



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 26
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	20 April 2023
Centre ID:	OSV-0005839
Fieldwork ID:	MON-0037024

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 26 is a designated centre operated by Stewarts Care Limited. Designated Centre 26 comprises of four separate homes across four different locations in West Dublin. Residents are provided with long stay residential supports in community based settings. The centre is registered to accommodate up to eight residents and is staffed by a person in charge, nurses, social care staff and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 20 April 2023	10:30hrs to 17:30hrs	Karen McLaughlin	Lead
Friday 21 April 2023	09:00hrs to 14:00hrs	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 centre was registered to accommodate up to eight residents. The inspector visited the four separate houses that made up the designated centre over the course of two consecutive days.

The inspector observed the care and support interactions between residents and staff as part of the inspection. The inspector met six residents across all four homes and were present at the time of inspection. They also met with staff on duty, the person in charge and a member of the management team during the inspection. The inspector observed residents' coming and going from their homes during the day and engaging in activities of their choice, some of the residents went out for coffee or ice-cream, to the shops or events in their local community.

Staff were observed to interact warmly with residents, in a manner which supported their assessed communication and behaviour support needs. For example, in one of the houses, a personalised activity folder had been developed with a full how to guide around accessing and completing activities in the community including information on transport and the phrases used by its residents to ask for certain activities. In another house, a visual time-table was used to support residents to know what staff was coming on shift and encourage choice of activities while planning the day.

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.

On arrival to the first house, the inspector was shown around the communal areas by one resident and accompanied by staff. The other two residents were getting ready for the day and left shortly after the inspector arrived to go shopping and some lunch.

Overall, the house was homely, with photos of the residents on the walls. There were two main areas for residents to enjoy in the communal space, the kitchen and the living room. Both had Television's and one resident was watching a concert in one room while another resident was listening to the radio in another. These rooms were accessible to all residents. The residents bedrooms had been personalised with the residents preferences in mind.

In the second house, the inspector met with the two residents that lived in there. One resident was relaxing in the sitting room and the other having their hair styled by a staff member. There was a homely atmosphere throughout the house and pancakes were being made as a shared activity for residents and staff to eat

together. Residents in this house were supported in their communication with the inspector through the use of LAMH signs. There was an activity schedule on display in the hall with photos of staff on duty and pictures of activities for residents to choose from. This was easily accessible to the residents of this house.

The following morning the inspector visited the third house in this designated centre, they were greeted and shown around by one of the residents who had been out with staff the evening before. The resident said they liked living there and enjoyed spending time with staff and were going to plan more evening activities. The house had sourced equipment to make it easier for residents to maintain their independence and engage with each other. For example the table in the kitchen was positioned at a height so it was accessible for both residents and the kettle had been adapted to support the residents to make their own tea and coffee. The kitchen also had a notice board with information for residents in an easy read format on COVID 19, Advocacy and Decision making.

In the fourth house, there was a single occupancy living arrangement. The inspector met with the resident that lived there who showed the inspector around the house including their bedroom. The resident was having tea when the inspector arrived and had planned their day with the staff on duty providing the resident with a choice of meaningful activities. The resident choose to go clothes shopping later in the day and was supported to attend a football match in the locality.

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 and understood their communication styles. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

Residents were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment.

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 provider was demonstrating they had the capacity and capability to provide a good quality service. There had been a number of governance and management improvements initiated by the provider since the previous inspection and these were found to be having a positive impact on the quality of service provided to residents.

There were clearly defined management structures in place which identified the lines of authority and accountability within the centre. The previous inspection of this centre had found that not having a full-time person in charge in place was impacting on compliance in the centre. Since then, the provider had appointed a suitably qualified and experienced person in charge who was employed on a full-time basis, with responsibility for this designated centre only. On this inspection the inspector found there was a positive impact on the quality of service provision for residents and compliance with the regulations from having a full-time person in charge in place who was responsible for this designated only.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The provider had systems in place to monitor and review the quality of services provided within the centre such as six monthly unannounced visits and an annual review of quality and safety. Actions were tracked using tracking spreadsheet devised by the provider and reviewed regularly by the person in charge and the service manager. Residents were consulted regularly through residents meetings.

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.

There was a planned and actual roster maintained for each of the houses 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. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

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, with those requiring refreshers booked on training in the near future.

The provider had a complaints policy and associated procedures in place as required by the regulations. The inspector reviewed how complaints were managed in the centre and noted there were up-to-date logs maintained. Complaints were responded to in a timely way and the complainant's satisfaction with the outcome of the complaint was reviewed as part of the complaints overview in the centre.

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.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

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 with staffing levels were in line with the centre's statement of purpose and the needs of its residents.

A planned and actual roster was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff have completed or are scheduled to complete mandatory training

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

The person in charge has also identified extra areas of support the team may need in particular in the areas of medication management and communication. They are also following up on sourcing further training to meet the specific needs of some of the residents in this designated centre.

Skills learned through additional LAMH training was observed in use in all four houses, with staff using signs to support residents communication needs. The skills were further enforced in both the residents and staff meetings where a sign of the week was identified and used by all.

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

A tracking spreadsheet was devised by the provider to assess the progress of these actions and were seen to be reviewed by the person in charge and higher management on a monthly basis.

Audits carried out included a six monthly unannounced visit, risk management audit, fire safety, infection prevention and control (IPC) and an annual review of quality and safety.

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

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 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure in each house.

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.

One resident told the inspector about an issue they had and how they knew how to make a complaint and how the procedure worked. The resident told the inspector they were satisfied with how the complaint was handled and they were satisfied with the outcome.

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.

Recent re-structuring at a staffing level had improved the residents experience of engaging in meaningful activities across all four houses and staff were observed to be engaging with residents in a person-centred and respectful way

The inspector completed a walk through of all four houses making up the designated centre and were 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. While one house had some areas of wear and tear, this had been identified and an action plan put in place for maintenance to address.

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 was 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 that staff were wearing appropriate personal protective equipment (PPE). There were sufficient hand washing and sanitising facilities in each house 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 linking in with the other houses in the designated centre. 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.

The provider had implemented measures to identify and assess risks throughout the centre. All residents risk assessments were individualised and based on their needs and included a medication management plan, manual handling assessment,

infection prevention and control and emergency evacuation plans and an unexplained absence plan. There was a risk management policy in place. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

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. Each resident had an individualised behaviour support plan and staff working in each house were knowledgeable of each residents needs.

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. One resident expressed to the inspector that they felt like they had freedom to exercise control and choice in their daily lives.

All residents had their own personalised day service provision and had access to transport and the community when they wanted. They were supported to access activities pertaining to their own likes and dislikes such as attending sporting activities and events.

Staff were aware of how residents communicated through alternative methods, and were seen to understand residents' expressions and respond to them using Lamh sign language to help them to understand.

Judgment: Compliant

Regulation 17: Premises

All four houses in the designated centre were observed to be clean and tidy with a warm and comfortable environment.

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

One of the houses needed painting due to general wear and tear. All premises issues had been identified by the person in charge and reported to maintenance.

Equipment used by the residents was easily accessible and stored safely. Records showed that this equipment was serviced regularly.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy was in place which was up-to-date.

There was a centre specific risk register in place and associated risk assessments which had been risk rated and assessed.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks. They were further supported by the providers risk manager in reviewing risks.

Residents risk assessments were personalised to the need of each resident, including lines of support for staff when required.

Judgment: 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, the centre was equipped with hand sanitiser dispensers placed throughout the centre.

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

There were fire detection and alarm systems in each of the houses, however there was no key instruction on any of the fire panels to identify what area of the house was what zone. This meant that it did not show staff the location of a potential fire

to assist them in being able to identify the source of the alarm in a timely manner.

The inspector brought this to the attention of the person in charge and provider during the course of the inspection and this was addressed within a short space of time with additional information provided to the inspector that it had been addressed by way of documentation.

There were fire doors in all the houses to support the containment of smoke or fire.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements.

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

Residents' files contained up-to-date positive behaviour support plans which detailed proactive and reactive strategies to support residents in managing their behaviour.

Staff in the designated centre had also received appropriate training in managing behaviour that is challenging.

There has been significant clinical input in one house regarding the use of sensory equipment for one resident in particular.

Restrictive practices were regularly reviewed and notified to the Chief Inspector in line with the regulations.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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