



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 30
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	31 January 2023
Centre ID:	OSV-0007784
Fieldwork ID:	MON-0030087

About the designated centre

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

DC30 is a designated centre operated by Stewarts Care Limited and provides full-time residential services for up to two residents. This designated centre provides support to two male residents, who are over the age of 18 years. The centre is staffed with both social care workers and care staff to support both residents, with oversight from a person in charge and senior manager. Residents have access to the following clinical services while living in the designated centre; physiotherapy, occupational therapy, psychology, speech and language therapy, mental health supports, social work support and paediatrics/medical review. This designated centre comprises of a four bedroom detached house located in Co. Kildare. Each resident has their own bedroom, downstairs accommodation comprises of a kitchen, living/dining room, utility room and a staff office. Upstairs accommodation has two resident bedrooms, a television room, staff sleepover room and a shared bathroom. One of the bedrooms is en suite. An enclosed garden space is located to the rear of the centre and a separate outside recreation room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 31 January 2023	10:00hrs to 17:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

This was an announced inspection, following the provider's application to renew their registration of the designated centre. The inspector met both residents who live in the designated centre during the inspection. Staff had also completed questionnaires on behalf of residents to demonstrate their views and experience of living in the designated centre.

On the morning of the inspection, the inspector arrived to the centre after residents had left for their daily activities and errands. This was to ensure residents' morning schedule was not disrupted. Residents returned to the designated centre in the early afternoon. Residents had been out in the morning using their local library, had gone for a walk in a National Park and had their lunch in a restaurant that they enjoy using. Two staff had supported residents during the morning, and there was a vehicle assigned to the designated centre for residents to use.

It was seen on inspection, that residents' self directed their day-to-day choices and activities within their own home, and the staffing resources available and the approach of staff ensured that residents' choices and wishes could be easily facilitated.

Residents were encouraged to take responsibility for their home, and daily tasks and enjoyed doing this. For example, bringing bottles to the bottle bank, grocery shopping, vacuuming the house and other household chores.

Staff interactions were seen to be positive and person-centred, using resident's preferred name and giving praise and encouragement when it was due. Staff were heard singing songs that residents' liked to encourage them to transition from one activity to the next and there was a pleasant and friendly atmosphere in the designated centre.

Staff were seen to be respectful and encouraging of residents choices, and gave time for them to make their own decisions. For example, choosing when they were ready to come into the house from the bus, and choosing when it suited them to change the television.

One residents demonstrated they wished to go out again shortly after returning to the designated centre and staff supported them to go out for a walk locally, to gather rubbish in their local area to assist to keep their neighbourhood tidy, which they loved to do.

There was a well maintained accessible back garden, which had artificial grass, football goals, basketball hoop and garden furniture. Residents were seen to enjoy using their garden to play sports with staff or spend time alone.

The designated centre had been refurbished since the previous inspection to a high

standard, and provided a bright, comfortable home for two residents living there. The provider had installed a new kitchen, renovated bathrooms, replaced windows and the hall door and had decorated the premises throughout.

Along with the main living room and dining room, there was a seating area and television in the kitchen of the designated centre, which one resident loved to use. They enjoyed being in the kitchen while meals were being prepared and watching their favourite movies. There was a second TV room upstairs in the designated centre also. A recreation room in the back garden was set up for residents to watch movies on a projector, or to relax in with sensory lighting.

Residents each had their own private bedroom, with double bed and sufficient wardrobe and storage space for their personal belongings. Residents bedrooms were personalised and decorated in line with their own tastes and choices. Some residents had new art work on their wall, representing their culture and ethnicity.

The staff team were promoting a total communication approach in the designated centre to support residents expressive and comprehensive communication. For example, visual staff rosters were in place to demonstrate who was on duty, the use of pictorial social stories, destination cards, Lamh sign language and visual aids. Staff were overheard to support residents in line with their support plans, for example, in how they worded requests and in giving time for residents to make their own decisions.

Residents were provided with occupation and meaningful activities during the day, for example some residents chose to attend a formal day service a few times a week, and other residents preferred to have a weekly plan of activities that they liked to do. The staffing arrangements in the designated centre supported residents activities.

Overall, the inspection found that residents were supported by a staff team who knew them well, and were encouraged to further develop their communication skills. The designated centre was homely and maintained to a good standard and provided a comfortable home for residents with sufficient private and communal space. Residents were encouraged to make their own choices and decisions and the designated centre was operated in a manner that was person-centred and promoted residents' rights.

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.

Capacity and capability

The provider and person in charge demonstrated the capacity and capability to

operate the designated centre in a manner that was promoting good quality care and support for two residents living in the designated centre.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre with a clear management structure and management systems of oversight to monitor the quality of the care and support in the designated centre. There had been a change in the role of person in charge since the previous inspection, and this had been notified as required. The person in charge was a clinical nurse manager, worked full-time and was responsible for two designated centres. They were suitably skilled, experienced and qualified.

There were effective oversight and monitoring arrangements in place for the provider to self-identify areas in need of improvement. The provider and person in charge were using information gathered about the designated centre to inform their decisions and bring about improvements for residents. The provider had taken action from the last monitoring inspection report in March 2021 and a regulation 27 specific inspection report from March 2022 and brought about improvements overall.

Residents were supported by a stable and consistent staff team of care workers who worked in the designated centre. Staff were appropriately trained to meet the needs of residents, and demonstrated that they knew residents well. Staff were appropriately supervised by the person in charge and social care worker and there were regular staff meetings for shared learning and oversight.

Overall, the provider and person in charge were operating and managing the designated centre in a manner that was providing a safe, good quality and person-centred service to two residents living there. This inspection found full compliance with the seventeen regulations inspected.

Regulation 14: Persons in charge

The person in charge was suitably skilled, experienced and qualified in their role and worked in a full-time capacity. The person in charge was responsible for two designated centres, and there were arrangements in place to support the operational oversight and management of their areas of responsibilities. For example, the provider had put in place a social care worker role in this designated centre and outlined additional responsibilities for this role, that would support the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured adequate staffing arrangements were in place to best

support residents' needs in the designated centre. The centre was staffed with a social care worker and care assistants.

Residents did not require nursing care, however the person in charge was a clinical nurse manager and residents could also avail of a community liaison nurse within the organisation, if this was required.

Clear rosters were maintained showing who was on duty at day and night-time, and a record was maintained of actual hours worked in each location. Staffing available in the designated centre was in line with what was described in the written statement of purpose and planned rosters.

Residents were supported by a stable and consistent staff team who were directly employed by the provider. This ensured continuity of their care and support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the designated centre were provided with training in line with residents' needs. The provider had identified specific mandatory training for staff, and offered refresher training on a routine basis. For example, in areas such as fire safety and safeguarding vulnerable adults.

The person in charge had an effective system of oversight in place, to ensure any gaps in training were quickly identified and addressed.

There were formal and informal supervision arrangements in place for the staff team. For example, one to one supervision meetings, on-site presence of the person in charge and regular staff meetings.

Information on The Health Act (2007) as amended, the Regulations, Standards were available in the designated centre for staff to access.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there was a clear management structure in place with identified lines of reporting, responsibility and accountability.

The provider and person in charge had effective management and monitoring systems in place, to ensure effective oversight of the care and support being

delivered in the designated centre.

The provider had carried out unannounced visits to the designated centre on a six-monthly basis, and had completed an annual review in line with the National Standards. Any identified areas for improvement in this centre, had been acted upon in a timely manner for the benefit of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured all incidents and adverse events that were required to be notified in writing to the Chief Inspector, had been submitted within the time-line outlined in the Regulation.

Judgment: Compliant

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted full and complete information along with their application to renew the registration of the designated centre.

Judgment: Compliant

Quality and safety

The provider and person in charge were providing residents with a safe and good quality service that was person-centred, promoting of residents' independence and abilities and community focused. Residents were encouraged and supported to express their needs and to make their own choices.

The person in charge and staff team knew residents well, and understood their care and support needs. There were systems in place to formally assess and plan for residents' health, social and personal needs. Information was available to guide the supports for residents and there was effective oversight from the person in charge of the care and personal plans for residents. Residents had access to allied health professionals to support the delivery of their care and support.

Residents were protected against risk in the designated centre, through effective fire safety systems, infection control practices and safeguarding processes. For example

the person in charge had implemented good infection prevention and control (IPC) practices in the designated centre, which were guided by the provider's policy and national guidance, there were appropriate fire safety systems in the designated centre and strong safeguarding process that protected residents from harm.

The premises were well laid out and suitable to residents' needs, were clean and nicely decorated and had been renovated to a high standard. Residents' bedrooms were decorated individually to represent their interests and there were numerous communal spaces available for residents to use.

Overall, residents were living in a safe, comfortable, homely environment with premises, facilities and staffing support available to meet their individual and collective needs and which promoted community participation and involvement.

Regulation 10: Communication

Residents' needs in relation to their communication were assessed and planned for, for example understanding their preferred method of expressing themselves. The designated centre used photographs, pictures and aids to support residents to understand the plan for the day and the week ahead.

The staff team had tools as part of residents' assessments to determine how residents expressed pain or discomfort.

The provider had ensured the designated centre had access to television, radio and Internet services. Residents were supported to use technology and new equipment to aid their communication.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with evidence based practice and their individual needs and wishes.

Residents had access to and participated in community based meaningful activities in line with their own interests, and used community facilities and amenities frequently. For example, local churches, library services and public transport links.

Residents who chose to attend a formal day services were supported to access this during the week, to a frequency that they enjoyed.

Judgment: Compliant

Regulation 17: Premises

The provider had completed significant upgrades to the designated centre since the previous inspection, such as installing a new kitchen, interior decoration and replacing bathrooms.

The premises were designed and laid out to meet the individual and collective needs of residents. Residents had sufficient communal and private space and adequate facilities for storage of their belongings. Residents had private bedrooms which were decorated in line with their own interests.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were provided with training in infection prevention and control and had access to information on best practice in the designated centre.

The provider had employed a clinical nurse specialist and clinical nurse manager focused on infection prevention and control, and these staff were available to the staff team, and carried out comprehensive audits.

The premises and environment were clean and tidy and there were systems in place to raise issues with buildings or their facilities.

There were written protocols and risk assessments in place for the management of COVID-19. Residents had isolation plans to be followed in the event of an outbreak, and the premises lay out supported this.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local health and safety audits and as part of the provider's wider auditing systems.

Since the previous inspection specifically on Regulation 27, the provider had addressed all actions in their compliance plan response. For example, there were good systems around the flushing of un-used water outlets, there was a very clear colour-coded cleaning system in place and improved storage spaces.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There were an adequate number of accessible fire exits.

There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre.

Staff were provided with routine training in fire safety and fire procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a formal system of assessing and planning for residents' health, social and personal needs, with input from allied health professionals, as required.

Information within assessments and plans was kept up-to-date and was reviewed regularly.

The provider had ensured the designated centre was suitable for the purpose of meeting each residents' needs as assessed.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were monitored by staff team in the designated centre

along with the person in charge and information was maintained in specific health care plans, if required.

Residents had access to their own General Practitioner (GP) along with access to allied health professionals within the organisation. For example, psychology services. Staff supported residents to attend any required health appointments, within the organisation or through referral from the General Practitioner and to attend follow-up appointments as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff team had received training in positive behaviour support which was refreshed routinely. Staff had a good understanding of residents' support needs and if required residents had written behaviour support plans which gave clear guidance on proactive and reactive ways to support residents.

Residents had access to psychology services to assist in the creation of written plans and to review their supports regularly. There was a multi-disciplinary approach to supporting residents' behaviour, for example, to support improved communication.

There were low restrictions in use in the designated centre, with one environmental restriction in place at the side entrance of the house based on assessed risk, however this did not impact negatively on residents' daily access to their home. The staff team were promoting a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults, and this was refreshed on a routine basis.

There were procedures in place to ensure concerns or allegations of a safeguarding nature were recorded and reported in line with national policy and legislation.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of residents. Residents participated and consented to decisions about their care.

Residents had choice and control in their daily lives, deciding their weekly plan and being supported by sufficient number of staff who could facilitate their individual choices.

Residents had access to advocacy services, if they required this support. Residents' representatives were included in meetings and decisions around their care.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant