The communal sitting room was big and spacious as were the adjacent dining room and relaxation room beside it. The living room area was fitted out with comfortable seating and a large flat screen TV. Dinners were provided from the central kitchen on campus, however the centre was provided with a small kitchen area with well-maintained kitchen units and worktops. Food temperature guidance and a food regeneration protocol was clearly displayed. Each resident had a guide to support their feeding and nutrition needs, and a well-stocked food press was reflective of each resident's dietary needs and choices.

There was an enclosed patio garden which was spacious and accessible to all residents, the garden space had a 'sun-shed awning' to offer protection from the sun and afforded residents the opportunity to sit outside on warmer days. The centre also had a well-proportioned sensory room available to its residents, which had recently been upgraded.

The provider had made provisions for a utility space that contained a new washing machine and a dryer which also had a sink area with a small counter space and cupboards for storing laundry detergent and alginate bags. Laundry guidelines and protocols were also clearly displayed.

The inspector met with some of the residents who lived in the centre, and observed the care and support interactions between residents and staff throughout the day. Residents did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. However, the inspector reviewed the most recent annual review which contained feedback from residents on the quality and safety of care provided. Residents' views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here. Furthermore, family members commented that they were happy with the quality of care provided in the centre and they were satisfied with the level of communication they receive.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall wellbeing and welfare was provided to a reasonably good standard.

The next two sections of this report will 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 care in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. They reported to and were supported by a programme manager and Director of Care.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly

reports, and a suite of audits had been carried out in the centre. Actions were tracked using a tracking spreadsheet devised by the provider and reviewed regularly by the person in charge and programme manager. Residents were consulted regularly through residents' meetings.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. On the day of the inspection, there was no vacancies and staff leave was managed well to reduce any impact on residents, with familiar staff from neighbouring centres used to support the consistency of care for residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents.

Staffing levels were in line with the centre's statement of purpose and were well managed to suit the needs and number of residents, with additional staffing sourced for activity management.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that

adequate training levels were maintained. All staff have completed mandatory training. Staff had also completed additional training to support residents with additional needs.

The inspector found that staff were receiving regular supervision as appropriate to their role.

Supervision records reviewed by the inspector were in line with organisation policy, with a provision for staff to request early supervision if they have any concerns arising.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a selection of records across Schedule 2, 3 and 4. The registered provider had ensured the records of information and documents pertaining to staff as specified in Schedule 2 was correct and in order. Similarly all records viewed pertaining to Schedule 3 and Schedule 4 were correct and in order and were made available to the inspector upon request.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

Audits carried out included a six monthly unannounced visit, and audits on risk management, fire safety, infection prevention and control (IPC), safeguarding, healthcare plans, medication, meaningful activities; as well as an annual review of quality and safety.

The designated centre had a clear action plan and audits carried out in the centre were up to date, with actions identified progressed in a timely manner.

A review of monthly staff meetings showed regular discussions on all audit findings.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to

meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle which was assigned for the centre's use only.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

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

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector completed a walk-through of the designated centre and saw that efforts had been made to make the communal areas homely, for example, nice photos and pictures were displayed throughout the bungalow and it had been recently decorated for Christmas. The residents had held a family day, the weekend prior and the inspector was shown photos and videos of this event.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. Each of the residents had their own bedroom which were decorated in line with their individual preferences. There was a sensory room, an additional sitting area for residents to meet privately with visitors and the garden areas provided a nice homely feel for residents.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

There were suitable care and support arrangements in place to meet residents'

assessed needs. A number of residents files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents feeding, eating and drinking support needs had been well assessed.

Residents were observed engaging in activities together such as mealtimes and going on outings in the community.

The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions. Residents were supported to manage their finances with a support plan in place for each resident based on their need and capacity.

The provider had implemented a range of infection prevention and control measures to protect residents and staff from the risk of acquiring a health care associated infection. The inspector saw that the designated centre was clean and there were sufficient hand washing and sanitising facilities.

Behaviour support plans were available for those residents who required them and were up to date and written in a person centred manner. Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property and received support to manage their finances in accordance with their abilities and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector saw that residents were provided with choice over a wide range of foods with a good nutritional value, in line with their specific dietary requirements.

All residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents had up-to-date FEDS care plans on file. Staff spoken with were knowledgeable regarding these.

In line with residents' care plans, some residents were referred for a dietetic assessment and guidance around specific conditions linked to certain food types was provided to support the residents nutrition care plan.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was clean and tidy. There was a comprehensive cleaning schedule in place. Staff members completed the necessary daily and weekly cleaning chores according to the provider's cleaning schedules. These schedules were regularly spot-checked by the person in charge.

There was appropriate infection control plans, procedures and contingency plans in the event of an outbreak. To reduce the risk of infection spread, the centre was equipped with hand sanitiser dispensers placed throughout the centre. Staff spoken with were clear on the practises and procedures required and how these tasks were carried out, and these were observed by inspector during the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night-time conditions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each resident's files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person.

The inspector found that the person in charge was promoting a restraint free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant