



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 26
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	29 April 2025
Centre ID:	OSV-0005839
Fieldwork ID:	MON-0037936

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 26 is a designated centre operated by Stewarts Care DAC. Designated Centre 26 comprises of three separate homes across three different locations in West Dublin. Residents are provided with long stay residential supports in community based settings. The centre is registered to accommodate up to seven residents and is staffed by a person in charge, nurses, social care staff and healthcare assistants.

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 29 April 2025	09:30hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, 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 designated centre is made up of three houses in three different locations in West Dublin. The centre had the capacity for a maximum of seven residents. At the time of the inspection there were five residents living in the centre. The inspector visited all three houses throughout the course of the inspection.

On arrival to the first house, the inspector was greeted by the person in charge and the programme manager. They said that residents were safe, happy and had a good quality of life. They had no concerns, and were satisfied with the arrangements in place to meet the residents' needs. It was clear that they knew the residents well as they spoke warmly and respectfully about the residents and described their individual personalities and needs.

This house was home to two residents, who were all getting ready to go about their day. Inspectors met both residents. One resident did not communicate their views with the inspector. The other resident told the inspector that they were getting a new phone and going out for coffee on the day of the inspection. This resident showed the inspector a new fridge that was purchased for them so that they could access it independently. They also told the inspector that they wanted to move out of the centre and to live on their own. They had told the inspector the same on the previous inspection and a plan was in the early stages of development to support this resident to move house.

In the second house, the inspector met the resident who lived there, they showed the inspector around and told her that they were happy with the care and support they received.

In the third house, the inspector met the two residents who lived there. They did not verbally communicate with the inspector, but one resident shook the inspector's hand when they met the inspector. The residents were observed relaxing in the garden and in the sitting room. They appeared to be very relaxed and comfortable in their home.

The inspector met and spoke to three staff members working across the houses and also observed all staff working on the day of the inspection engaging with residents in a kind and familiar manner. Staff spoken with described the high standard of care all residents receive. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

One commented that the service provided in the centre is personalised to the residents' individual needs and wishes. It was clear during the inspection that there was a good rapport between residents and staff.

In advance of the inspection, staff had supported residents to complete surveys on what it was like to live in the centre. Their feedback was positive, and indicated that they felt safe, had choice and control in their lives, got on with their housemates, and were happy with the services available to them in the centre.

Overall, in each of the houses residents were observed receiving a good quality person-centred service that was meeting their needs. Residents were observed to have choice and control in their daily lives.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs. The provider had ensured that the centre was well-resourced. For example, staffing levels were appropriate to residents' needs, residents could access the provider's multidisciplinary team services, and there was a vehicle to facilitate community activities.

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. The person in charge was supported by a supervisor, and reported to a programme manager. There were effective arrangements for the management team to communicate with each other.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

There was a planned and actual roster maintained for the designated centre. Rotas

were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. When reviewed by the inspector these were found to be accurate and up to date including an accurate and current directory of residents, residents' guide and fire safety log.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

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

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 15: Staffing

Residents were in receipt of support from a stable and consistent staff team. The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

The inspector reviewed actual and planned rosters at all three locations for February, March and April 2025 and found them to be in order and reflective of the residents needs. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A

sample of which had been requested by the inspector who reviewed two staff records and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The training needs of staff were regularly monitored and addressed to ensure the delivery of high-quality, safe and effective services for the residents.

All staff had completed mandatory training including fire safety, safeguarding, infection prevention control (IPC) and manual handling.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre. As a result staff were able to support and advocate on residents behalf.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role. Records of these meetings were maintained.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records, which were in line with all relevant legislation.

The registered provider had ensured the records of information and documents

pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the inspector reviewed a selection of records across Schedules 3 and 4. The sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide, a record of any complaints made by residents or their representatives or staff concerning the operation of the centre and the residents' assessment of need under Regulation 5 and their personal plan.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

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 was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The person in charge worked full-time and was based in the centre. They were supported by a programme manager who in turn reported to a director of care.

Audits carried out included a six-monthly unannounced visit, and audits on fire safety, infection prevention and control (IPC), safeguarding, medication, healthcare plans and residents finances. Actions identified progressed in a timely manner.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

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

The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and warm manner.

All three premises were found to be designed and laid out in a manner which met residents' needs. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

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 that residents required. Residents were receiving appropriate care and support that was individualised and focused on their needs. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as

required by Regulation 20.

The inspector reviewed three residents' medical records in two of the houses, the inspector found that their medicines were administered as prescribed. Residents' medicines were reviewed at regular specified intervals as documented in their personal plans, and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

The inspector observed good fire safety precautions. For example, there was fire fighting and detection equipment in each house, and staff had received fire safety training. Individual evacuation plans had also been prepared, and one resident spoken with was aware of the evacuation procedure.

In summary, the inspector found that the residents enjoyed living in their respective homes and had a good rapport with staff. The residents' overall well-being and welfare was provided to a good standard.

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

Previous inspections identified that the provider needed to carry out work in two of the houses to ensure that it was in a good state of repair internally and externally and designed in a way that suitably met the residents' needs. On this inspection, the inspector observed that these works had been completed and the centre was maintained in a good state of repair and was clean and suitably decorated.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format using pictures. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

Additionally, staff working in the centre had recently completed onsite fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medicines. The medication administration records clearly outlined all the required details including; known diagnosed allergies, dosage, doctor's details and signature, and method of administration.

The inspector viewed three residents' medicine administration record sheets and the associated documents including the protocols for administering PRN medicines (medicines as required) in two houses. They found that the poor practices identified on the previous inspection had been rectified. For example:

- All medicines in both houses medicine presses were in date and suitable for use;
- Protocols were now in place for all PRNs as per the requirement of the provider's policy;
- The inspector (with the person in charge) counted a sample of two residents'

medications, and found no discrepancies in the amounts.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed.

Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Judgment: Compliant

Regulation 6: Health care

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents.

Individual health plans, health promotion and dietary assessments and plans were in place. A review of two residents files demonstrated that residents had access to a range of allied health care professionals.

These professionals included psychologists, physiotherapists, occupational therapists, general practitioners and speech and language therapists and hospital consultants in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed three of the resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning with accompanying well-being and mental health support plans. For example one plan was devised to incorporate sensory based strategies as per recommendations of the residents sensory assessment.

Staff had up-to-date knowledge and skills to respond to behaviour that is

challenging and to support residents to manage their behaviour.

There were some environmental restrictions implemented within the centre, which included the use of bed rails, bed bumpers and a handling belt. The restrictive practices in use in the centre which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant