



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 4
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	10 April 2024
Centre ID:	OSV-0005835
Fieldwork ID:	MON-0038761

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 4 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, their family, the community, allied healthcare professional and statutory authorities. The centre consists of 3 separate detached houses in Kildare County. The centre can accommodate a maximum of 13 male or female adult residents. The centre is staffed by staff nurses, care staff and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
--	----

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 10 April 2024	09:00hrs to 15:30hrs	Karen McLaughlin	Lead
Wednesday 10 April 2024	09:00hrs to 15:30hrs	Kieran McCullagh	Support

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 person in charge was on leave at the time of the inspection but a senior staff member and the service manager were present to facilitate the inspection.

Inspectors used conversations, along with a walk around of each premises, a review of documentation and observations of care and support to inform their judgments on the quality and safety of care.

The centre comprised of four homes in Co. Kildare. The homes were reasonably close to each other and had many local amenities and services available to them such as shops, cafés, pubs, and public transport links.

The designated centre has a registered capacity for 13 residents across three houses, on the day of the inspection there was 12 residents living in the centre.

The inspectors visited all of the houses that make up this designated centre during the course of the inspection. The houses visited by the inspectors were found to be clean, homely and decorated in line with residents personal preferences.

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.

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.

The inspectors met residents, who were present in each of the homes, during the course of the inspection. They observed residents' coming and going during the day and engaging in activities of their choice. A resident in one house showed one of the inspectors their bedroom, another two residents spoke to the inspector with staff support. One resident told the inspector they were happy living in the centre and enjoyed going out for coffee and to the cinema or watching sport on TV. The other resident briefly spoke to the inspector before going out to get a haircut.

The provider's most recent annual review of the centre had consulted with residents and their representatives. Nine residents completed feedback for the review with general consensus being they were happy with their home and the quality of care provided. Three residents communicated that they would like to be supported to build on their autonomy in making their own choices and decision making. Family members were not documented as providing feedback in the annual review.

Inspectors 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 spoken with on the day of inspection reported they had no current safeguarding concerns.

In summary, the inspectors found that the residents enjoyed living in the centre 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 findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and they held responsibility for the day-to-day operation and oversight of care. They were supported by a social care worker and a person participating in management, all of whom were knowledgeable about the support needs of residents. However, improvements were required with regard to the governance and management of the centre in particular the management systems in place to ensure oversight and effective monitoring of the centre in the absence of the person in charge, this is discussed later in the report.

There was a planned and actual roster maintained for the designated centre. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose, however some improvements were required.

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.

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the resident's current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

Inspectors reviewed both the planned and actual rosters and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts. However, improvements were required. For example, in one home inspectors observed that relief staff's first name only was recorded. This required improvement to ensure an accurate record was maintained of the staff that had worked in the centre.

Rosters in April were not accurate in providing evidence that planned staffing levels were maintained.

Inspectors 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: Substantially 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 or were scheduled to complete mandatory training including fire safety, safeguarding, manual handling and infection prevention and control. Refresher training was available as required to ensure that adequate training levels were maintained.

Supervision records reviewed were in line with organisation policy. The inspectors found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, there were satisfactory governance and management systems in place in the centre that ensured the service provided was safe and effectively managed. Sufficient resources were available in the centre including staffing, transport, and premises and facilities. The provider had ensured that staffing levels were based on individual and collective residents' needs.

There were defined management structures in place in the centre. The centre was run by a person in charge who reported to a service manager. Regular meetings were held between the person in charge and service manager in order to ensure that risks relating to the quality and safety of care were escalated to the provider level.

However, the person in charge held governance duties over three houses within the designated centre leaving gaps in the effective governance, operational management and administration of the designated centre. Enhancements were required to ensure that the person in charge had sufficient allocated time to identify and respond to risks and to drive service improvement.

A staff member had been identified to ensure adequate arrangements for the oversight and operational management of the designated centre where in place at times when the person in charge was or off-duty or absent. However, on the day of inspection this required improvement as both the identified staff member and the programme manager did not have access to some of the documents requested by the inspectors. For example, access to the person in charge risk management audit. Furthermore, the fire safety audit for March 2024 had not been carried out and actions from the last two registered provider six monthly unannounced audit's had not been carried out.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

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

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspectors 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 the service for the residents who lived in the designated centre.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces for residents to avail of. Each resident had their own bedroom which was decorated in line with individual tastes.

Inspectors 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. Residents were observed engaging in activities together such as mealtimes and going on outings in the community. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience live in their local community.

Inspectors 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 community and the centre. Residents chose to live their lives in accordance with their will and personal preferences. Residents spoken with were happy in the centre, and inspectors found that the service provided to them was safe and of a good quality.

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.

The provider had implemented measures to identify and assess risks throughout the centre. All resident risk assessments were individualised based on their needs and included a falls risk management plan, manual handling assessment and personalised emergency evacuation plans.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

On review of a sample of residents' medical records, inspectors found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

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

Regulation 13: General welfare and development

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.

Residents attended weekly meetings where they discussed activities, menus and house issues, including the premises and fire safety. In one house, residents were supported and encouraged to do their own laundry and supported to cook their meals in line with their will and preference.

In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them.

Inspectors reviewed residents daily records and activity planners, and found that they mostly aligned. Records showed that residents had participated in activities such shopping, eating out, swimming, going to the cinema, meeting up with friends and family and attending day services.

Activity activation was age appropriate and in line with the residents needs and interests.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The designated centre comprised of three houses. 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 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 the premises across 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.

Any outstanding issues had been identified by the person in charge and reported to senior management and technical services. Funding approval had been granted to complete outstanding issues in one of the homes, including a bathroom upgrade and the reconfiguration of a downstairs bedroom.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Inspectors observed that temporary absences of residents were well managed by the provider. For example, the provider had an Admission, Temporary Absence and Discharge Policy in place. Inspectors reviewed this document and found clear guidance in relation to:

- Temporary absence due to admission to acute care hospital
- Visits with family members

In addition, the provider implemented systems to ensure appropriate planning, supports and safe transfers were in place for residents to and from services, hospital stays and family stays. For example, inspectors observed on file and reviewed up-to-date hospital passports, medication checks and contracts of care.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk management policy in place which included all the requirements of the regulations. Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies.

Where specific risks had emerged, risk management plans were in place, and

inspectors found control measures were in place. For example, a comprehensive falls risk assessment had been completed in relation to a resident who presented with a high risk of falling. Risk assessments in place detailed the control measures put in place by the provider. In addition, they detailed additional control measures required in order to mitigate associated risks.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. Monthly health and safety audits were complete in each home.

Premises were observed to be clean and appropriate hand washing and hand sanitisation facilities were available to staff, residents and visitors. Each home was well maintained and appropriate control measures, such as the appropriate use of PPE, were in place to reduce the probability of residents being exposed to infectious agents.

Cleaning schedules were in place and reviewed by inspectors, which evidenced that cleaning was being done daily. Records provided also indicated that all staff had completed relevant training in infection prevention and control.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed safe practices in relation to the ordering, receipt and storage of medicines. The medication administration records reviewed on the day of the inspection clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

Judgment: Compliant

Regulation 6: Health care

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.

Residents had access to a variety of health care professionals in line with their assessed needs. Records of attendance at appointments were maintained. Residents attended health care professionals both in the community and from the provider's own multi-disciplinary team. Residents also accessed public health screenings and regular screenings for their particular assessed needs.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 4 OSV-0005835

Inspection ID: MON-0038761

Date of inspection: 10/04/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: All staff including relief staff full names are now recorded on actual and planned rosters. The Person in Charge’s roster planning is conducted with the support of the workforce planning team who allocates relief staff to the DC to cover gaps in the rosters and ensure sufficient staffing levels in the DC is maintained.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: An application to vary was sent on 10th April 2024 to reduce the homes in the DC from three homes to two. The reduction in the number of homes and residents will ensure the Person in Charge will have sufficient time to carry out their duties and responsibilities. This should be completed before end of Quarter 3 2024. There is a management structure in place where, the Social Care Worker and Programme Manager will have governance of the DC in the absence of the PIC. There in currently ongoing work with migration to MS Teams to ensure the PIC/SCW/PM will have access to all relevant documentations including audits. This is due for completion before end of Quarter 2 2024.</p>	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	21/05/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2024