

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 1
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	19 June 2025
Centre ID:	OSV-0005829
Fieldwork ID:	MON-0047488

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 1 is a designated centre operated by Stewarts Care Ltd. The centre comprises four community based houses, located in county Dublin. 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 centre is managed by a full-time person in charge, and the staff skill-mix includes social care workers, nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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 19 June 2025	12:00hrs to 16:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced risk-based inspection of this designated centre. The inspection was conducted to assess compliance with the regulations, following the receipt of unsolicited and solicited information to the Office of the Chief Inspector of Social Services.

The centre comprises of four properties all located in county Dublin and all within close proximity to each other. The centre has the capacity to accommodate nine adults with intellectual disabilities.

There was a recent announced inspection carried out on the 15/04/2025 to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The inspection found that this centre was meeting the requirements of the Regulations in all areas looked at. As a result, this unannounced inspection was focused on one of the four houses that made up the designated centre, where the received unsolicited information related to. The inspector was greeted on their arrival by one of the residents, who answered the door. They informed the staff on duty, who made contact with the person in charge. The person in charge made themselves available to attend the house to facilitate the inspection.

While waiting for the person in charge to arrive, the resident who greeted the inspector on arrival showed her around the premises which was found to be clean, welcoming, and comfortably furnished, with a homely atmosphere.

The inspector used observations, an in-depth conversation with one resident and the person in charge, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The inspector had the opportunity to meet both residents and staff on duty and observed interactions and planned activities. Staff described meaningful opportunities for the resident to engage in. The inspector observed one resident taking part in activities at home and leaving the centre to engage in activities in their local community. The other resident spoke at length with the inspector and left the house to independently attend an appointment in the afternoon. The resident spoken with said staff treat them differently to their peer, saying that staff 'give out to me' and 'tell me to go to my room'. The resident said he had lived here a long time but wanted to move house to somewhere he could live independently.

Later in the discussion, the person in charge was invited by the resident to join the meeting. The person in charge advised that there was a plan in place to transition one resident to a more suitable location in line with their assessed needs. The resident was able to tell the inspector all about the plans and the location of the

house. He said he was happy with the plan and understood that a number of steps were required before the move could take place.

The person in charge described the service provided to residents in the centre as being "person-centred" which respected the resident's choices. They were satisfied that the supports in place to meet the resident's assessed needs were appropriate. These supports will be discussed further in the Quality and Safety section of this report under Regulation 5: Individual assessment and personal plan; Regulation 7: Positive behavioural support and Regulation 8: Protection.

Despite the negative feedback provided by one resident, the inspector found evidence that residents' needs were being met to a good standard and that appropriate arrangements were in place to ensure that all residents were being supported in line with their assessed needs and behavioural presentation.

In addition, it was evident the provider was taking into consideration the wishes and personal preferences of residents and had a transition plan in progress to support one resident to move to a more suitable living arrangement that would better meet their assessed needs, will and preference.

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 the residents 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.

This unannounced inspection was carried out following receipt of unsolicited and solicited information which raised concerns in relation to governance and management, safeguarding and ensuring residents were being supported in line with their assessed needs and personal preferences.

The findings of the inspection demonstrated the provider had the capacity and capability to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

Overall, the inspector found that there were effective leadership systems in place which were ensuring that the residents were receiving good quality and safe care.

The inspector found that there were effective management systems in place to ensure that the service provided to the residents living in the centre was safe, consistent, and appropriate to their needs.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role.

Overall, this inspection found that systems and arrangements were in place to ensure that the residents received care and support that was safe, person-centred and of good quality.

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.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents. The management team demonstrated that they had effective oversight and management of the centre. For example, they visited the centre often and had established good communication systems with both residents and staff.

This inspection found that the provider had implemented management systems which were effective in providing oversight of risks in the service and in ensuring that the residents were in receipt of a good quality and person-centred service.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, the provider ensured that there were suitably qualified, competent and experienced staff on duty to meet the resident's current assessed needs.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for residents living in the designated centre. The governance and management systems had ensured that care and support was delivered to both residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found that the provider and person in charge were operating the centre in a manner that ensured the residents were in receipt of a service that was person-centred, promoted independence and was striving to assist the resident in both developmental and community opportunities.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services.

There was evidence that residents were receiving appropriate care and support that was individualised and focused on their needs.

The staff members were knowledgeable on the needs of the residents living here, and supported their will and preference in a respectful manner. For example, one resident had decided they no longer wanted to live in the house. They had informed staff, the person in charge and the programme manager of their will and preference to where they wished to live and the type of service provision they wished to avail of which was a more independent or supported living model of service. The provider had a clear and comprehensive strategy to support the resident to move and to mitigate risk owing to the incompatibility of residents and the alleged associated safeguarding concerns.

The provider had implemented systems to safeguard residents from abuse. There were comprehensive written policies and procedures and associated roles and responsibilities in protecting residents.

Residents that required support with their behaviour had positive behaviour support plans in place.

The registered provider operated the centre in a manner that respected residents' rights and dignity. Residents were consulted with in the running of the centre, and their choices, will and preferences were supported and upheld. One resident informed the inspector that he had been working in a local business for the last twenty years.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service, delivered by a stable, consistent team of suitably qualified staff.

Regulation 5: Individual assessment and personal plan

The inspector reviewed both resident's individual files over the course of the inspection.

There were found to contain an up-to-date and comprehensive individual assessment of the residents' needs.

The plans, included those on personal, health, and social care needs, were up to date, sufficiently detailed, and readily available to staff in order to guide their practice.

Care plans detailed steps to support autonomy and choice while maintaining their dignity and privacy.

The inspector saw that care plans were available in areas including positive behaviour support, social supports and skills of independent living, residents rights, health care and safeguarding, as per resident's assessed needs.

The provider and the person in charge were responding to the mixed compatibility by supporting residents through their personal and behaviour support plans. Staff spoken with were informed regarding these care plans and resident's assessed needs.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each resident. The person in charge had ensured that residents had access to allied health professionals as required.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

Residents had access to a wide range of clinical services both internally and externally. These services included Social Work, Behaviour Support, Psychology, Psychiatry, General Practitioner (GP), Dentist and the Community Liaison Nurse.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to the residents in line with their assessed needs.

Residents had access to multidisciplinary services such as psychology and behaviour support specialists to help them manage their behaviours where required.

The positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support the residents to manage their behaviour.

Clearly documented de-escalation strategies were incorporated as part of each residents behaviour support planning.

In addition, staff had also completed training in positive behaviour support to ensure they were skilled and knowledgeable in how to respond to behaviours of concern and implement behaviour support recommendations and plans.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy.

Safeguarding plans were reviewed regularly in line with organisational policy.

All staff were up-to-date in mandatory training in Safeguarding Vulnerable Adults. Staff spoken with were informed of the safeguarding procedure and of their safeguarding duties.

There were instances where peer-to-peer safeguarding incidents could occur in the centre. Overall, these were low in frequency and were suitably managed and mitigated through the implementation of safeguarding and behaviour support planning in place.

One resident shared his personal safety plan with the inspector. It was in easy read format and completed with the resident with staff support. It outlined measures to support the resident to feel safe and also contained a debrief review to support the resident to manage their emotions.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant