



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 25
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	08 April 2025
Centre ID:	OSV-0005837
Fieldwork ID:	MON-0038211

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 25 is a designated centre operated by Stewarts Care Ltd. This centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives. The centre provides long term residential support to no more than six people with complex support needs. The centre is a wheelchair accessible bungalow, each resident has a private bedroom, there is a large communal living room, dining room, family room, multi-sensory room and music room. Healthcare is provided by residents' General Practitioner along with allied healthcare professionals and the centre consists of a staff team of nurses, health care assistants and an activity staff member. The centre has a full time clinical nurse manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 8 April 2025	09:00hrs to 15:00hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision making in respect of an application to renew the centre's certificate of registration. The inspection took place over one day and the inspector had the opportunity to meet with all five of the residents who were living in the centre. The inspector used conversations with residents and their family members, observations of care and support, interviews with staff and a review of the documentation to inform decisions regarding the quality and safety of the service. Overall, this inspection found that the residents were in receipt of very good quality, person-centred and rights-informed care. All regulations inspected were found compliant and it was evident that the provider was endeavouring to meet the national standards in respect of residential services for persons with disabilities.

The centre was located on the provider's campus in a suburb of Dublin City. There was accommodation provided for up to six residents, with five residents living there on the day of inspection. The inspector saw, and was told, that there were plans in place to move four of the residents to a newly registered designated centre in the community. This move was scheduled to take place in the weeks immediately after the inspection. The inspector was told that this move was planned in line with the provider's decongregation policy and aimed to provide the residents with increased opportunities for community living.

The inspector spoke to a family member of one of the residents regarding the move. They were informed of the plans and expressed that they felt it would be a very positive move for their loved one. The inspector saw that the transition was planned in a safe manner and that there were systems in place to ensure that the new designated centre was suitable to meet the residents' needs, to ensure consistency of staffing and to give the residents an opportunity to become familiar with the locality in advance of the move. More information on this is outlined under Regulation 25: Temporary absence, transition and discharge of residents.

The inspector was told that the provider intended to apply to renew the centre's certificate of registration. There were plans to transition residents from another designated centre into this centre when the current residents moved out. The inspector saw that the centre was very clean and well-maintained. It was designed in a manner that ensured accessibility for residents; for example, corridors were large enough for mobility aids and there was sufficient storage space for these aids when not in use. Bathrooms were also equipped to support personal care for those residents with assessed mobility needs and equipment such as hoists and hospital beds for those residents who required them were available in their bedrooms.

The centre was very homely and nicely decorated. Residents' bedrooms were personalised and displayed their personal possessions and photographs. Some of the residents' clothes had been neatly packed and stored, ready for the move to the new centre. Artwork and photographs of the residents decorated the walls in

communal areas. The staff team had decorated communal areas with Easter decorations and these areas were colourful and inviting.

Residents had access to a wide variety of communal spaces for relaxation including a sitting room, multi-sensory room, dining room and kitchen. Residents were seen using these spaces throughout the day and appeared relaxed and comfortable. One resident enjoyed lying on a sofa in the multi-sensory room and looking at lights and listening to music. Other residents enjoyed singing songs in the sitting room. Staff were heard engaging positively with residents, putting on music requested by the residents and singing along with them.

A laundry room was available for laundering residents' clothes. This room was seen to be clean and there were systems in place to manage any risks associated with laundering linen. Meals were provided from a centralised kitchen however the centre also had access to a hob where other meals could be prepared if requested by the residents. Residents' meals were seen to be in line with their assessed dietary and feeding, eating, drinking and swallowing (FEDS) needs. Food prepared on the day looked and smelled appetising.

The inspector observed a mealtime and saw that it was very relaxed and that there were sufficient staff to support residents who required assistance with their meals. Support was provided in a manner that promoted residents' dignity and autonomy; for example, care was taken to protect residents' clothes during meals and assistance with feeding was provided at the residents' individual pace. Staff were seen to chat to residents, provide encouragement and offer choices during the meal.

The inspector met all five of the residents who lived in the centre; however, most of the residents communicated in non-verbal means and required staff support to communicate their opinions and choices. The inspector saw that the residents appeared familiar with staff and were comfortable in their presence. The inspector heard staff consulting with residents throughout the day, offering choices and ensuring residents' privacy and dignity when providing direct care; for example, staff were seen to knock before entering residents' bedrooms and closed doors when assisting with intimate care. Staff also informed residents in advance of care being provided and sought their consent for this. A staff member told the inspector that they had received training in a human rights based approach to care. They described the FREDA (Fairness, Respect, Equality, Dignity, Autonomy) principles and how they implemented these in everyday practice.

The five residents had completed residents' questionnaires with staff support. These questionnaires detailed that residents were overall very happy with the quality and safety of care being provided in the centre. Two questionnaires detailed concerns by staff regarding the impact of the move to the community on the residents; however, as described earlier, the inspector found that the transition had been planned in a safe manner and that the residents and their family members had been consulted with regarding the move.

Staff spoken with were very knowledgeable regarding the residents' needs and individual preferences in respect of their care. Staff were aware of their defined

roles and responsibilities and described the reporting arrangements and the escalation pathways for any risks and concerns to the inspector. Staff were seen to engage in good hand hygiene practices throughout the day and clearly implemented the provider's policies in respect of infection, prevention and control. Staff spoken with were knowledgeable regarding other provider level policies and local operating procedures, for example in respect of managing residents' finances.

Overall, the inspector saw that residents were supported by a consistent, familiar and suitably-qualified staff team. The staff team knew the residents' preferences and their individual assessed needs very well; the privacy and dignity of each resident was being carefully protected and their health and development was promoted.

The next two sections of the report will describe the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

Capacity and capability

This section of the report describes the oversight arrangements for the centre and details how effective they were in ensuring the quality and safety of care. Overall, this inspection found that the centre had effective leadership, governance and management arrangements and that these were ensuring that the service being delivered was person-centred, safe and was driving improved outcomes for the residents who lived there. Residents were supported by a suitably qualified and familiar staff team who were facilitated in exercising their personal and professional responsibilities in providing effective and safe care.

There were clearly defined management systems in the centre. The staff team reported to a person in charge, who in turn reported to a service manager. Staff spoken with were informed of the management arrangements and of the systems for escalating risks to the provider. The staff team reported that there were excellent communication systems in the centre and that they felt well supported in their role. Staff spoken with understood their roles and responsibilities, they had clear accountability and reporting lines, and were aware of the policies and procedures to be followed at all times.

Staff members had received training in providing person-centred supports. They spoke of the individualised care and support which enabled residents to make meaningful and personally relevant decisions in their lives. Staff also had access to ongoing training in key areas such as adult safeguarding and spoke confidently of their responsibilities in this area.

The person in charge had a clear understanding of the needs of the residents in the service. They had ensured that there were sufficient resources in place to meet those needs. The person in charge and management team were also progressing

with their objective of decongregation and had active transition plans in place for four of the current residents. The aim of this was to drive improved outcomes for those residents.

The provider had implemented a system of regular audits to assess, evaluate and improve the provision of services in a systematic way for the residents. The inspector reviewed a number of these audits and saw that they were comprehensive and that timely action plans were implemented.

It was clearly demonstrated on this inspection that the management structures were effective in ensuring that residents were in receipt of a very good standard of care, which was going beyond meeting the requirements of the regulations, and striving to meet the national standards.

Regulation 14: Persons in charge

The designated centre was overseen by a person in charge. They were employed in a full time position and had oversight solely of this centre. The person in charge had access to sufficient management hours to fulfill their assigned duties and their regulatory responsibilities.

The person in charge was suitably qualified and experienced. They were a registered nurse and had completed an additional management qualification. This ensured that had the competencies required for their role.

The person in charge demonstrated a thorough knowledge of the designated centre and of residents' individual assessed needs. They implemented actions arising from provider level audits in a timely manner and were seen to be driving service improvements within the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector saw that the centre was sufficiently resourced to ensure the delivery of person-centred care to the residents. Staff were available on the day to assist residents with personal care, meals and to engage in meaningful activities within the centre and out in the community.

A planned and actual roster were maintained. The inspector reviewed four dates across March and April and saw that staffing levels were maintained in line with the statement of purpose. There were a very low number of relief staff used and this was ensuring continuity of care for the residents.

Residents had access to nursing care in line with their assessed needs and were also supported by a team of healthcare assistants. Staff spoken with were informed of residents' care plans and were knowledgeable regarding the provider's policies and procedures. Staff described the induction process for new staff to the inspector and of other training courses which they had taken part in. This was ensuring that staff were kept up-to-date with the competencies required for their roles.

The Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced effectively to ensure the delivery of person-centred care and support. The inspector spoke with two staff and found that they were informed of their specific roles and responsibilities and clearly demonstrated a comprehensive understanding of residents' assessed needs. There were defined management systems in place. The staff team reported to a person in charge, who in turn reported to a service manager. Staff spoken with were informed of the reporting arrangements and described the process for escalating various risks which may arise, for example safeguarding concerns.

Staff spoken with told the inspector that they felt well-supported in their roles. Staff received supervision on an individual basis from the person in charge and also received information and updates through monthly staff meetings and the daily handovers. Staff told the inspector that the management team were responsive and they were confident that any concerns raised would be addressed effectively.

Regular meetings were also held between the person in charge and the service manager. This provided the person in charge with a forum to formally escalate any risks or areas of concern to the provider.

There were a series of audits at both local and provider level which were ensuring oversight of the quality and safety of care. Local audits included fire safety and hygiene audits which reviewed the fire safety and infection prevention and control measures in the centre on a regular basis. Provider level audits included specific, more in-depth audits in areas such as residents' finances and safeguarding. These audits identified areas for improvement and action trackers were implemented in order to address identified deficits.

The provider had undertaken six monthly unannounced visits and had completed an annual review of the quality and safety of care as required by the regulations. The inspector reviewed the reports and action plans arising from these audits. The audits were comprehensive and were used to inform specific, measurable and time bound action plans. The inspector saw that actions were implemented across audits which demonstrated that these were effective in driving service improvements.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the records of all adverse incidents involving two of the residents over the past 12 months. The inspector saw that adverse incidents were comprehensively recorded and were notified to the Chief Inspector of Social Services within the time frame as defined by the regulations. Other statutory bodies, such as the safeguarding and protection team, were also notified of relevant incidents.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. This inspection found that the designated centre was providing a good quality service, where residents' rights were promoted and their health needs were being met. Residents were living in a homely and accessible environment which was promoting the privacy, dignity and welfare of each person.

The designated centre was seen to be very homely, clean and well-maintained. The staff team were informed of infection, prevention and control (IPC) policies and procedures and demonstrated knowledge of good hand hygiene throughout the day. The staffing complement was enhanced by household staff who had specific responsibilities for cleaning and maintaining environmental hygiene.

The centre provided a private, personalised bedroom for each resident and several well-kept communal facilities. Residents were seen accessing and enjoying various parts of their home throughout the day. Residents appeared relaxed and comfortable and were seen to have freedom and autonomy in directing their day. The living environment was designed with accessibility in mind and was equipped with aids and appliances required in line with the residents' assessed needs. Residents' possessions were displayed in their bedroom and there were procedures in place to ensure that valued possessions were safeguarded.

Residents had space to receive visitors and were supported to maintain contact with their family and friends. Staff told the inspector of how many of the residents enjoying having family visit them and of how the residents were supported to visit some of their former housemates who had moved out to another centre in recent years. Four of the current residents were due to transition to a new designated centre in the near future. The inspector saw that this transition had been carefully planned in consultation with the residents and their representatives. The provider

had implemented measures to ensure that residents continued to be supported by a familiar staff team on this transition.

Residents in this centre were consulted with in regards to the running of the centre and their assessed needs. Their individual assessments and care plans were reviewed and updated annually, at a minimum, as required by the regulations. The inspector saw that these reviews were informed by the resident, their representatives and the multidisciplinary team. Staff spoken with were knowledgeable regarding the residents' plans and the inspector saw that these were implemented throughout the day; for example, food and nutrition was provided in line with residents' dietary and feeding, eating, drinking and swallowing (FEDS) care plans.

Care and support was provided by the staff team in a manner which ensured residents' privacy and dignity was upheld. The inspector saw staff consulting with residents before providing direct care and seeking their consent. Staff members communicated with residents in a kind, respectful and gentle manner throughout the day. One staff member told the inspector of the training that they had received in a human rights based approach and of how they used this training to ensure residents' rights were promoted. It was evident that the culture in the service was one which promoted person-centred and rights-informed care. This was ensuring that residents were in receipt of care that supported their well-being, protected them from abuse and enabled them to make decisions about their lives.

Regulation 11: Visits

The provider had in place a visitors policy which had been recently reviewed and updated. There were no restrictions on residents in this centre in receiving visitors. The designated centre provided ample private space for residents to meet with their visitors.

The inspector reviewed the files of two residents and saw that these residents had enjoyed having family and friends visit them in the centre within the past 12 months. There were comprehensive care plans on these residents' files which detailed the supports required by residents to maintain their relationships with their family, former housemates and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had effected a policy to guide staff in supporting residents to manage their finances and their personal possessions. The policy had been reviewed and updated within the past three years as required by the regulations. Staff spoken

with were informed of the policy and showed the inspector how it was implemented in practice. There were clearly defined operating procedures to guide staff in assisting residents to spend and manage their money.

The inspector reviewed the financial records of two of the residents. It was seen that residents spent their money on personally meaningful activities and items. Records of any items purchased which were over the value of €50 were maintained, as were records of possessions which were of highly meaningful value to residents.

The inspector saw that residents' possessions were displayed in their private spaces. Some of the residents' clothes and possessions had been packed by staff in anticipation of the move to a new designated centre. Care had been taken to carefully and neatly pack these away. This showed that residents' possessions were treated with respect and were safeguarded.

Judgment: Compliant

Regulation 17: Premises

The designated centre was very clean and well-maintained. It was homely, warm and comfortable. The centre was designed and laid out in a manner that met the assessed needs and the number of residents. Residents each had their own bedrooms which were personalised and decorated with their preferred photographs and ornaments. Residents were seen relaxing in their bedrooms during the day.

Residents also had access to several communal areas including sitting rooms, a multi-sensory room, kitchen, dining room. These areas were comfortable. Furniture and fittings were clean and well-maintained. Residents were seen to access various parts of their home throughout the day for relaxation and to engage with staff and each other.

The centre was equipped with aids and appliances to meet residents' needs. Bathrooms, bedrooms, corridors and living spaces were large enough to accommodate mobility aids and there was storage space for these when not in use. A utility room was available for laundering clothes and linen and the kitchen provided an opportunity for other meals to be cooked if residents did not wish to have food from the centralised kitchen.

Judgment: Compliant

Regulation 18: Food and nutrition

Many of the residents who lived in this centre had assessed dietary and feeding, eating, drinking and swallowing (FEDS) needs. The inspector saw that there were

detailed care plans on residents' files in respect of these assessed needs. These care plans had been recently reviewed and updated by the relevant multidisciplinary professionals. Staff spoken with were informed of the care plans and of how to prepare food and drink which was in line with residents' assessed needs. This was effective in ensuring that residents were receiving food and drinks which were appropriate to meet their specific needs.

Food was provided to the residents from a centralised kitchen on campus. The inspector saw that this food was hygienically stored in the fridge and labelled. There were facilities to safely reheat food. There were choices of meals available to residents, and if residents did not wish to have this food, other food was available in the kitchen which could be prepared using the hob.

The inspector observed a mealtime during the day of the inspection. It was seen that there were sufficient staff on duty to assist those residents who required support with meals. The mealtime experience was pleasant and relaxed. Staff spoke with residents, chatted about their day and sang with them. Staff sat beside residents and carefully watched for the residents to determine the pace at which they wanted their meals.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider's policy on the transition and discharge of residents had been recently reviewed and updated in line with the regulations. The inspector reviewed the transition plans for two of the residents and saw that these were implemented in line with the provider's policy. Transition plans were created in consultation with the residents and their representatives. Consideration was given to ensuring the compatibility of residents in the new centre and to ensuring that a familiar staff team was available to support the residents. The inspector was told that a number of key staff would be transferring to the new centre and that this would ensure continuity of care for the residents.

The residents had been given an opportunity to visit the new centre on a number of occasions. The staff team told the inspector that they regularly went for drives to the local area in order for residents to become familiar with the locality and the facilities on offer.

Multidisciplinary assessments had been completed to inform works required to the new centre to ensure that it was suitable to meet the needs of the residents. These were being used to inform the transition plans. Overall, the inspector saw that the transition was planned in a safe manner and in consultation with the residents and their representatives.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was very clean. There were ample hand hygiene stations throughout the house and staff were seen engaging in good hand hygiene practices throughout the day. Sinks were supplied with hand soap, disposable paper towels and pedal-operated bins with bin liners. There had been no recent outbreaks of infection in the centre which demonstrated that the measures in preventing the spread of infection were effective.

Colour-coded mops and cloths were used. These were washed separately from other linen and maintained hygienically. The centre had access to a household staff on a regular basis who had defined cleaning responsibilities.

There were clearly defined procedures for the management of centre specific infection prevention and control (IPC) risks in the centre. For example, staff were informed of the procedures for managing soiled linen and staff also described the system for flushing unused faucets in the centre. All staff were up to date with training in infection prevention and control.

The provider had recently completed an IPC audit. This audit identified a high level of compliance with IPC measures with only a few areas for improvement. An action plan was implemented to address these areas.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' files in some detail over the course of the day. The files were seen to each contain an up-to-date and comprehensive individual assessment which detailed residents' assessed health and social care needs. The assessment was informed by relevant multidisciplinary professionals and took account of residents' preferences in respect of their care.

Individualised care plans were implemented for each assessed need. These care plans were written in a person-centred manner and detailed steps that staff should take to ensure residents' privacy, dignity and autonomy were upheld during the provision of care. For example, one care plan detailed how a resident preferred to have their hair done and how they chose clothes each day.

Staff spoken with were informed of residents' care plans and were seen to provide care and support which was in line with residents' assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

Staff in this centre had received training in a human rights based approach to care. Staff spoken with described to the inspector the measures that they took to uphold residents' rights to privacy and dignity in the provision of care and support. For example, staff described always knocking before entering bedrooms and ensuring doors were closed before providing intimate care. Staff also spoke of the importance of offering choices to residents and of seeking their consent in respect of the care practices. The inspector saw staff providing care throughout the day which was ensuring the rights of residents were promoted.

Residents' care plans detailed how staff should ensure that residents' privacy and dignity was protected and how staff should promote residents' autonomy. The inspector heard staff offering residents choices in respect of their clothes, food and daily activities. There were sufficient staff on duty and service vehicles available to support residents' to access the community and their preferred activities. Residents also had advocacy care plans which detailed how residents were supported by others to make important decisions and to advocate for their needs.

There were a number of restrictive practices in place in the centre. Many of these were required for safety reasons in line with residents' assessed needs. For example, some residents required bed rails and bumpers to ensure their safety from falls by night. The inspector saw that a log of restrictive practices was maintained and that these were reviewed regularly by the provider's rights committee to ensure that they were the least restrictive and were implemented for the shortest duration. A protocol was implemented for each restrictive practice. This detailed when and for how long the practice could be used. It also provided information on how residents had been consulted in respect of these practices and how their consent was obtained.

Regular residents' meetings were held in the centre. The records of the last three of these were reviewed by the inspector. The inspector saw that residents' meetings were used as a forum to consult with residents on the running of the centre and to provide education on rights-based topics. For example, the meeting discussed residents' rights, advocacy services and the planned transition to the new designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant