



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 33
Name of provider:	Stewarts Care DAC
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	11 December 2023
Centre ID:	OSV-0008516
Fieldwork ID:	MON-0042359

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 33 is located in a busy town in county Kildare. The centre is intended to provide long stay residential support for no more than two residents with intellectual disabilities and varying support needs. Residents living in the centre will be provided with supports particular to their needs that maintains and respects their independence, wellbeing and individuality and affords them ample opportunity to access their local community. The centre comprises a ground floor two-bedroom apartment located within an apartment complex. It contains two bedrooms, a bathroom with shower facilities, and open plan living area with a kitchen, dining and living space. The centre is managed by a person in charge and staffed by healthcare assistants and a social care worker. Residents also have access to the provider's multidisciplinary team services.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 December 2023	09:50hrs to 13:55hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre which had been newly registered in June 2023. The inspector found that the centre was operating at a high level of compliance with the regulations, and that appropriate arrangements were in place to ensure that residents were being supported in line with their assessed needs and personal preferences to enjoy a good quality of life.

The centre comprised a two-bedroom apartment close to a busy town with many amenities and services. The apartment contained two bedrooms, large shower room, and an open plan living area with kitchen and dining facilities. The apartment was accessed through the main hallway of the apartment complex, however it also had double doors out to a small green area. The inspector found the apartment to be clean, tidy, nicely decorated, and furnished to a high standard throughout. The residents' bedrooms were personalised to their individual tastes and appeared to provide sufficient storage for their personal possessions. The main living area contained comfortable furniture, and was decorated with one of the resident's artwork as well as a Christmas tree and decorations. There was Wi-Fi in the centre and residents had smart devices such as electronic tablets to stream entertainment. While the living space was limited and required ongoing review by the provider, it met the residents' current needs. Overall, the inspector observed a homely and relaxed environment.

The inspector had the opportunity to spend time speaking with both residents before they left with staff to go on a day trip to an animal farm. They appeared relaxed and comfortable with staff. The residents moved to the centre in November 2023 having previously lived together in a campus-based centre operated by the provider, and told the inspector that they were happier living in their new home. They described the premises as being "nice" with "beautiful" bedrooms that had enough space and comfortable furniture. They also showed the inspector some of the equipment they used such as mobility aids. They told the inspector that they liked all the staff and could talk to them if they were unhappy. They enjoyed the food and often had their favourite meals. They had participated in fire drills, and knew to evacuate the centre in the event of a fire. They told the inspector about how they were getting to know their new community, for example, they had visited the local shops and salons. There was a vehicle available to them, and they said that they could "go anywhere" on it. They also enjoyed in-house leisure activities, such as art, knitting, and watching television. It was clear that residents were supported to be active participants in the running of the centre and be involved in their community.

The inspector also spoke with the person in charge and programme manager of the centre. They spoke warmly and respectfully about residents, and said that the move had been positive for them, for example, their new home was more homely. They were satisfied with the resources available in the centre to meet residents' needs

such as staffing levels and access to multidisciplinary team services. They told the inspector that residents received a very person-centred service, and could make choices about their lives. The person in charge told the inspector that all staff had completed human rights training which they had found interesting and useful in promoting positive practices.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place in the centre to support the delivery of a service that was safe, consistent, adequately resourced, and appropriate to residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time. They had responsibility for another two designated centres, however this did not adversely impact on their management of the centre concerned. They were supported by a social care worker in their management and administration duties, for example, overseeing staff rotas. They reported to a programme manager, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider and person in charge had implemented good systems to monitor the service, for example, audits were carried out by the person in charge as well as by the provider's quality team. Actions identified for improvement were monitored and progressed to completion.

The person in charge maintained planned and actual rotas showing staff working in the centre. The staff skill-mix and complement was appropriate to the number and assessed needs of residents and for the delivery of safe care. 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 also ensured that staff were provided with adequate support and supervision.

The registered provider had ensured that records specified in Schedule 3 and 4 were maintained in the centre in an easily retrievable manner. The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The registered provider had established an effective complaints procedure that was in an accessible format to residents.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising healthcare assistants and a social care worker, was appropriate to the number and assessed needs of residents. The provider had also ensured that residents received continuity of care and support during and following their move to the centre by transferring familiar staff with them who knew them well.

The inspector viewed a sample of the recent planned and actual staff rotas, and found that they showed the names of staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Staff training logs showed that staff had completed training in relevant areas, such as fire safety, safeguarding residents from abuse, administration of medicines, manual handling, infection prevention and control, behaviour support, and human rights.

The person in charge provided informal support and supervision to staff, and they could also utilise an on-call service outside of normal working hours. Formal supervision was provided on a quarterly basis in accordance with the provider's policy.

Judgment: Compliant

Regulation 21: Records

The inspector viewed a sample of the records specified in Schedule 3 and 4, such as staff rotas, training records, the statement of purpose, and residents' guide; and found that they were well maintained, secure, and easily available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home, for example, the premises were well maintained, staffing levels were sufficient, and transport was available to support residents in accessing their wider community.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge was supported in their role by a social care worker, and reported to a programme manager. The management team met regularly, and demonstrated a rich understanding of the residents' assessed needs and the supports they required.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. An unannounced quality and safety audit had been carried out by the provider's quality team earlier in the month, and reviewed a wide range of areas. The person in charge had also completed audits, for example, on meal-time experiences and residents' finances, and actions for improvement were identified where required.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose up to date and was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure for residents. The procedure was underpinned by a written policy, and had also been prepared in an easy-to-read format for residents. Residents also had access to easy-to-read information on accessing independent advocacy services.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. It was clear that moving to the centre had been positive for the residents. They were being supported in line with their assessed needs, will and personal preferences, and their rights were being promoted and respected in the centre. Residents told the inspector that they were happy in their new home and with the supports they received.

The premises, comprising a two-bedroom apartment, had been refurbished and renovated before the residents moved in, and was found to be well maintained, clean, and homely. It was well equipped, and residents told the inspector that they were satisfied with the facilities.

Residents had active lives and were supported to engage in different social and leisure activities of their choosing. Residents enjoyed bowling, eating out, shopping, and meeting friends, as well as in-house activities. Easy-to-read information had also been prepared to help them become more familiar with the local amenities and services in their community. Residents were supported to maintain personal relationships, for example, they had recently visited the campus setting they previously lived on and were planning on meeting friends again at an upcoming dinner dance organised by the provider.

Assessments of residents' individual needs had been carried out which informed the development of personal plans. The plans viewed by the inspector were up to date and provided sufficient guidance for staff to support residents with their needs.

There were no restrictive practices in the centre. Behaviour support plans with psychology input had been prepared with strategies to support residents manage behaviours of concern, and the person in charge told the inspector that the plans were effective.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns.

Residents required support in managing their financial affairs, and had consented to the level of support provided to them by the provider and staff team.

There were good fire safety systems in the centre. Staff completed daily checks on the fire safety equipment, and there were also arrangements for the servicing of the equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of regular fire drills carried out in the centre.

Regulation 12: Personal possessions

The provider had implemented arrangements, underpinned by written policies and procedures, to ensure residents had control over their personal possessions and to support them in managing their financial affairs.

The inspector observed that residents had control over their possessions, and had storage space for their belongings. Residents told the inspector that they had sufficient storage space. The person in charge maintained registers of residents' individual assets to ensure that they were accounted for.

Residents required support from the provider and staff team in accessing and managing their money. They had been consulted with, using easy-to-read information, to ensure that they understood and were happy with the level of supports they received. The person in charge also carried out regular financial audits to ensure that residents' finances were in order.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents had access to recreational facilities and opportunities to participate in social and leisure activities in accordance with their interests, hobbies, and preferences.

Residents had active lives, and were being supported to use the services and amenities in their new community, for example, they had visited local shops and salons. The provider had ensured that there was sufficient resources, such as staffing and transport, to enable residents to participate in social activities of their choice. They planned their activities during their house and key worker meetings, however also had flexibility on a day-to-day basis. Residents told the inspector that they had enough choice and control over how they spent their time. Along with community based activities, they also enjoyed in-house leisure activities such as art and knitting.

Resident were also supported to maintain personal relationships, for example, with their family and friends. Although the residents had moved from their previous campus-based home, they had been back to see the extensive Christmas lights display operated by the provider, and were planning on seeing their friends from there at an upcoming dinner dance.

Judgment: Compliant

Regulation 17: Premises

The premises comprised a ground floor two-bedroom apartment within a larger complex. There was an open plan living area, large shower room, and individual residents' bedrooms. The apartment had been renovated and refurbished to a high standard before the residents moved in November 2023.

The premises were found to be homely, comfortable, clean, well equipped, and nicely decorated. While the communal space was limited in space, it met the current needs of the residents living there. The inspector observed that equipment used by residents, for example, mobility aids, was maintained in good working order.

Residents told the inspector that they were happy with the premises and facilities.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a written residents' guide which contained all the required information outlined under this regulation such as a summary of the services and facilities provided to residents.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems in the centre. There was fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers; and emergency lights. Staff completed daily fire safety checks, and the provider had arrangements for the servicing of the equipment. The provider's fire safety expert had also recently visited the centre to assess the fire safety precautions.

The inspector observed that the fire doors closed properly when released, and the exit doors were fitted with easily opened mechanisms to aid prompt evacuation in the event of a fire.

Staff working in the centre had completed fire safety training, and the person in charge had prepared written fire evacuation plans and personal evacuation plans to guide staff evacuating residents in the event of a fire. Fire drills were carried out to test the effectiveness of the plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans which outlining the associated supports and interventions they required.

The inspector viewed a sample of the residents' care plans, including those on epilepsy, dysphagia, and intimate care; they were up to date and readily available to staff to guide their practices. The plans also reflected multidisciplinary team input where required.

Overall, the inspector found that appropriate arrangements were in place to meet the residents' needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents with behaviours of concerns received appropriate support to manage their behaviour, for example, written behaviour support plans had been prepared with multidisciplinary team input, and staff received training in behaviour support.

There were no restrictive practices in the centre, and overall the centre was operated in a manner that promoted residents' access and freedom of movement in their home.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Personal and intimate care plans had been developed to guide staff in supporting

residents in this area in a manner that respected their privacy and dignity.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the provider and person in charge had ensured that a human rights-based approach to the care and support of residents was being delivered in the centre.

Residents told the inspector that they had enough choice and control in their lives, and the inspector observed them being consulted with and listened to with respect by staff. Residents' privacy and dignity was respected in the centre, and they had their own bedrooms.

Residents participated in decisions during house and key worker meetings as well as on a day-to-day informal basis. The inspector viewed a sample of the recent meeting minutes which reflected discussions on activities and food choices, the premises, staffing arrangements, and personal goals. Human rights principles had also been discussed to aid residents' understanding in this area. To support residents in making informed decisions, easy-to-read information had been made available to them, for example, information on managing their finances.

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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant