



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 36
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 22
Type of inspection:	Unannounced
Date of inspection:	06 November 2024
Centre ID:	OSV-0008735
Fieldwork ID:	MON-0043459

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 36 is a designated centre operated by Stewarts Care DAC. The designated centre is made up of one residential two-bedroom apartment. The centre provides long-term residential care to elderly residents with intellectual disabilities over the age of 70. The centre is located in a suburban town in South County Dublin. The staff team is comprised of the person in charge, social care worker and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 6 November 2024	09:10hrs to 13:25hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre, which was newly registered in April 2024.

The inspection was facilitated by the person in charge. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

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 and family, the community, allied healthcare professionals and statutory authorities". 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 designated centre is comprised of one ground floor apartment located in a suburban town in South County Dublin. The designated centre was comprised of two bedrooms, an open plan kitchen/dining and sitting room, a bathroom and an outdoor balcony space. The centre was close to many amenities and services including shops, cafes, restaurants, and public transport. It was home to two residents, and the inspector had the opportunity to meet both residents during the inspection

Upon arrival the inspector was greeted by the person in charge and two staff members on duty. Both residents were being supported to have their breakfast at the kitchen table. Some residents did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. However, observations throughout the morning, a review of documentation and staff-supported communication indicated that residents were very happy with the care and support they received and with their new home. It was apparent to the inspector that residents enjoyed being in each other's company. Residents had lived together for many years and had built up strong connections with each other and with the staff team who worked with them.

The inspector carried out a walk-around of the home in the presence of the person in charge. The physical environment of the centre was found to be clean, tidy and well maintained. The design and layout of the centre ensured that residents could enjoy living in an accessible and comfortable environment. In general, the inspector found the atmosphere of the centre presented as welcoming and inviting. The

inspector observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in the home. In addition, the person in charge ensured that the centre's certificate of registration was also on display.

The inspector observed that residents' bedrooms were laid out in a way that was personal to them and included items that were of interest to them. For example, residents' bedrooms were painted in colours of their choice and included family photographs, pictures, soft furnishings and memorabilia that were in line with their personal preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal tastes. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

The person in charge 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. They spoke about the work that was completed to ensure the smooth transition for both residents to their new home, which included comprehensive transition plans and regular visits to the new home. They described the service as person-centred and informed the inspector there were no open complaints. Observations carried out by the inspector, feedback from residents 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, medication management 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.

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 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. In addition, staff supported both residents to go on a holiday to Galway during the summer and were in the process of supporting residents to apply for passports so they could go on holidays abroad.

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.

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. In addition, the provider had also ensured that the centre was well resourced. For example, a vehicle was available for residents to access their wider community.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the building and all contents, including residents' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to residents.

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 good standard in this centre. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. For example, the person in charge reported to a programme manager who reported to a Director of Care. There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including unannounced visit reports, and audits on medication, personal plans, safeguarding, staff training, fire, infection prevention and control, and the premises.

There were contracts of care in place for all residents, which clearly outlined fees to be paid and were signed by residents or their family or representative. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where

the service is delivered.

There was an effective complaints procedure in place that was accessible and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

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 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 designated centre.

The staff team comprised the person in charge, social care worker and health care assistants. There were two staff on duty during the day, and one staff at night-time, in a waking capacity.

The person in charge maintained a planned and actual staff roster. The inspector reviewed the planned and actual rosters for the months of October and November and found that regular staff were employed, meaning continuity of care was maintained for residents. In addition, the 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 two 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.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. For example, the person in charge maintained an accurate and up-to-date

training matrix. The inspector reviewed the staff training matrix and found that all staff 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, safe administration of medication (SAM), infection prevention and control (IPC) and feeding, eating, drinking and swallowing (FEDS).

All staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members.

The inspector reviewed two staff members' supervision records, all of which included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to register the centre.

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 ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs, multidisciplinary team services were involved in the development of care plans, and there was a vehicle for residents to access their wider community.

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 and they were supported in their role by a programme manager and Director of Care. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities. In addition, they were supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

There were good management systems in place to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including unannounced visit reports, and audits on medication, personal plans, safeguarding, staff training, fire, infection prevention and control, and the premises. Audits reviewed by the inspector were comprehensive, and where required, identified actions to drive continuous service improvement.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge. In addition to the supervision arrangements, staff also attended monthly team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Prior to moving into the designated centre, the inspector was informed that both residents had visited the property regularly as part of their transition plans, which included community mapping of the local area and visits to local restaurants and amenities. In addition, the person in charge informed the inspector that all residents were consulted with in relation to the design and layout of their home.

Residents had signed a written contract with the provider. The inspector reviewed both contracts of care, which clearly specified the terms on which residents would live in the centre.

Contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the

service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

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

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure in place was accessible and in a format that the residents could understand. Residents were supported through the complaints process, which included having access to an advocate and staff support when making a complaint or raising a concern.

The person in charge maintained a complaints log in the designated centre. The inspector reviewed the complaints log and found there were no open complaints on the day of the inspection.

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.

Residents were encouraged and supported to make decisions about how their room was decorated, and residents' personal possessions were respected and protected.

Residents had easy access to and control over their clothing, and there were systems in place to ensure that residents' clothing and other items were laundered regularly, and were returned to them safely and in a timely manner. Residents had easy access to and control over their personal finances, in line with their wishes. Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on managing residents' finances.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in their home and with the support they received. The inspector completed a walk-around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were encouraged to eat a varied diet, and equally their choices regarding food and nutrition were respected. Residents were supported by a coordinated multidisciplinary team, such as medical, speech and language therapy, dietitian and occupational therapy. During the inspection staff were observed to adhere to advice and expert opinion of specialist services.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

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.

Staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer within the organisation.

Regulation 12: Personal possessions

Residents were able to access their possessions and property as required or requested. Records of residents' possessions deposited or withdrawn from safekeeping were maintained. For example, the inspector reviewed the resident asset register, which was found to be accurately maintained and up to date.

Residents had easy access to and control over their personal finances, in line with their wishes. Information, advice and support on money management was made available to residents in a way that they could understand, and residents had finance support plans on file. Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on managing residents' finances.

The inspector reviewed both residents' financial records and found that staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

Regulation 17: Premises

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

The inspector found the atmosphere in the centre to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk-around of the centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Residents had their own bedroom, which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings. Equipment used by residents was easily accessible and stored safely, and records reviewed by the inspector evidenced that this equipment was serviced regularly.

Overall, the centre was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in the designated centre. Residents indicated to the inspector that they were happy with the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS and nutrition care plans on file. The inspector reviewed two FEDS care plans and found that there was guidance regarding resident meal-time requirements including food consistency and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS and nutrition care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. For example, staff were observed during breakfast to adhere to the therapeutic and modified consistency dietary requirements as set out in residents' FEDS care plans. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. For example, the fridge and presses were well stocked with lots of different food items, including fresh fruit and vegetables. The kitchen was also well equipped with cooking appliances and equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway of the apartment block, and that all fire doors, including bedroom doors, were fitted with self-closing mechanisms. In addition, all emergency exits were thumb-lock operated, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed two residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

Fire safety records reviewed by the inspector including fire drill details evidenced that regular fire drills were completed, and the provider demonstrated that they could safely evacuate residents under day- and night-time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two 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 representatives 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:

- Feeding, eating, drinking and swallowing (FEDS)
- Positive behaviour support
- Personal and intimate care
- Communication
- General healthcare.

The inspector reviewed both residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident.

Personal plans included information relating to the following:

- About me
- How I communicate
- My circle of support
- Things I like and dislike
- My goals

Examples of goals set for 2024 included trips to the cinema, visit the zoo and go on holidays. The provider had in place systems to track goal progress. For example, goals were discussed with residents during monthly key working meetings. The inspector saw evidence that the following was discussed and recorded: goal description, actions taken, progress made, supporting evidence, and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

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, one positive behaviour support plan reviewed by the inspector was detailed, comprehensive and developed by an appropriately qualified person. In addition, the plan included trigger and antecedent events, and proactive and preventative strategies in order to reduce the risk of behaviours that challenge 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.

The inspector found that the provider and person in charge were promoting residents' rights to independence and a restraints-free environment. There were no restrictive practices in use on the day of the inspection. The provider had a restrictive practice policy in place and all restrictions were subject to approval by the provider's restrictive practice committee.

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.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

On the day of the inspection there were no open safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit and regulatory responsibilities. For example, staff spoken with were aware that all safeguarding concerns were to be reported to the Chief Inspector of Social Services in line with the regulations.

Following a review of two 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, preference 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant