



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 1
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	21 March 2024
Centre ID:	OSV-0005829
Fieldwork ID:	MON-0038095

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 1 is a designated centre operated by Stewarts Care Ltd. The centre comprises four community based houses, located in county Dublin. The centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Thursday 21 March 2024	09:15hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report sets out the findings of an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the Regulations and Standards.

The centre comprised of four homes in West Dublin. The homes were close to each other and many local amenities and services such as shops, cafés, pubs, and public transport links. Three of the homes were two-storey houses, and one home was a ground floor apartment.

The centre was registered to accommodate up to 9 residents across 4 houses. The inspector visited the four separate houses that made up the designated centre over the course of the day.

The inspector met six residents across all four homes who were present at the time of inspection. The inspector observed residents' coming and going from their homes during the day and engaging in activities of their choice. For example, one resident returned from work and another resident in one of the houses told the inspector she was off to visit a friend who lived close by. Another resident told the inspector about her holiday plans and another residents birthday party.

They also met with staff on duty across the four houses. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them. Staff in one of the houses commented when asked about visitors that there's plenty of visitors with someone invited for dinner every weekend. Staff spoken with on the day of inspection reported they had no current safeguarding concerns.

The inspector was shown around each home by the person in charge, who was knowledgeable and familiar with the assessed needs of residents. All four houses were observed to be clean and tidy and personalised to residents tastes. Each premises was homely and suitable to meet the assessed needs of residents. There was adequate private and communal accommodation for the residents, including sitting rooms and kitchen/dining areas. All of which were in use throughout the day.

Residents' bedrooms were nicely decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

On arrival to the first house, the inspector was shown around the communal areas

by one resident and accompanied by staff. The other residents were getting ready for the day, having breakfast and planning where they wanted to go. Overall, the premises was homely, with photos of the residents on the walls. The residents bedrooms had been personalised with the residents preferences in mind.

In the second house, both residents were out at the time of inspection. The inspector carried out a walk around of the premises accompanied by the person in charge and reviewed a sample of the residents files.

The inspector then attended the third house in this designated centre. One resident lived here as part of a single occupancy living arrangement. They greeted the inspector but declined further engagement. The inspector respected his wishes and carried out a walk around of the premises with the person in charge before moving on to the fourth house.

The inspector met with two of the residents that lived there. One of whom answered the door and showed the inspector around the house, including their bedroom.

Overall, in each of the houses residents were observed receiving a good quality person-centred service that was meeting their needs. Residents were observed to have choice and control in their daily lives and were supported by a familiar staff team who knew them well. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

The person in charge and staff were striving to ensure that residents lived in a supportive environment. Residents were also observed to have active lives and were supported to engage in activities in line with their needs, wishes and personal preferences. The level of support that residents required varied depending on their assessed needs for example, some residents accessed their community independently and worked in paid employment, whilst others attended day services and were supported by staff with their social and leisure activities.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that families were happy with the support that residents received, with one family member commenting that 'some staff were highly trained and recommended that all staff be trained to the same level'. Furthermore, residents feedback for both the annual review and the registered providers six monthly unannounced audit showed that for the most part residents were satisfied living the designated centre, with one commenting that they like their bedroom and the people they live with'.

In summary, the inspector found that the residents enjoyed living in their respective homes and had a good rapport with staff. The residents' overall well-being and welfare was provided to a 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.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

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.

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.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

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.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

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 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

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

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

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 had completed mandatory training including fire safety, safeguarding, manual handling, safe administration of medication and positive behaviour support.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Supervision records reviewed by the inspector were in line with organisation policy

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

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.

The person in charge was full time and had the relevant experience, skills, and qualifications to effectively manage the centre. They reported to a programme manager who in turn reported to a director of care. There were adequate systems for the management team to communicate and escalate issues.

There were effective arrangements for staff to raise concerns such as regular supervision and team meetings.

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, infection prevention and control (IPC), safeguarding, medication, health and safety as well as an annual review of quality and safety by which residents and their representatives were consulted.

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

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

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed a sample of incident logs during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all.

The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Complaints and the procedures around making a complaint were discussed regularly at residents meetings and one resident commented in the centre's most recent annual review that they know how to make complaints'.

Judgment: Compliant

Quality and safety

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

The inspector completed a walk through of all four houses making up the designated centre and was accompanied on this walk-through by the person in charge. Efforts had been made to make the houses homely, for example, nice photos and pictures were displayed, and there was comfortable and well maintained furniture. Each of the residents had their own bedroom which was decorated in line with their individual preferences.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly.

The provider had established arrangements to enable residents to have control over their personal possessions and to manage their financial affairs. While some residents independently managed their finances, others received support from the provider and staff team.

There were adequate fire detection and alarm systems in each of the houses. There were fire doors in all the houses to support the containment of smoke or fire. There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

The provider had implemented a range of infection prevention and control measures (IPC) to protect residents and staff from the risk of acquiring a health care associated infection. The inspector saw that each house in the designated centre was clean and staff were knowledgeable of policies and procedures in place to prevent and control outbreaks.

Residents were observed engaging in activities together such as mealtimes and going on outings in the community. They also were provided with opportunities to link in with the other houses nearby also under the registered providers service provision. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

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.

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

Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

There was a visitors policy and visiting arrangements were outlined in the

designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in all the properties for residents to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had arrangements to support residents to have control over their personal possessions and to manage their financial affairs.

The inspector observed that residents had control over their possessions, and had sufficient storage space for their belongings. There was a current and accurate assets register.

The provider had prepared written policies and procedures on residents' personal property, possessions, and finances.

Residents required varying levels of support in managing their finances. Financial capacity assessments had been carried out with the consent of each resident and a money management plan put in place where required.

Some were fully independent in this area and had indicated in writing that they did not require staff support. Other residents required support such as staff assistance in withdrawing money from their financial accounts.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised of four properties, three houses and one apartment. Each house was well maintained providing a good space for the residents to live with adequate private and communal facilities. They were all decorated and furnished in a homely manner.

Residents homes and bedrooms were personalised to their own tastes, with photos of family members and friends and activities they enjoy.

The previous inspection identified that the provider needed to carry out work on one of the premises in the designated centre to ensure that it was in a good state of repair internally and designed in a way that was suitable to meet the residents'

needs. The majority of these issues had been addressed.

However there were some actions outstanding across the four homes:

- The floors in the apartment, particularly in one bedroom, the hall and the living room, were badly scratched and marked from the use of mobility equipment;
- The house with two residents required painting;
- A new handrail was required on the stairs in one of the houses and in the same home one of the presses in the bathroom was chipped;

All premises issues had been identified by the person in charge and reported to senior management and technical services.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The designated centre was clean and tidy with a comprehensive cleaning schedule in place. Staff members completed the necessary daily and weekly cleaning chores according to the provider's cleaning schedules. Residents were supported to keep their bedrooms and living areas tidy while maintaining the residents independence and right to privacy.

There were suitable infection control procedures were in place to reduce the risk of infection spread.

Staff were knowledgeable in their role and aware of infection risks in each house and how to escalate and manage concerns.

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 firefighting 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. All residents had participated in fire drills and those asked by

the inspector knew what to do in the event of a fire evacuation.

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 residents 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.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed a sample of residents' positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development.

Each resident had access to facilities for occupation and recreation with

opportunities to participate in their local community in accordance with their wishes.

Residents were further supported to make their own choices in terms of meal planning, activity activation. This was reflected in the audits as well as the daily reports and residents meetings.

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 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
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially 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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 1 OSV-0005829

Inspection ID: MON-0038095

Date of inspection: 21/03/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• Technical services department have completed review of flooring in apartment with flooring contractor. Once costings have been received will be resubmitted to Director of Care for completion before end of 2024.• Painting of house has been requested from Technical services department. To be completed before end of 2024.• Bathroom press has been repaired at time of report.• Handrail has been reviewed by technical services department and review has been requested from Occupational Therapy before completion.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/12/2024