



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

Issued by the Chief Inspector

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| Name of designated centre: | Stewarts Care Adult Services Designated Centre 10 |
| Name of provider: | Stewarts Care DAC |
| Address of centre: | Dublin 20 |
| Type of inspection: | Announced |
| Date of inspection: | 20 March 2025 |
| Centre ID: | OSV-0005842 |
| Fieldwork ID: | MON-0037886 |

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 10 is located in county Dublin. It 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 12 men and women with disabilities and varying support needs. The centre comprises two large bungalows with private bedrooms for residents, communal living spaces, kitchens and dining facilities, family rooms, multi-sensory rooms and gardens. The staff skill-mix comprises a full-time person in charge, nurses, and care assistants. Residents can also access the provider's multidisciplinary team services.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 10 |
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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 20 March 2025 | 09:30hrs to 15:45hrs | Michael Muldowney | 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 centre's registration. The inspector used observations, engagements with residents, conversations with 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. Overall, the inspector found that the centre was operating at a high level of compliance with the regulations, and that residents were safe and receiving a good quality service.

The centre comprises two large bungalows on a campus operated by the provider. The campus was close to many community services and amenities such as shops, cafés and public transport. There is also two vehicles available for residents to access their community. The inspector carried out an observational walk-around of the bungalows.

The bungalows were similar in size, but had a different layout. They both contained residents' bedrooms, and communal spaces including bathrooms, sensory rooms, large open-plan living spaces, kitchen and dining facilities, and visitor rooms. There were also nice garden spaces for residents to use. The residents' bedrooms were personalised to their tastes, and their mobility aids and equipment were in good working order. The kitchens were well-equipped, and inspector observed a variety of food and drinks available to residents. Within the main living areas, there was information displayed on the upcoming HIQA inspection, safeguarding, the menu, and staffing.

The bungalows were bright, warm, clean and generally well maintained. Since the previous inspection in August 2023, parts of the premises had been redecorated to make them homelier. For example, the hallways were nicely painted, photos were hung on the walls, and there was additional furniture and features such as large plants. The residents in one bungalow had a pet cat which further contributed to a homely environment.

The inspector observed good fire safety arrangements, such as a newly installed fire panel in one bungalow, and fire-fighting equipment throughout both bungalows. The premises and fire safety are discussed further in the quality and safety section of the report.

There were ten residents living in the centre and two vacancies. In advance of the inspection, residents completed surveys with staff on what it is like to live in the centre. Their feedback was positive, and indicated that they felt safe, were satisfied with the premises, and received a good service in the centre. Their comments included: "I get choices with my meals and really like my home, it is nice and cosy", "I feel safe", "I enjoy going on activities [with other residents], we enjoy bowling

and going on meals together", and "It is a very nice place to live".

On the day of the inspection, two residents were on holidays with staff. The inspector met the other eight residents. They did not verbally communicate their views, but engaged with the inspector in different ways such as through eye contact, gestures, shaking hands, and vocalisations. They appeared relaxed and comfortable in their homes. The inspector observed staff engaging with residents in a kind and responsive manner. For example, staff sat at their eye level and chatted with them when supporting them with their meals.

The residents were supported by staff to engage in different social activities such as going for walks, having their lunch out in a local café, going to the gym, and collecting their prescription from a pharmacy. The inspector observed one resident bringing their coat and wheelchair to staff to indicate that they wanted to go out. Staff facilitated their wish and accompanied the resident to the gym. Within the centre, residents were also observed listening to music, watching television, and sitting out and enjoying the sunshine.

The inspector did not have the opportunity to meet any residents' representatives; however, read two compliments from family members made in 2024. They complimented the "loving" and "wonderful" care from staff, and thanked the person in charge for organising a family day in the centre.

There were arrangements to involve residents in the operation of the centre and to make personal goals. For example, residents' house meetings and individual key worker meetings took place regularly. The inspector reviewed a sample of the residents' house meeting minutes from January to March 2025. They noted discussions on the national standards, menu and activity planning, the service user council, staffing, maintenance issues, and residents' rights such as to be treated with respect. The inspector also reviewed a sample of the residents' key worker meeting minutes from 2025; they noted discussions on restrictive practices and residents' planned activities such as massage treatments, music therapy, and going to the cinema.

The inspection was facilitated by the person in charge, and the inspector also spoke with staff including two nurses. The person in charge was satisfied that residents were safe and that their needs were being met in the centre. They said that the centre was well resourced and that residents had good access to the provider's multidisciplinary team services. The person in charge demonstrated a good understanding of the residents' varied and complex needs. They said that the staff team listen to residents and provide the 'best' care to ensure that they have a good quality of life.

A nurse told the inspector that residents received an excellent service, and that the reduction in the number of residents in one bungalow since the previous inspection had been positive. For example, the environment was more peaceful, and staff had more time to spend with residents. They said that residents were happy in the centre, and that their families gave good feedback on their care. They gave examples of the quality of care residents receive. For example, a resident's mobility

had significantly declined during an extended hospital admission; however, through the staff implementation of physiotherapy plans, the resident's mobility has fully returned.

Another nurse also told the inspector that residents are happy, safe and well cared for. They spoke about the activities residents enjoy, such as swimming, going to the pub, shopping, eating out, and the cinema; and said that they have sufficient opportunities for social outings. They said that in response to residents' feedback in the annual review about their meals, staff had started to cook more in-house meals to offer residents more choice. They said that there were no safeguarding concerns, residents got on well, and that the behaviour support plans were effective. They also told the inspector about how restrictive practices were implemented in the centre, and the efforts to reduce to their use.

Both nurses demonstrated good understanding of the residents' individual personalities, and the supports required to meet their needs. They had no concerns, and were satisfied with the support and supervision they received.

Overall, the inspector found that residents were in receipt of good quality and safe care and support. The centre was well resourced and managed, and the inspector observed a warm and relaxed environment.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose, residents' guide, and copy of the centre's insurance contract.

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 and appropriate to their needs. The provider had ensured that the centre was well resourced. For example, the premises were well maintained, specialised equipment was available to residents, and they could avail of the provider's multidisciplinary team services.

The management structure 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. They had ensured that incidents occurring in the centre, were notified to the Chief Inspector of Social Services in the manner outlined under regulation 31. The person in charge reported to a programme manager, and there were effective arrangements for them to

communicate.

The 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, as well as various audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The staff skill-mix consisted of nurses and healthcare assistants. There were no vacancies. The person in charge was satisfied that the skill-mix was appropriate to the assessed needs of the current residents. However, they said that it could be enhanced with the addition of social care staff, and planned to discuss this matter with the programme manager. The person in charge maintained planned and actual staff rotas that showed the staff working in the centre and the hours they worked.

Staff were required to complete training as part of their professional development. Inspectors reviewed the staff training log and found that all staff were up to date with their training needs. There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector read the December 2024 and January 2025 staff team meeting minutes which reflected discussions on residents' updates, incidents, risk management, safeguarding, internal updates, staff training, staffing, fire safety, restrictive practices, and audit findings.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were suitably skilled and experienced for the role, and possessed relevant qualifications in nursing and management. They had commenced in their role in 2022 and prior to

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| <p>that had worked as a nurse in the centre.</p> <p>They were based in the centre, and demonstrated a rich understanding of the residents' needs, and a commitment to ensure that they received a good quality and safe service.</p> |
| Judgment: Compliant |
| Regulation 15: Staffing |
| <p>The staff skill-mix and complement comprised four nursing whole-time equivalents and 22.52 healthcare assistant whole-time equivalents. There were no vacancies. The person in charge was satisfied that the current skill-mix and complement was appropriate to number and assessed needs of residents' living in the centre.</p> <p>The inspector reviewed January, February and March 2025 planned and actual rotas. They showed the names of staff and the hours they worked in the centre. Photos of staff working in the centre were also displayed on notice boards for residents to look at.</p> |
| Judgment: Compliant |
| Regulation 16: Training and staff development |
| <p>Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, human rights, manual handling, supporting residents with modified diets, infection prevention and control, positive behaviour support, and fire safety. The inspector reviewed the most recent training log with the person in charge. It showed that all staff had completed their necessary training programmes; and refresher training was scheduled for them attend as required.</p> <p>The person in charge ensured that staff were supported and supervised in their roles. The inspector reviewed five staff formal supervision records and found that they were in line with the provider's policy. Staff spoken with told the inspector that they were satisfied with the support and supervision they received.</p> |
| Judgment: Compliant |
| Regulation 22: Insurance |

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place to ensure that the service provided in the centre was safe, well-resourced and effectively monitored.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. The person in charge reported to a programme manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including formal meetings and informal communications. The person in charge also attended monthly meetings with other managers for shared learning. For example, the inspector read the minutes of previous meetings which noted discussions on multidisciplinary team services, training, restrictive practices, and safeguarding inspections.

The centre was well resourced. For example, residents could access the provider's multidisciplinary team, the centre was well maintained, staff arrangements were adequate, and there were vehicles available for residents to access their wider community.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and six-monthly reports were carried out, along with various audits in the areas of residents' documentation and finances, health and safety, and infection prevention and control (IPC). The audits identified actions for improvement where required, and were monitored by the management team.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge, programme manager, and provider.

Judgment: Compliant

Regulation 3: Statement of purpose

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| <p>The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in November 2024, and was available in the centre for residents and their representatives.</p> |
| <p>Judgment: Compliant</p> |
| <p>Regulation 31: Notification of incidents</p> |
| <p>The inspector reviewed incidents that had occurred in the centre in the previous 12 months, such as allegations of abuse, minor and serious injuries, the use of restrictive practices, and deaths of residents, and found that they were notified to the Chief Inspector by the person in charge.</p> |
| <p>Judgment: Compliant</p> |
| <p>Quality and safety</p> |
| <p>The inspector found that residents' safety and welfare was maintained by a good standard of care and support. The inspector observed a warm and relaxed environment in the centre, and staff engaged with residents in a kind and engaging manner.</p> <p>The person in charge had ensured that residents' care needs had been assessed to inform the development of personal plans. The inspector reviewed a sample of the residents' assessments and plans, including plans on eating and drinking, intimate care, behaviour support, and health care. They were found to be up to date, multidisciplinary team informed, and readily available to guide staff practice.</p> <p>The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. The inspector found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and that previous safeguarding concerns had been managed and reported appropriately.</p> <p>The premises comprised two bungalows on a campus operated by the provider. The bungalows were warm, clean, and generally well maintained. They comprised individual residents' bedrooms, and communal spaces including living spaces, kitchen and dining facilities, bathrooms, and sensory rooms. There were also nice gardens for residents to use. Residents' mobility equipment was in good working order.</p> <p>The kitchens were well-equipped to store, prepare and cook food, and there was a variety of food and drinks for residents. Residents' main meals came from a central</p> |

kitchen, but they could choose from alternative options in the centre. Some residents had feeding and drinking care plans, and staff spoken with were knowledgeable of the plans. The inspector observed staff kindly supporting residents with their meals.

There was a small number of restrictive practice implemented in the centre. The inspector reviewed the arrangements for one restriction, and found that it was being appropriately managed in line with the provider's policy.

The inspector observed good fire safety precautions. There was fire fighting and detection equipment throughout the centre, and staff had received fire safety training. Evacuation plans had also been prepared to guide staff on the support required by residents to evacuate the centre. The evacuation plan in one centre required an amendment to make reference to the fire panel, and supplementary information was required on the 'fire zones'. During the inspection, the inspector spoke with the person in charge and the provider's fire safety officer, and they told the inspector that these improvements would be made.

Regulation 11: Visits

The registered provider had ensured that residents could receive visitors as they wished. There was space and facilities, including visitor rooms, for visitors to be received in the centre.

There were no restrictions on visitors, and some residents received frequent visitors such as family members. Family parties were also organised during the year.

Judgment: Compliant

Regulation 17: Premises

The premises comprises two large bungalows on a campus operated by the provider. The bungalows are similar in size, and include residents' bedrooms, living areas, dining and kitchen facilities, laundry rooms, offices, storage areas, sensory rooms, bathrooms, and gardens. Overall, the premises were observed to be bright, clean, tidy, and well maintained. Feedback from residents' surveys indicated that they were happy with the premises.

Since the previous inspection of the centre in August 2023, parts of the premises had been renovated and redecorated. For example, hallways were repainted, pictures and photos were hung, and new furniture and soft furnishings had been bought to make the centre homelier. One of the bathrooms had also been refurbished.

The residents' bedrooms were decorated to their tastes and contained their personal belongings. Some residents had their own large screen televisions to stream entertainment. The kitchens were well equipped, and there were sufficient bathroom facilities. The living rooms were comfortable and spacious. The sensory rooms contained sensory aids and items such as lights, aromatherapy machines and music equipment. The gardens were private, well maintained and provided seating for residents to use.

The inspector observed that specialised equipment was available to residents as they needed it, such as ceiling hoists and electric beds. The equipment was in good working order and serviced regularly.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals, as they wished.

The residents' main meals were supplied by a central kitchen on the campus. The menu was chosen in consultation with residents on a weekly basis. Two residents said in the recent annual review that the food in the centre could be better. The person in charge told the inspector that since then, more home cooking was being done in the centre, and that the matter will be reviewed again with the residents to see if further improvements are needed. Some residents also enjoyed occasional takeaways. The inspector observed a variety of food and drinks in both bungalows for residents to choose from. The kitchens were clean and well-equipped with cooking appliances.

Some residents required modified diets, and up-to-date care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. Staff had received training in this area, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans. The inspector observed one care assistant preparing a snack for a resident and supporting them to eat it in line with their care plan. They sat at the resident's eye level and warmly engaged with them while gentle music played in the background.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider has prepared a residents' guide containing the information

specified under this regulation. The guide was written in an easy-to-read format using pictures, and was available in the centre for residents.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights throughout the centre, and it was regularly serviced to ensure it was maintained in good working order. The inspectors released a sample of the fire doors, including all occupied bedroom doors, kitchen and utility room doors, and observed that they closed properly. Staff completed daily fire safety checks to ensure that the fire systems were in place. For example, they checked the equipment and ensured that the lint filters in the tumble dryers were clean.

The person in charge had prepared up-to-date evacuation plans which outlined the supports required by residents to evacuate the centre. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. The exit doors were fitted with easy-to-open locks to support a prompt evacuation of the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' needs were assessed to inform the development of written personal care plans.

The inspector reviewed three residents' assessments and personal care plans. The plans included positive behaviour, intimate care, and health care plans. They were found to be up to date, and readily available to guide staff on the care and support residents required. The plans also reflected multidisciplinary team input as relevant.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received support to manage their behaviours of concern. The inspector reviewed four residents' positive behaviour support plans. The plans were up to date and had been prepared with input from

the provider's behaviour specialists. Staff had also completed behaviour support training to inform their practices and understanding of positive behaviour support. Staff spoken with were knowledgeable on the strategies outlined in the plans, and told the inspector that the plans were effective.

The inspector reviewed the arrangements for one restriction practice, and found that it was being implemented in line with the provider's restrictive practice policy. The rationale for the restriction was clear, and it had been approved by the provider's restrictive practice committee. Use of the restriction had been risk assessed, and its use was recorded. The restriction had been discussed with the resident during their key worker meetings, and easy-to-read information was available to help them understand the restriction. Staff also told the inspector about the efforts to reduce the use of the restriction. For example, removal of the restriction had been trialled.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to refer to.

The inspector reviewed the records of three safeguarding incidents reported in 2024 and 2025, and found that they had been appropriately reported and managed to promote the residents' safety.

The person in charge had ensured that intimate care plans had been prepared to guide staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed ten resident's intimate care plans and found that they were up to date and readily available to staff to guide their practice.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |