



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 9
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	11 June 2024
Centre ID:	OSV-0005838
Fieldwork ID:	MON-0043739

About the designated centre

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

Designated Centre 9 is a designated centre operated by Stewarts Care DAC. The centre provides long stay residential support for up to seven residents with intellectual disabilities and additional complex support needs. The centre is located on a large campus in West County Dublin and comprises two residential homes. One home is a single occupancy house equipped with an en-suite bedroom, a sitting room, a dining room, a kitchen and a toilet. There is also open access to a secure back garden. The second home is a wheelchair accessible bungalow that comprises six bedrooms for residents, a kitchen where snacks and meals are prepared, an open plan dining and living room, and a second living area. It also has two smaller shower rooms, a wet room style bathroom with a walk in shower, and a second bathroom. Residents also have access to a secure back garden. The staff team for the centre consists of a full-time person in charge, nursing staff and health care assistants.

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 11 June 2024	08:50hrs to 14:10hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations in response to an increased pattern of solicited information, by way of safeguarding notifications, for this designated centre. This inspection was completed over one day and was facilitated by the person in charge and programme manager. Overall, the inspector found high levels of compliance with the regulations.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service 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, family and the community". The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The centre was comprised of two buildings located on a campus setting operated by the provider. The centre was close to many amenities and services including shops, cafes, restaurants, and public transport. It was home to seven residents and the inspector had the opportunity to meet six of these residents over the course of the inspection. Each of them used different means to communicate, such as verbal communication, vocalisations and gestures. 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.

The inspector carried out a walk around of the first building. The size and layout of the building was somewhat institutional in aesthetic, however it was found to be clean, bright, nicely furnished, comfortable, and appropriate to the assessed needs of the residents. Each resident had their own bedroom. Resident bedrooms reflected the interests and preferences of each resident. For example, residents' bedrooms included family photographs, pictures and memorabilia, ornaments and soft furnishing and fittings that were in line with the residents' preferences and interests.

To the rear of the centre, was a well-maintained large garden area, that provided outdoor seating for residents to use, as they wished. In addition, the inspector observed a well maintained shed, which provided additional storage and raised garden beds, which were used to plant a variety of fruit and vegetables, including tomatoes and carrots. Residents' had access to equipment that was well maintained and in good working order. For example, there were bicycles, basketball hoop, soccer net, swing set and a barbecue for the nicer weather.

The inspector also visited the second building, which was a small single storey property opposite the main building. The resident who lived there was having a lie in, however, staff advised that they had consented to the inspector entering their

home. The house had a small living room with a television, resident's bedroom, staff office / dining room, and a small but well-equipped kitchen. The premises was observed to be clean and tidy and was decorated with the resident's personal items such as photographs, ornaments and soft furnishings.

The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good structural and decorative condition.

The person in charge and programme manager spoke about the high standard of care all residents receive and had no concerns in relation to the wellbeing of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and staff and documentation reviewed provided suitable evidence to support this.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding and managing behaviour that is challenging. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes and told the inspector they really enjoyed working in the centre.

Staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, the inspector observed all residents engaging in an individualised service, which enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection. Residents indicated that they were very happy with the service and liked the staff. The inspector found the atmosphere in the centre to be warm and relaxed. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a good rapport between residents and staff.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report 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 the service being delivered to each resident living in the centre.

Capacity and capability

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. 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.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported by a programme manager and Director of Care.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule was maintained in the designated centre. The person in charge provided support and formal supervision to staff working in the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre.

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The provider had employed a person in charge who had the skills, experience and qualifications to fulfill their role. They had a strong focus on person-centred care and promoted a rights-based approach to care.

They worked on a full-time basis and had responsibility for another designated centre. There were clear procedures in place to delegate day-to-day governance oversight which ensured the delivery of safe quality care to residents across services.

The person in charge was familiar with the needs of residents and could effectively manage the changing care environment in collaboration with the staff team. For example, they had a regular presence in the centre and were well known to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the building.

The person in charge maintained a planned and actual staff roster. The inspector reviewed planned and actual rosters for the months of April, May and June and found that regular staff were employed, meaning continuity of care was maintained for residents. In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector spoke to three staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. The inspector reviewed the staff training matrix and found that staff in the

centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, feeding, eating, drinking and swallowing (FEDS), infection, prevention and control (IPC) and food safety.

The person in charge had developed a schedule of supervision for 2024 for all staff members. The inspector reviewed this schedule and found all staff were in receipt of supervision and support relevant to their roles from the person in charge. In addition, all staff had completed and signed a supervision agreement, which was in line with the provider's policy on supervision of staff.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

An annual review of the quality and safety of care had been completed for 2023. In

addition, a suite of audits were in place including monthly local audits and six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included fire safety, health and safety, medication management and resident finance audits. On completion of these, action plans were developed to address any issues identified.

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in January 2024. The action plan documented a total of 30 actions. Following review, the inspector observed that 15 actions had been completed and the remainder were all partially complete or in progress. All actions identified by the provider were being used to drive continuous service improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, as per the regulations.

The person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.

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.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this 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 inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Residents were observed to have active lives and participate in a wide range of activities within the community and

the centre.

The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

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.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. The inspector reviewed the safeguarding arrangements in place and found that staff had received training in safeguarding adults. In addition, there were clear lines of reporting for any potential safeguarding risks and staff spoken with were familiar with what to do in the event of a safeguarding concern.

In summary, residents at this designated centre were provided with a good quality and safe service, where their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

Regulation 13: General welfare and development

Residents were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in place to facilitate this. For example, on the day of the inspection the inspector observed residents engaging in a variety of home and community based activities. These included going for walks with staff, going to the gym and residents making plans to bake with staff support.

Residents were regularly consulted with to ensure that they could partake in activities that were of specific interest to them. For example, residents' engaged in weekly house meetings. The inspector reviewed minutes from meetings held across the month of May. Agenda items included the following;

- Meal preparation and home cooking
- Service user council
- Activity planning
- Key worker meetings

- Right of the month

Residents were actively supported and encouraged to connect with family and friends and to feel included in their chosen communities. For example, one resident was a member of the provider's "Service User Council" and staff spoke about projects they had been involved in, which included campaigning to fix pot holes.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had an up-to-date risk management policy in place. The inspector reviewed this and found it was subject to regular review and contained all the information as required by the regulations.

The provider had risk assessments and management plans in place which promoted safety of residents and were subject to regular review. The inspector reviewed the service risk register and found that it was up to date. All potential risks were assessed, risk rated, and control measures were identified and implemented.

Individualised specific risk assessments were also in place for each resident. It was seen by the inspector that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

A centre-specific safety statement was in place. The inspector reviewed this and found that it was signed by the responsible person and dated. Staff spoken with were aware of the safety statement, which was kept up to date and reviewed at least annually.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' files and saw that files contained up to date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Communication

- Mental health
- Finance
- Personal and intimate care
- Feeding, eating, drinking and swallowing (FEDS)
- Positive behaviour support

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident. Information recorded as part of residents' personal plans included the following:

- My family
- My friends
- How I communicate
- Fun things I like to do
- Places I like going

Examples of goals set for 2024 included; going for a long drive along the coast, buying a new jacket for a birthday celebration, organising a birthday party with housemates and going for a carvery lunch at the weekend. The provider had in place systems to track goal progress, which included; monthly key working meetings. The inspector reviewed key working meeting minutes for one resident for the months of March, April and May. Status of the goal, actions taken and photographs of residents participating in their chosen goals were all included in key working meeting minutes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, four positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were some restrictive practices used in this centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible. The inspector also reviewed the restrictive practice log and

found that these had been assessed, logged and notified to the Chief Inspector as per the regulations. The provider had a restrictive practice committee in place and it was documented that restrictions were reviewed on a regular basis.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

At the time of this inspection there were no safeguarding concerns open. The inspector found that previous safeguarding concerns had been reported and responded to as required and interim safeguarding plans were in place to manage these concerns. The inspector reviewed 11 preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of three residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant