



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 34
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	06 June 2024
Centre ID:	OSV-0008619
Fieldwork ID:	MON-0042176

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 34 is a designated centre operated by Stewarts Care DAC. The centre comprises of three community based houses, located in county Dublin. The centre is home to 4 residents. 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:	4
--	---

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 6 June 2024	10:00hrs to 16:00hrs	Karen McLaughlin	Lead
Thursday 6 June 2024	10:00hrs to 16:00hrs	Orla McEvoy	Lead

What residents told us and what inspectors observed

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

The inspectors 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 three 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. The centre was registered to accommodate up to four residents. The inspectors visited the three separate houses that made up the designated centre over the course of the inspection.

The inspectors were shown around each home by the person in charge, who was knowledgeable and familiar with the assessed needs of residents. All three 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 inspectors observed the rooms to include family photographs, and memorabilia that was important to each resident.

The inspectors observed the care and support interactions between residents and staff as part of the inspection. The inspectors met all four residents across the three homes. The inspectors observed residents' coming and going from their homes during the day and engaging in activities of their choice.

Staff were observed to interact warmly with residents, in a manner which supported their assessed communication and behaviour support needs. On arrival to the first house that comprised this centre the inspectors observed that the apartment was clean, warm and welcoming. The apartment was home to one resident who had recently moved in. He appeared happy and relaxed in his new surroundings. He was able to access items as he needed and took valued personal items from his bedroom to show to the inspectors during the visit. The staff spoke about how they were getting to know his preferences and were taking his lead on the structure of his routine for the moment. This was evident on inspection with staff accompanying him on a walk when he indicated his readiness to go.

In the second house, a single occupancy dwelling, the resident appeared settled and happy, having transitioned to their new home a number of months previously. This home was tailored to the resident's individual needs and interests. Guidance was sought from specialist staff to decorate the home in dementia friendly colors to

differentiate rooms. A large flag on the wall supported orientation. Framed football jerseys, a red couch and red paint in the resident's bedroom also reflected his support for his favourite football team. His bedroom was spacious and contained an armchair and television. Staff explained the resident enjoyed spending time in his room in addition to having an open plan kitchen and living room. The house overlooked a park and staff spoke about how the resident enjoyed going for walks and getting to know his new locality.

The inspectors visited the third house in this designated centre, they were greeted and shown around by one of the residents. The resident said they liked living there and they were happy with the care and support offered. The house had sourced equipment to make it easier for residents to maintain their independence. 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.

Overall, staff knew the residents very well. They had a very good understanding of residents' interests, their activity preferences and the individualised supports they needed to structure their time in a personal, meaningful way. For example, one resident benefited from an active and structured routine. This comprised of planned activities such as gym sessions, grocery shopping and going to matches on set days of the week. For another resident who had recently moved to the service, the staff outlined how they were gathering information about the resident's preferences and interests through a variety of methods. Staff described how the routine for this resident was unstructured and led by the resident on an hour-by-hour basis. They spoke about the amenities in the resident's new locality which they anticipated he would enjoy. On the day of the inspection, staff were responsive to residents' activity preferences and inspectors observed that decisions about the plans for the day were directed by the residents.

Another resident was an avid supporter of a local football club. The resident went to all home matches and was supported in a pre- and post- match routine which he enjoyed. Memorabilia was displayed throughout his home, giving it a personalised feel. Residents were supported to make decisions and contribute to the running and organisation of their homes. For example, staff spoke about residents' involvement in selecting soft furnishings and furniture for their respective homes.

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 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 inspectors 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 registered provider had written, adopted and implemented the policies and procedures set out in schedule 5.

Overall, the inspectors 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 inspectors reviewed both the planned and actual rosters from February, March, April and May 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The 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: 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.

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

Audits carried out included a six-monthly unannounced visit, medication, health and safety as well as an annual review of quality and safety by which residents and their representatives were consulted. Residents surveys indicated that residents were happy living in the designated centre with one resident commenting he would like more autonomy and support in decision making.

Team meeting minutes were reviewed for March, April and May 2024. The agenda included a sharing of audit findings, updates to care plans, safeguarding, medication management, health and safety, meaningful activities and staff training.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to two vehicles for transport.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place containing the information set out in Schedule 1 of the regulations.

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated

centre.

It outlined the services and facilities provided in the designated centre, its staffing complement and the organisational structure.

In addition, a walk around of the properties confirmed that the statement of purpose accurately described the facilities available including room size and function.

A copy of the statement of purpose was readily available to the inspectors on the day of inspection. It was last revised in November 2023.

It was also available to residents and their representatives. An easy-to-read version with photographs was also available.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented.

The inspector reviewed a sample of the policies during the course of this inspection including:

- Admissions, including transfers, discharge and the temporary absence of residents;
- Risk management and emergency planning;
- The prevention, detection and response to abuse, including reporting of concerns and /or allegations of abuse to statutory agencies;
- Staff training and development;
- Provision of behavioural support.

The provider ensured that all policies and procedures had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

The policies and procedures were readily available to staff and stored in a well-organised manner for ease of access.

Judgment: Compliant

Quality and safety

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

The inspectors completed a walk through of all three 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.

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.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. 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. The Inspectors saw that residents had opportunities to participate in activities which were meaningful to them and in line with their will and preferences, and there was a person centred approach to care and support. Residents activities included going to sporting events, shopping trips, going out for dinner or coffee, the gym and accessing activities within the residents locality.

There were suitable care and support arrangements in place to meet residents' assessed needs. Two of the residents files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. There were systems in place to routinely assess and plan for residents' health, social and personal needs.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences. Warm interactions between residents and staff members caring for them were observed throughout the duration of the inspection. The 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.

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

Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs.

Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes.

Staff in this centre had received training in communication and were knowledgeable regarding residents' communication needs. Residents' files contained up-to-date and detailed communication support plans.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

The inspectors saw that information was available to the residents throughout the house in an accessible manner and in line with their assessed needs.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider, person in charge and staff had provided residents with the facilities and opportunities to participate in activities in accordance with their interests.

The staff knew the residents well and understood how residents liked to spend their day. Residents were supported to engage in activities they enjoyed. Residents were observed getting ready to take a drive to the sea, preparing to go grocery shopping and going out for a walk on the day of inspection. Two vehicles were available for residents' use.

Residents' leisure interests were clearly evident in their homes. One resident supported a local football team. Memorabilia were on display around his home. He attended all matches with the support of staff and enjoyed a pre- and post-match routine as well.

The person in charge spoke about how residents are supported to make decisions about how they wish to live their lives. Positive risk taking was a feature, while residents were supported by staff to be aware of risks, the residents' choices were upheld, examples included decisions about socialising, daily routines and accessing healthcare and other supports. Staff described how residents were supported to make decisions about the purchase of personal belongings.

The staff team proactively engaged with the wider community to promote the residents participation and inclusion through formal methods such as membership or sports clubs and informal ways such as getting to know their neighbours.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The designated centre comprised of three properties, two single occupancy dwellings and one where two residents lived together. 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.

Each of the residents had their own bedroom had been personalised to the individual resident's tastes, with photos of family members and friends and activities they enjoy and was a suitable size and layout for the resident's individual needs.

There was a clear premises maintenance system in place where the person in charge could log and monitor repairs that were required.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector observed that transitions and admissions were well managed by the registered provider. There was an admission, temporary absence and discharge policy in place. The inspector reviewed this document and found clear guidance in relation to the procedures for transitions within the service.

The inspectors reviewed two transition plans. Suitable arrangements had been made to ensure the residents were supported as they recently transitioned to this centre. The residents had opportunities to visit their new homes in a well-planned manner before their move. Visits included having staff from their previous residence present during visits, having preferred food available, having a main meal in their new home and an over night stay prior to their move.

One resident had the opportunity to make decisions about selecting the color scheme and furnishing in for his new home.

A social story was developed to assist preparations for the transition.

Staff spoke about how residents were supported to get to know their new community, the local amenities and their neighbours.

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 fire fighting 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.

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.

Residents accessed multidisciplinary supports as needed or when their needs changed. Recent input included review of equipment for personal care, wheelchair and customised footwear. There was a focus on maintaining and maximising residents' independence.

Judgment: Compliant

Regulation 9: Residents' rights

A person-centred approach was evident in the participation of residents' in their own care and treatment plans. Residents were supported to make informed decisions about their lives, for example accessing healthcare and other supports. The person in charge outlined how information is given to residents in a way they understand and the residents' wishes are respected.

Residents exercised choice over how they spent their time. For example, some residents had a highly structured and active routines with set activities on set days while the daily routine for others was unstructured and lead by the residents preference at the time.

The residents were involved in the running of their respective homes. The inspectors reviewed Service User Weekly Meeting minutes for three weeks of May and June 2024. Agenda items included special funding requests, for example funding for blinds and the upcoming elections.

Residents were supported to exercise their right to vote. Residents who had recently moved address were being supported to be registered at their local address.

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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant