



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 27
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	26 March 2025
Centre ID:	OSV-0005855
Fieldwork ID:	MON-0037883

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 27 is operated by Stewarts Care Limited. The centre provides long stay residential support for up to seven residents with complex support needs. The centre aims to support people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a team of nurses and care assistants. The centre is located on the provider's congregated campus in west Dublin. It is comprised of one bungalow with seven single occupancy bedrooms, a large living area, two dining areas, a small kitchen, four bathrooms, a multi-sensory room and utility room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 26 March 2025	10:00hrs to 16:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

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

The inspector used observations and discussions with residents, in addition to a review of documentation and 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 comprises of a large bungalow located in South Dublin on a large campus setting operated by the provider. It is currently registered to accommodate up to seven residents at any time. At the time of inspection there were seven residents living in the centre, with two residents in the process of moving to their new home in the community.

On arrival to the designated centre, the inspector was greeted by the programme manager. They were later joined by the person in charge. The person in charge and staff members on duty throughout the course of the inspection spoke about the high standard of care that all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. 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.

The person in charge and programme manager accompanied the inspector on a walk around of the centre. The centre was bright, spacious, clean and well maintained throughout. The building had a kitchen, two dining rooms, a sitting room, a sensory room, a conservatory area with a soft furnishings corner, a number of shared bathrooms, individual bedrooms, a staff office and ample storage space throughout.

The house floor plans clearly displayed in the entrance hallway alongside the centre's fire evacuation plan. The centre's safety statement, visitors policy and complaints policy were also available in the hall.

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.

There was a well-maintained enclosed garden to the rear of the centre. The garden had a 'sun-shed awning' to offer protection from the sun and afforded residents the opportunity to sit outside on warmer days.

During the inspection the inspector had the opportunity to meet with four residents

and three staff on duty. Residents did not use verbal communication as their main form of communication and were supported by staff to engage with the inspector, they were watching a concert on the TV and both staff and residents were singing along.

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.

The inspector observed residents coming and going from their home during the day, engaging in activities they had chosen and making plans for the evening. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Residents were being supported to partake in a variety of different leisure, occupational and recreation activities in accordance with their interests, wishes and personal preferences. Two of the residents had gone to visit their new home and then went for a drive.

Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a good rapport between residents and staff. One of the residents had been out to visit a chicken coop on the grounds and was laughing and engaging when a staff member explained to the inspector where they had been.

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 person in charge was also responsible for one other designated centres run by the provider. There were effective systems for the management team to

communicate and escalate any issues.

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.

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.

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 person in charge provided support and formal supervision to staff working in the centre.

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.

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.

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.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Regulation 15: Staffing

Residents were in receipt of support from a stable and consistent staff team. Staffing levels were in line with the centre's statement of purpose and the needs of the 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 2025 and the current March 2025 roster. 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 five staff records, including Garda Síochána vetting disclosures and copies of qualifications, 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 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 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 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, fire safety log (including

a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

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 a contract of insurance in place 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.

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

The provider had completed an annual review for 2024. It was reviewed by the inspector and was found to have consulted residents and their representatives. Two family members completed surveys and both were happy with the service provided with one saying 'I think the general care is good'.

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 3: Statement of purpose

The statement of purpose was reviewed by the inspector. It was found to contain the information as required by Schedule 1 of the regulations. It outlined sufficiently information on the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and information related to the residents' wellbeing.

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 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. As part of the inspection, the inspector carried out observations of residents' daily routines, their engagement in activities and their interactions with staff.

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 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.

As part of the provider's de-congregation plan, some residents had started to transition out of the centre to their new home located in a community setting. Compatibility and familiarisation were considered throughout the plans and each resident had the support of their current key worker and the staff team throughout the transition process.

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.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

Overall, inspector found that residents were in receipt of care, from a suitably qualified staff team, which was meeting their assessed needs.

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.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge and the provider has ensured that residents who were moving to a new designated centre, as part of a de-congregation plan, received support throughout their transition by continuing to provide consistent and known staff to each resident and providing up-to-date information to each resident.

Compatibility assessments were completed and familiarisation plans in place. Clinical input was provided for oversight in the form of a multi-disciplinary team including psychology and occupational therapy.

Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

Judgment: Compliant

Regulation 28: Fire precautions

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

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.

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.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files over the course of the inspection. They were found to contain an up-to-date and comprehensive individual assessment of the residents' needs.

This assessment was informed by the resident, their representatives and relevant multidisciplinary professionals. The individual assessment informed care plans which guided staff in the delivery of care in line with residents' needs.

Care plans were written in a person-centred manner and clearly detailed steps to maintain residents' autonomy and dignity. Staff spoken with were informed regarding these care plans and residents' assessed needs.

The inspector saw that care plans were available in areas including communication, positive behaviour support, social supports, residents rights, health care and safeguarding, as per residents' 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. Furthermore, staff were observed to have a good knowledge of each residents needs and their accompanying support plans.

There were some environmental restrictions implemented within the centre, which included the use of bed rails and a keypad lock system on the front door. 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, for the least duration 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 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 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant