

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 18
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0005852
Fieldwork ID:	MON-0038212

About the designated centre

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

This centre aims to provide long stay residential care to no more than 10 men and women with complex support needs. It consists of two wheelchair accessible homes located in a congregated campus setting in Dublin. Each resident has their own bedroom. One residential bungalow provides full-time residential supports to residents with aging needs. The second residential bungalow is located nearby, also on the congregated campus, and has been set up to provide full-time residential support to residents with dementia and cognitive decline assessed needs. The staff team is made up of staff nurses and care staff. The person in charge is only responsible for this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
--	---

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 15 April 2025	09:30hrs to 16:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre 18. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

On arrival to the designated centre, the inspector was greeted by the person in charge. All residents were aware of the inspection visit and were supported to meet with the inspector. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff. For example, one resident said 'I am happy here' and another said 'I like my room'.

Residents living in the centre were unable to provide verbal feedback about the service, therefore the inspector carried out observations of residents' daily routines and of their home and support arrangements. In addition to this the inspector carried out a review of documentation and had conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The centre consisted of two residential bungalows situated on a congregated campus setting in west Dublin. It had the capacity for a maximum of ten residents, at the time of the inspection there were eight residents living in the centre full-time. There were plans for two residents to move to community settings as part of the providers wider de-congregation plans.

The person in charge accompanied the inspector on a walk around of the centre. Overall, the inspector found the centre to be clean, bright, homely, nicely-furnished, and laid out to the needs of the residents living there. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed that the rooms included family photographs and memorabilia that was important to each resident.

The first bungalow was operating as a full-time residential service providing supports for residents with dementia and cognitive decline support needs. The inspector observed the centre was spacious, well illuminated and could provide residents with a low arousal environment. The provider had considered dementia design with the use of colour to support depth perception in key areas. There was a photo memory box at the entrance to each bedroom, that was updated regularly so that visitors could use the items contained in it as a conversation starter.

In the other bungalow, residents had access to a sitting room/living area a large dining room where residents chose to eat together. Staff in this bungalow told the inspector the residents enjoy homemade cooking with particular favourites being spicy foods, roast chicken and lasagna. Residents were supported to go grocery shopping and there was access to a cooker, air fryer and microwave so residents had choice around ordering from the central kitchen or having something made in their own kitchen.

The inspector spoke with the person in charge and some members of staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. They were observed to interact with residents in a manner which supported their assessed needs.

Residents were observed receiving a good quality, person-centred service that was meeting their needs. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

In the dementia support bungalow staff were observed providing residents with hand massages and supporting residents to receive snacks and drinks with support. The environment was quiet and slow paced which appeared to suit the needs of the residents present on the day. Residents appeared to be relaxed and enjoying the one-to-one support and care of staff. One resident was receiving a hand massage and some of the other residents were observed doing art work, watching TV and listening to music. In the other bungalow, residents were planning a trip to the cinema.

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

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. Overall,

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

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports. In addition a suite of audits had been carried out in the centre.

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.

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.

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 complaints log.

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

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The inspector reviewed actual and planned rosters at the centre for January, February and March 2025. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

The inspector reviewed the training records for staff working in the centre. All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Refresher training was available as required to ensure that adequate training levels were maintained.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Furthermore, staff had completed additional training in behaviour support and Feeding Eating Drinking and Swallowing (FEDS).

All staff in the bungalow supporting residents with dementia had received area specific training from the providers Clinical Nurse Specialist.

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.

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 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 the residents' assessment of need under Regulation 5 and their personal plan.

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 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.

It was evident 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.

A series of audits were in place including monthly local audits, infection prevention control, mealtime audit, safeguarding, fire safety, staff training, medication management and maintenance and six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

The annual review of the quality and safety of care was completed in consultation with residents and their families. The inspector saw that there was very positive feedback from residents and families about the standard of care in the centre, with one family saying they have always been happy with the support and care their loved one received.

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 and residents had access to a vehicle for transport which was assigned for the centre's use.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was current and accurately reflected the operation of the centre on the day of inspection.

It met 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 premises was 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, likes and interests.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

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

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment.

The inspectors saw that residents were provided with choice over a wide range of foods with a good nutritional value, in line with their specific dietary requirements.

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.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

Additionally, visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Judgment: Compliant

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.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents.

Residents were also provided with mobility aids and equipment to meet their assessed needs. Overhead tracking hoists had been installed in the bungalows and accessible bathing equipment was in place also.

The provider had taken measures to amend the premises and facilities in response to feedback from the last inspection and all actions had been completed in a timely manner. Additional minor premises issues pertaining to wear and tear had been identified by the person in charge and reported to maintenance.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutrition needs had been assessed and documented nutritional plans were in place to guide staff on the meal provision they required.

Residents that required Feeding Eating Drinking and Swallowing (FEDS) supports had also received a recent review of their needs in this regard and documented plans were also in place.

The provider had ensured each bungalow had a a separate kitchen and dining area to ensure a clean and usable space for staff to prepare residents' meals and snacks and for residents to enjoy their meals.

Residents main meals were delivered from a centralised kitchen and prepared in the kitchen before meal times. Provisions were also in place for staff to modify residents' meals as required.

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.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

However, the fire panel was not addressable and the provider had informed the Chief Inspector of their plans to replace the fire alarm system in a number of homes on the campus to enhance the system overall. At the time of this inspection, these works were in progress in some parts of the campus. Therefore, while improvements were required there were comprehensive arrangements in place for these to be suitably addressed.

Judgment: Substantially compliant

Regulation 6: Health care

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.

Individual health plans, health promotion and dietary assessments and plans were in place. A review of all 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 two 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.

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, sleep suit and a positioning 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 18 OSV-0005852

Inspection ID: MON-0038212

Date of inspection: 15/04/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Upgrade to fire panel systems in Stewarts Care campus based Designated Centre's, specifically Fire Detection and Alarm Systems are in progress. Both homes in Designated Center 18 will have works completed before end of Quarter 4 2025.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2025