



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 31
Name of provider:	Stewarts Care Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0008179
Fieldwork ID:	MON-0038107

About the designated centre

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

Designated Centre 31 is a designated centre operated by Stewarts Care Ltd. The designated centre is intended to provide long stay residential support and part-time shared care to no more than six adults between the ages of 18-50 with a range of support needs. Each service user is supported to live their life to their full potential in a person centred way. Activities are provided from the home in line with HSE new directions. Care and support is provided by experienced qualified staffing through a social care model led environment. There is a full-time person in charge who is responsible for ensuring the regulations are compliant, and a team of 22 whole time equivalent staff members. (Two whole time equivalent social care worker and 20 care staff) The designated centre is made up of a a three-bedroom detached house and a three-bedroom bungalow. Each resident has a Personal Support Plan (PSP). This details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes and that of their parent/guardian. Stewarts Care provides the following clinical services to residents; Physiotherapy, Social Work, Occupational Therapy, Speech and Language Therapy, Psychology, Mental Health (under Clinical Director – Mental Health).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 15 February 2023	09:00hrs to 16:30hrs	Louise Renwick	Lead
Wednesday 15 February 2023	09:00hrs to 16:30hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance following the provider's application to vary registration conditions of the designated centre.

Inspectors had the opportunity to meet three residents who lived in one house of the designated centre in the afternoon of the inspection, when they returned from their daily activities. Residents appeared very content and happy on their return to the centre. Some residents were playing board games with staff in the main living area, another chose to relax with their tablet device and headphones and one resident showed inspectors the centre and spoke about their experience.

There were photographs and art work in the designated centre, and some residents told inspectors about the events in the photographs and who everyone was. Residents liked their home and each had their own spacious private bedrooms. There were thumb-turn locks if residents wished to have more secured privacy. In previous months a new resident had moved into the designated centre, and all three residents appeared to get on well with each other. Residents spoke about the other people living in their home in a positive way.

In the main living area there were visual boards and aids to map out residents' daily and weekly plan. Some residents showed inspectors their photographs of the different tasks that they liked to do, such as cleaning their bedroom, managing their laundry and making a cup of tea. These were tasks that they were learning to do on their own since moving into the designated centre.

Residents had mood charts as well as communication aids, to help them to identify their feelings and express this to the staff team. Some residents showed the inspector their tablet device which they liked to use to watch videos.

Residents demonstrated that they were at ease in the company of staff members, for example while being verbally prompted to make their own tea in the afternoon and follow the steps involved.

There were no environmental restrictions in the designated centre, residents had access to all areas in their home. If residents wished to go out they communicated this to staff and were supported to do so. The staffing levels in the designated centre, were seen to promote residents' individual choice. For example, one resident went out at a time that suited them, while others remained at home doing other activities. Residents could choose if they wished to spend time out of the centre alone or with their peers.

The provider had added a second home to the registration of the designated centre. Inspectors spent time in this home with a member of management, however the house was empty on the day, as it provided shared cared part-time residential service to two residents currently, and this was a week where no residents were

scheduled to stay in the centre.

The premises that made up the designated centre were well maintained, clean and tidy and laid out to meet the needs of residents. For example, some bedrooms had light blinds but did not have curtains, this was due to the preferences of the resident. Each location had adequate private and communal space for residents to use, a separate utility room, accessible garden spaces and sufficient number of showering facilities.

Overall, inspectors found that residents were receiving a good quality person-centred service that was meeting their needs. Residents expressed that they were content and happy in their home. Residents had 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 provider had taken action to address non-compliance in the previous report, and had opened a new home that was set up and resourced effectively to meet the needs of newly admitted residents.

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.

Capacity and capability

The provider and person in charge demonstrated the capacity and capability to operate the designated centre in a manner that was promoting good quality care and support for three residents living in the designated centre, and a planned and safe transition into residential care for two other residents on a shared-care capacity.

Since the centre was first registered in January 2022, the provider had since applied to vary their conditions of registration and add another home to the designated centre and increase the number of people they could support to six residents.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre with a clear management structure and management systems of oversight to monitor the quality of the care and support in the designated centre. The person in charge divided their time across the two homes of the designated centre, and were supported in their role by a social care worker who worked in each location.

There were arrangements in place for the provider to self-identify areas in need of improvement and evidence of action taken to address areas in need of quality improvement. The actions from the previous inspection report of March 2022 had been adequately addressed and the learning had been used to ensure upon opening a new home in this centre, that regulations were complied with. For example, the

transition planning and assessments of needs for new admissions into this centre were comprehensively completed prior to residents moving in, and adequate resources put in place to support their transition.

Residents were supported by a stable and consistent staff team and the provider had improved the skill-mix and the supervision of staff since the previous inspection. For example, there were now social care workers who worked opposite shifts in each location who had increased responsibilities, this resulted in adequate support and supervision for the staff team in the absence of the person in charge. Staffing resources were well managed to meet residents' needs and staff had been provided with additional training to increase their competencies in areas such as total communication approaches and autism awareness.

Overall, the provider and person in charge were operating the designated centre in a way that resulted in positive experiences for residents. The provider had adequately addressed the actions from the previous inspection in 2022 and had systems in place to continuously self-identify areas for further quality improvement.

Regulation 15: Staffing

The provider had ensured adequate staffing arrangements were in place to best support residents' needs in the designated centre. The centre was staffed with a social care worker and care assistants.

Residents did not require nursing care, however residents could also avail of support from a community liaison nurse within the organisation, if this was required. Where one-to-one support was required, this was available to residents and it was demonstrated that the staffing available resulted in greater choice and control for residents, and no requirement for environmental restrictions.

Clear rosters were maintained showing who was on duty at day and night-time, and a record was maintained of actual hours worked in each location. Staffing available in the designated centre was in line with what was described in the written statement of purpose and planned rosters.

Residents were supported by a stable and consistent staff team who were directly employed by the provider. This ensured continuity of their care and support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the designated centre were provided with training in line with residents' needs. The provider had identified specific mandatory training for staff,

and offered refresher training on a routine basis. For example, in areas such as fire safety and safeguarding vulnerable adults. These mandatory training courses were kept up-to-date.

Since the previous inspection the management team had identified additional specific training for staff in this location based on individual residents' needs. For example, total communication and neuro-diversity and it was seen on inspection that this was having a positive impact on residents' communication.

The person in charge had an effective system of oversight in place, to ensure any gaps in training were quickly identified and addressed.

There were formal and informal supervision arrangements in place for the staff team. For example, one to one supervision meetings, on-site presence of the person in charge and regular staff meetings.

Information on The Health Act (2007) as amended, the Regulations, Standards were available in the designated centre for staff to access.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there was a clear management structure in place with identified lines of reporting, responsibility and accountability. This structure had been enhanced with the appointment of further social care worker roles, who had additional responsibilities to assist in the oversight and supervision of the designated centre.

The provider and person in charge had effective management and monitoring systems in place, to ensure effective oversight of the care and support being delivered in the designated centre.

The provider had carried out unannounced visits to the designated centre on a six-monthly basis, and had completed an annual review in line with the National Standards. New homes attached to the registration of the designated centre would be included in the routine unannounced visits and Annual Review going forward.

The provider and person in charge had taken sufficient action to address areas of non-compliance at the previous inspection in March 2022 and this was having a positive impact on residents' experience.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had set out clear admissions criteria in their statement of purpose and had ensured compatibility of prospective residents was considered prior to admission.

Residents had opportunities to visit the designated centre prior to before admission, and residents were supported with transition plans that were based on their individual needs.

The provider had set out in writing the agreement for care and support in the designated centre, including details of any associated fees. Residents or their representatives had seen and signed these agreements outlining the terms and conditions on which they would reside.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured all incidents and adverse events that were required to be notified in writing to the Chief Inspector, had been submitted within the time-line outlined in the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a written policy and processes in relation to complaints management in their organisation which was available in the designated centre, along with an easy to read guide.

There was an identified local complaint officer and a log maintained to record all complaints and the actions taken to address them.

There were no open complaints regarding the designated centre at the time of the inspection.

Judgment: Compliant

Quality and safety

The provider and person in charge were providing residents with a good quality service that was person-centred, promoting of residents' independence and abilities. Residents were encouraged to make their own choices and direct their own daily activities.

The manner in which the designated centre was operated and resourced, was ensuring residents' choice and control was respected in the designated centre. The designated centre had its own vehicle to support residents' daily activities that could be driven by the majority of staff, and there was always a driver on duty. If residents wished to, they could attend separate day services during the week, however most residents preferred an individual activity plan that included meaningful activities to them.

There had been improvements to the systems in place to formally assess and plan for residents' health, social and personal needs, both prior to and following admission. Information was available to guide residents' care and support and residents had access to allied health professionals to support the delivery of their care and support.

Residents were protected against risk in the designated centre, through effective fire safety systems, infection control practices and safeguarding processes. The provider and person in charge had improved the infection prevention and control (IPC) practices in the designated centre since the previous inspection. Both properties of the designated centre had appropriate fire safety systems in place and there were established safeguarding process that protected residents from harm and ensured any risks were identified, reported and responded to.

The premises were maintained to a high standard, were well laid out and suitable to residents' needs and were clean and nicely decorated. Residents appeared to enjoy their home. Residents' bedrooms were decorated individually to represent their interests and there were sufficient communal spaces available for residents to use.

Overall, residents were living in a safe, comfortable, homely environment with premises, facilities and staffing support available to meet their individual and collective needs.

Regulation 10: Communication

Assessments and plans included residents' individual needs and supports to enable them to communicate effectively and there was input from allied health care professionals to guide their care and support regarding this.

Residents' needs and supports in relation to their communication was understood by the staff team, for example understanding residents' preferred method of communicating. The designated centre used photographs, pictures and aids to support residents to understand the plan for the day and the week ahead.

The provider had ensured the designated centre had access to television, radio and Internet services. Residents were supported to use technology and new equipment to aid their communication.

Judgment: Compliant

Regulation 13: General welfare and development

The provider was ensuring residents were provided with appropriate care and support based on their individual needs and in line with evidenced-based practice.

Residents had access to facilities for day services if they so wished, and could avail of activities that were meaningful to them and aligned to their interests.

Residents were supported to maintain relationships with families and friends and to use local community based activities as part of their daily activities.

Residents were supported to learn life skills and build on their independence, for example, learning how to take care of their home.

Judgment: Compliant

Regulation 17: Premises

The designated centre was made up of two homes, both of which were designed and laid out to meet the needs of residents. The premises were of sound construction, well maintained and nicely decorated and offered residents a pleasant and homely environment.

There were systems in place to ensure the premises were well maintained, through a technical services department in the organisation should the property of facilities require upkeep or repair. The homes were kept clean and tidy and systems were in place to monitor their cleanliness.

Residents had their own spacious individual bedrooms, and suitable communal spaces in their home.

The provider had ensured the matters outlined in Schedule 6 were in place, for

example, adequate heating, lighting and laundry facilities.

Judgment: Compliant

Regulation 27: Protection against infection

Improvements had been made in relation to the guidance available for the staff team and to the practices of applying infection prevention and control measures in the designated centre since the previous inspection.

The premises and environment were clean and tidy and there were systems in place to raise issues with buildings or their facilities.

The provider had employed a clinical nurse specialist and clinical nurse manager focused on infection prevention and control, and these staff were available to the staff team.

Staff had the correct personal protective equipment (PPE) available to them in the designated centre, and had completed training in infection prevention and control and had access to information on best practice in the designated centre. Infection prevention and control lead persons has been identified on the staff team to support the person in charge in the oversight of practice.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local health and safety audits and as part of the provider's wider auditing systems.

Since the previous inspection specifically on Regulation 27, the provider had addressed all actions in their compliance plan response. For example, ensuring the correct PPE was in use, and ensuring guidance and risk documents were available to the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place with residents on admission to the designated centre so they had an awareness of what to do in the event of a required evacuation. There were two staff on duty each night, on waking night shifts to support residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider and person in charge had taken action to improve the process for assessing and planning for future and current residents needs since the previous inspection. Residents individual needs were comprehensively assessed prior to admission to the designated centre. Residents had access to assessments and review from members of the allied health professionals team, such as speech and language therapist and psychologists.

Records were well maintained, and reviewed regularly. Residents' need and risks in relation their care and support were set out in person-centred plans that guided staff support. There was consistency in the approach from the staff team in how to support residents with regards to their communication and behaviour.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that the staff team had knowledge, training and skills to support residents and respond to potential behaviours of concern.

Residents' needs were set out clearly in concise behaviour support plans, which detailed the consistent approach to supporting residents. Plans were based on assessments to understand the cause or function of any perceived behaviour and were created or reviewed by relevant professionals. For example, behaviour support specialists, speech and language specialists and psychology services.

The person in charge was promoting a restraint-free environment, and the manner in which the centre was resourced and operated reduced the requirement for environmental restrictions.

Judgment: Compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults, and this was refreshed on a routine basis.

There were procedures in place to ensure concerns or allegations of a safeguarding nature were recorded and reported in line with national policy and legislation.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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
Regulation 8: Protection	Compliant