



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 21
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	31 March 2025
Centre ID:	OSV-0005854
Fieldwork ID:	MON-0037296

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 21 is a designated centre operated by Stewarts Care Limited. The designated centre consists of a large bungalow with a self-contained apartment. The centre is located in a congregated setting in West Dublin. The centre is intended to provide respite services for no more than six residents at any time. The main house can accommodate five residents, the apartment, in the same building is single occupancy. Respite services are scheduled on a planned rotational basis and provided on a 24/7 basis across service. The service provides care for a range of persons with physical and intellectual disabilities with a range of accompanying complex medical needs, life limiting conditions and behaviours that challenge in a setting conducive to supporting these needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Monday 31 March 2025	11:00hrs to 14:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to assess the provider's compliance with regulations and to inform the decision regarding the renewal of the designated centre's registration.

The designated centre was previously home to seven residents who had since moved to community based settings as part of the provider's de-congregation plan. This centre now provided a respite service for up to six adults at one time. Respite care was scheduled on a planned rotational basis and services were provided on a full-time basis. Respite allocations were coordinated and managed by the person in charge in consultation with the programme manager and use of a compatibility assessment as part of the planning arrangements.

On the day of inspection, the centre was empty and the provider was preparing to welcome their first group of respite users and therefore the inspector did not get to speak to any respite users.

The programme manager was present to facilitate the inspection. The inspector used observations of the premises and a review of documentation, along with conversations with the programme manager, to form judgments on the residents' quality of life.

The programme manager informed the inspector, that all respite users would receive a comprehensive transition to the service by way of day visits and their stays would be planned in consultation with the respite users and their representatives. Respite users would be supported to attend their day services or work while residing in the centre. Each respite user would also have their own private bedroom for the duration of their stay.

The inspector carried out a walk around of the designated centre in the presence of the programme manager. Within the main part of the property, there were five bedrooms. Communal areas included a kitchen/dining room, a large separate living room, a sensory room and a large accessible bathroom.

The one-bedroom apartment, accessible through the main building, would allow respite users, who may not enjoy sharing their living space with others, have a respite stay in their own personal space. The apartment contained a kitchen, living room, and bathroom as well as a well proportioned private bedroom.

Additionally, there was three separate garden enclosed areas on the premises, all of which were accessible to respite users.

Overall, the premises design ensured that respite users could enjoy staying in an accessible and comfortable environment during their respite break. The layout of the house would provide respite users with a variety of spaces to relax in and suitable

provision to store their personal belongings during their stay. Respite users would also be encouraged to bring personal items with them to ensure their environment is as homely as possible during their stay.

The centre had its own dedicated transport used by staff to drive respite users to various activities and outings.

The inspector noted that a range of easy-to-read documents and information was supplied to respite users in a suitable format. For example, easy-to-read versions of important information such as the complaints process, advocacy, safeguarding and fire safety information were available.

The next two sections of this report will 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 provided.

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 respite users were in receipt of good quality and safe care.

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

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. There were effective systems for the management team to communicate and escalate any issues.

There were a range of resources in place to oversee the quality and safety of care in the centre. The centre was also suitably resourced to ensure the effective delivery of care and support to respite users. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, access to Wi-Fi, televisions, and adequate staffing levels to support respite users' preferences and assessed needs.

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

There was 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.

The registered provider had written, adopted and implemented the policies and procedures set out in schedule 5. The inspector found that the policies were readily available for staff to access.

There were contracts of care in place for all respite users, which were signed by the respite user and/or their representatives. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

This inspection was conducted to inform a registration renewal of this centre. The registered provider had submitted all relevant information to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

The programme manager informed the inspector that the roster was being built to support admission of respite users. Staffing levels were in line with the centre's statement of purpose and the needs of the residents. Respite users were in receipt of support from a stable and consistent staff team.

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 three staff records and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

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.

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

Judgment: Compliant

Regulation 22: Insurance

The centre was adequately insured against accidents and incidents. 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 were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

The 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 transport vehicle.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions were coordinated and managed on the priority rating of the referrals, as well as the compatibility with other respite attendees, which ensured a well organised and suitable environment for all respite users.

On review of the referrals and admission procedure for new respite user's admission to the service, the inspector found that it was determined on the basis of transparent criteria in accordance with the centre's statement of purpose and took into account the needs of all respite users availing of the services.

The registered provider had ensured that each resident had a signed contract of care detailing the terms and conditions of the tenancy, including the services provided for the support, care and welfare of the resident and the fees charged.

The inspector reviewed three contracts of care and found that they were written in a clear, comprehensive, and understandable manner, ensuring that both the respite user and their representatives were fully informed of the terms and conditions.

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.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre.

The inspector viewed a sample of the policies, including the policies on admissions and discharges, provision of behavioural support, nutrition, residents' personal property, personal finances and possessions, complaints and medication

management; and found they had been reviewed within three years of approval and updated in accordance to best practice.

Furthermore, there was a recently developed respite service for children and adults policy which outlined the consultation process for admissions and a list of requirements for respite admissions.

These policies were readily available to staff.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to respite users. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

The inspector found that the centre provided a homely, pleasant environment for respite users. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair.

The inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire fighting equipment and fire alarm system were appropriately serviced and checked. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes and overall, arrangements were in place to ensure respite users were aware of the evacuation procedure to follow.

Each respite user had an individual personal plan detailing their assessed needs. All plans were completed with respite users, their family and relevant professionals involved.

A respite users' guide was available in the designated centre. The guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

The person in charge had ensured that respite users' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions respite users required.

Overall, respite users were provided with safe and person-centred care and support

in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The design and layout of the centre met the aims and objectives of the service, as well as the needs of respite users. The centre was well-maintained, clean and suitably decorated. The premises of the centre were homely in nature and tastefully decorated. There was plenty of space for both indoor and outdoor communal gatherings. Each respite user had their own bedroom while staying in the centre, and there were sufficient numbers of bathrooms to facilitate respite users' needs.

Respite users could store their belongings in individual wardrobes, drawers and lockers in their bedrooms, and laundry services were available for those who needed them. The centre was warm and clean throughout and well-maintained to provide a comfortable living environment. Outside was a well proportioned enclosed garden area with ample space for respite users to relax and socialise in the good weather.

Judgment: Compliant

Regulation 20: Information for residents

There was a guide for respite users that met the requirements of the regulations. Specifically, it covered information pertaining to the statement of purpose, admissions and service contracts, complaints procedure, communication, visits, and respite users' rights. This guide was seen to be available in the centre and was also given to respite users as part of their admission into the service.

Other information that was relevant to respite users was provided in user-friendly formats, such as photographic information about activity planning and meal planning, the designated safeguarding officer, and an easy-to-read version of the complaints process.

Judgment: Compliant

Regulation 28: Fire precautions

The provider effectively mitigated fire risks by implementing comprehensive fire

prevention and oversight measures. For instance, the inspector observed the installation of fire and smoke detection systems, fire fighting equipment, and emergency lighting.

A review of the service records maintained at the designated centre evidenced that all these measures were regularly inspected and maintained by a specialised fire safety company.

The inspector observed that the respite home was outfitted with an addressable fire panel, conveniently located in the entrance hallway.

Furthermore, every fire door, including those in bedrooms, was equipped with automatic door closures to ensure optimal containment measures were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each respite user.

Comprehensive assessments of need and personal plans were available on each respite users file. The inspector reviewed three respite users files. Care plans were comprehensive and were written in person-centred language.

They were personalised to reflect the needs of the individual including what activities they enjoy and their likes and dislikes and a sample copy of their daily routine. Each file also included a communication support plan and a missing persons protocol.

Respite users had access to a range of opportunities for recreation and leisure. They were supported to engage in learning and development opportunities. Support plans and assessments undertaken supported further development in areas such as the skills of independent living, personal relationships, community and social development, and emotional development. All respite users had access to transport and the community when they wanted.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant