



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Childrens Home Designated Centre 13
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0003910
Fieldwork ID:	MON-0030683

About the designated centre

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

Designated Centre 13 provides full-time residential services to a maximum of six children. The designated centre accommodates both male and female children with moderate and severe/profound intellectual disability. Residents have a wide range of support needs and require high and medium level of support and supervision through a multidisciplinary approach. The designated centre is made up of two homes located in Kildare. Both residential homes provide care and support 24 hours a day for 365 days per year. The centre is staffed by 8.25 whole time equivalent (WTE) nurses, 12 whole time equivalent care staff who are supervised and managed by a full-time person in charge. Residents have access to a wide range of allied health professionals either employed by the provider, or through appropriate referral to external professionals. All residents have their own bedroom, and access to garden spaces.

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 - 2015 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 26 May 2021	10:00hrs to 16:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

To reduce the risk of infection, the inspector visited only one of the houses on the day of inspection, but reviewed documentation, staffing arrangements and management systems and assessed the regulations in relation to the care and support across both houses in the designated centre. The second house had been previously visited in March 2020.

On arrival to the unit of the designated centre, two children were attending school, and one child was at home with staff.

Residents were dressed nicely, with age-appropriate and fashionable clothing, in line with their own style. Residents' personal equipment was very clean and well maintained. For example, some wheelchairs had brightly-coloured fabric, or fun wheel covers. Family members told the inspector that any time they came to visit, residents always looked really well in fresh clothing and nice hair styles.

During the afternoon, the inspector spent time in the kitchen/ living room with children and staff. Interactions between residents and staff were meaningful and personal, and residents responded through laughter or smiling when engaging with the staff team. There was a relaxed, but fun atmosphere in the centre and staff understood residents unique interests, sense of humour and communication preferences. For example, some children used sign language to show the staff and inspector about their day in school.

When residents were being supported with their feeding regime, they sat beside the kitchen, and were very much apart of the room and interactions that were happening.

Residents each had their own spacious bedroom, which had been thoughtfully decorated to suit their interests and personalities. Residents had objects and photographs of family members or important things to them in their rooms, and there was plenty of space for personal belongings. Each bedroom had adequate space to provide care and support to residents and to use aids and appliances with ease. To help encourage good sleep habits, staff on night-duty ensured a quiet, low noise environment, and some residents liked to watch television in their room before going asleep. Resident's individual preferences for night-time where written into personal plans.

Staff had done some research and gained information on adapting some residents' bedrooms, with support from external companies to create autism-friendly spaces for children. The designated centre had toys and sensory equipment in each house to provide residents with a multi-sensory environment, in line with their needs and preferences. For example, bubble lights, mirrors, large bean bags and tactile toys.

The designated centre had access to gardens for residents to use. One house had

swings and a recently purchased trampoline. The person in charge and staff team were working on a plan for possible funding to find a wheelchair-accessible swing for the garden of one of the houses.

From speaking with staff and family members, and reviewing documentation it was clear that the move into one of the units in the designated centre in July 2020 had a positive impact on residents' health and overall wellbeing. For example, some residents had seen improvements in their weight, sleep patterns and general health now they were living in a smaller, community-based centre with increased number of familiar staff members. Families felt staff were proactive and responsive to residents' changing health needs, which could change quickly.

Staff spoke to the inspector about the change for some residents from campus-based, or respite settings into a community-based model of residential care. While it had taken residents time to settle into their new home, it was proving a really positive and enjoyable change.

One unit of the centre was located in a housing estate in a town in Kildare. Residents were seen to be supported to go for a walk to local shops or facilities close-by. The second house in the centre was located in a more rural location in Kildare. Both houses had their own transport so they could visit places outside their local neighbourhood, or to attend school or other activities.

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 they had the capacity and capability to deliver a good quality residential service to the five children living in the designated centre. The provider and person in charge demonstrated that the centre was resourced, operated and managed in such a way as to ensure child-centred, evidenced-based care and support to children, which was of a high standard.

The provider had recently applied to vary the registration conditions of this designated centre, in order to provide residential care to children with disabilities, across two community-based houses.

Overall, this inspection found that the changes to the registration conditions would further enhance and improve the management of, and delivery of a good quality service to children. For example, children now had a full-time residential placement in an appropriate home-like environment, supported by a stable and consistent staff team to support them. There was a full-time person in charge who was suitably skilled, experienced and qualified to ensure the centre was well resourced, well

managed and monitored in line with residents' individual and collective needs.

Since the previous inspection, staff members who worked in the designated centre were all employed directly by the provider. This resulted in familiar and consistent staff being available who knew residents' needs very well, and who could build positive relationships with family members and important people in childrens' lives. The inspector saw a resident smiling at, and pointing to a photograph of a staff member they had a good relationship with, and residents were expressing their happiness through their facial expressions, or sign language when interacting with staff on duty during the day.

Residents experienced positive changes as a result of the monitoring systems the provider had put in place in the designated centre. Where areas for improvement had been identified through the annual review, and unannounced provider visits, these had been quickly acted upon and arranged. For example, one of the houses now had swings in the garden for children to use, and a trampoline had been purchased.

Residents' safety was promoted through effective reporting and recording of and responding to accidents, incidents and adverse events. While incidents had been notified to the Office of the Chief Inspector, the provider and person in charge had taken learning from adverse events in order to make further improvements and prevent things from happening again. Timely actions were carried out based on recommendations from the review of adverse events. For example, increasing the supervision arrangements for the staff team, or making changes to the environment. The provider had ensured personnel with particular skills and expertise from other areas of the service were working collaboratively with the staff and management of the designated centre to ensure positive changes took place following adverse events. For example, staff from the quality and risk team, or safeguarding teams had visited the designated centre to review control measures for identified risks.

The person in charge and staff team had ensured effective communication pathways were in place, so that all external agencies or support persons for children were included and involved in any decisions about their care and support, and the staff team. For example, there was shared information and team work between staff in the centre and family members or representatives, allied health professionals and educational providers.

Overall, the provider and person in charge had effective governance and management systems in place, and this inspection found compliance under the Regulations inspected.

Regulation 14: Persons in charge

The person in charge was suitably skilled, experienced and qualified in their role. They worked in a full-time capacity.

Judgment: Compliant

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 both nursing staff and care assistants.

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.

Children were supported by a stable and consistent staff team who were directly employed by the provider. This ensured continuity of their care and support, and encouraged positive relationships between staff, children and their families.

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 Children First.

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 and evidence-based best practice for the care of children was 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.

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. Any identified areas for improvement in this centre, had been acted upon in a timely manner for the benefit of residents.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was child-centred, was safe, meeting residents' needs and offered a comfortable and enjoyable place to live.

The centre was managed in a way that identified and promoted residents' good health, development and well-being. Residents' needs were noted and assessed in a comprehensive manner using various assessment tools. Based on these assessments, personal plans or care plans were written up to outline how each individual's need would be met and supported. Some residents had specific health care needs and risks, and the staff team had ensured clear written plans were in place to support these needs, while also respecting residents' choices and wishes. Residents had access to their own General Practitioner (GP) and allied health professionals, and were supported to keep healthy through attending regular health appointments and ongoing monitoring of their presentation, mood and indicators. There was evidence of timely response by the staff team in identifying changes or deterioration in residents' health.

For residents who required support with behaviour, they had access to a wider allied health professional team. Residents had specific support plans to guide staff in how to manage these supports with a focus on preventative measures and skills teaching to promote self development. Support plans were guided by advice from relevant health professionals.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures. The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment was available along with hand-washing facilities and hand sanitiser and staff were

observed to use these throughout the day. Each staff member and resident had their temperature checked daily as a further precaution. The provider had plans and facilities in place, should a resident require self-isolation.

The person in charge and staff team had ensured easy-read and accessible guides were available to use when talking to residents about the changes that COVID-19 had brought about, to assist their understanding. For example, guides on how riding on the bus will be different. Staff had also familiarised themselves with wider evidenced-based information on supporting children during a pandemic, and guidance on nurse-led residential settings.

Residents appeared content and happy in their home, and the designated centre was operated in a way that promoted every residents' safety. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in relevant guidance on the protection and welfare of children.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems. When adverse events occurred, these were responded to effectively, to determine what could be learned and what changes could be implemented for the benefit of residents. A balanced and proportionate risk based approach to care and support was demonstrated through effective risk management assessments and plans.

Despite national restrictions, and periods of time when schools were closed, the staff team in the designated centre were ensuring residents could engage in meaningful and learning activities through connecting with support systems via video link, and activity packs sent home to the designated centre. For example, multi-sensory activity packs for use with children at home. Similarly, some children had been supported to stay connected to their natural support network by window visits at the designated centre, and through effective risk management tools the person in charge had supported some residents to have meaningful time with their family members in recent weeks.

Residents were provided with a homely place to live which was maintained to a high standard, with bright and spacious communal spaces, accessible back gardens, individual bedrooms for residents and adequate number and type of toileting and washing facilities. One unit of the designated centre was a detached house on the outskirts of a town in Co. Kildare. The other unit of the designated centre was located in a quiet estate, close to local amenities and community facilities. This unit which was visited during the inspection had visual notice boards and timetables, to demonstrate to residents what their day looked like and to assist them to plan for different transitions. Staff had put in place a positive moments chalk board to focus on the good things that would be achieved in the day for children. The house was accessible and adapted to suit the specific needs of residents, but still had a homely feel and was decorated in a manner suitable to childrens' age and interests.

Overall, the provider and person in charge had effective governance and

management systems in place, which ensured the service provided was safe and residents were receiving good quality care and support in line with their individual and collective needs.

Regulation 11: Visits

In the context of national restrictions and the impact this had on visits in designated centres, the provider and person in charge had ensured to the best of their ability that residents were facilitated to receive visitors in accordance with their wishes. For example, window and garden visits.

The designated centre had adequate communal space for visitors to spend time privately with residents, if this was required and suitable. During different levels of restrictions the person in charge had supported alternative ways to promote visits, while also promoting safety.

Judgment: Compliant

Regulation 13: General welfare and development

The provider and person in charge had ensured residents were provided with appropriate care and support in accordance with evidence-based practice.

Residents had been supported to maintain access to recreation and opportunities to participate in activities, albeit in an alternative way during national restrictions. Children had opportunities for play and time alone, if they wished.

Educational targets and activity focus were included in assessments and plans, and staff continued with educational goals throughout the year

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the premises of the designated centre were designed and laid out to meet the aims and objectives of the service and the numbers and specific needs of residents.

The premises were well maintained, in a good state of repair, clean and suitably decorated.

The premises were accessible, and there was suitable aids and equipment to support residents, which were regularly maintained.

Both units of the designated centre had appropriate outdoor recreation areas, and where required, age appropriate play and recreation facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to. Staff were balancing residents' rights as best they could with the requirement to protect them from infection.

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 in the designated centre. Residents had a written personal evacuation plan which was reviewed following each fire drill or evacuation practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported to achieve this need.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Advice or recommendations from allied health professionals was incorporated into residents' personal plans, and put into practice by the staff team.

Residents' health was proactively monitored by the staff team, and there was timely response to any change in health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had clear plans in place to guide staff on how to proactively support them in relation to any behaviour of concern. There had been input from allied health professionals in the creation of these plans, and the environment had been considered to further support approaches in line with residents' needs. For example, autism friendly bedroom environments.

There was oversight and review of any restrictive interventions being used, mainly environmental restrictions. There were systems in place to ensure restrictions were used for the shortest duration necessary, and applied through a risk-based approach.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in relevant government guidance for the protection and welfare of children.

Residents had personal intimate care plans to promote their dignity during assistance.

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 - 2015 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
Quality and safety	
Regulation 11: Visits	Compliant
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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant