



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 Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	30 June 2023
Centre ID:	OSV-0005854
Fieldwork ID:	MON-0040248

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 located in a campus in West Dublin. The centre can accommodate up to seven residents, and provides support for men with intellectual disabilities. Support is also available for residents who have non-complex health care needs, physical disabilities and behaviour support needs. The bungalow has seven bedrooms, four bathrooms, laundry facilities, a kitchen, large dining and living areas and a sensory room. The centre is managed by a person in charge, who is a registered nurse, and support is provided to residents by a team of nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Friday 30 June 2023	10:30hrs to 16:45hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. It was carried out as part of the regulatory monitoring of the designated centre.

The inspector used observations, in addition to a review of documentation, and conversations with staff to form judgements on the residents' quality of life.

The centre consisted of one residential bungalow situated on a congregated campus setting in west Dublin. The centre had the capacity for a maximum of seven residents, at the time of the inspection there were six residents living in the centre full-time.

On arrival to the designated centre, the inspector was greeted by a staff member who informed them that the person in charge was on leave. The programme manager was contacted and made themselves available for the day.

The inspector spoke with the programme manager, a nurse and a healthcare assistant on duty on the day of inspection. 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 programme manager accompanied the inspector on an observational walk around of the centre. Overall, it was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there. The centre's infection prevention control (IPC) folder was conveniently located in the hall at front door, as was the fire evacuation procedure, floor plan, personal protective equipment (PPE) and hand sanitiser. There was a communal bathroom for both staff, residents and visitors which was clean and well stocked with hand soap and paper towels. An easy read hand washing guide was placed above the sink.

All the bedrooms were personalised to the resident's tastes with art-work, photos of family and of residents attending events and activities on display. However most of the bedrooms, were small and consisted of a single bed, a sink, a small wardrobe and a chest of drawers allowing for little space for residents to engage in personal hobbies or private activities in their bedroom due to lack of space in the rooms.

Photos of residents engaging in activities such as swimming, horse-riding and going out on walks were displayed in the communal areas of the house.

The communal sitting room was big and spacious as were the two dining rooms adjacent. The living room area was fitted out with comfortable seating and a large flat screen TV. New furniture had been purchased following the providers own recent internal audit and more had arrived awaiting assembly from the provider's

technical services department.

There was a visual planner on the wall in one of the dining rooms to support resident's choices around mealtimes.

There was a small meeting room for visitors, residents and staff to use. One vacant bedroom was used as a quiet area for residents to use, there was comfortable furniture in this room and the inspector was informed that residents also use this room for massage therapy. The centre also had a well-proportioned sensory room available to its residents. A weekly activities board on display in the staff office included activities on the wider campus such as the gym and swimming pool timetables.

There was an enclosed patio garden which was spacious and accessible to all residents. The inspector was informed during the walk around about plans for a vegetable patch also.

The provider had also made provisions for a utility space that contained a new washing machine and a dryer which also had a sink area with a small counter space and cupboards for storing laundry detergent and alginate bags. Laundry guidelines and protocols were also clearly displayed and each resident had their own individual laundry basket.

Dinners were provided from the central kitchen on campus, however the centre was provided with a small kitchen area with well-maintained kitchen units and worktops. Food temperature guidance and food regeneration protocol was clearly displayed and staff advised the inspector that meals were made in this kitchen for residents throughout the day. Each resident had a guide to support their feeding and nutrition needs, and a well-stocked food press was reflective of each resident's dietary needs and choices, with two extra fridges in storage room.

While overall the premises had a homely and inviting aesthetic, Some areas of the home were in need of attention, for example, some furniture needed replacing or repair, including a couch and some tables in the communal areas. The main bathroom/shower area was somewhat institutional in its layout, with a walk in wet room on one side and a parker bath on the other side and a toilet cubicle too. Each area was divided into separate rooms by their own doors.

The inspector met with some of the residents who lived in the centre and staff on duty, and observed the care and support interactions between residents and staff throughout the day. 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. On observing residents interacting and engaging with staff, it was obvious that staff could interpret what was being communicated to them by the residents.

During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident. For example, one resident was in his bedroom during the walk-around and called for a staff member who explained to the inspector that the

resident would like to show off his newly decorated bedroom. The staff member then supported the resident with this interaction.

The provider's most recent annual review of the centre, completed in January 2023, had consulted with residents and their representatives. Residents views were obtained by staff through key-working and personal plans to ensure their voices were heard. The consensus from the review showed that residents were 'generally comfortable living here'. However, an overarching commentary on the feedback received related to dissatisfaction with the size of residents' bedrooms. One family member commented that they felt comfortable asking questions about the care provided.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. For example, one resident indicated that they wanted to go for a walk, the staff supporting him explained it was raining but the resident indicated they still wanted to go, staff accommodated this request by getting the residents rain gear and an umbrella before going on the walk.

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 reasonably good standard.

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 care in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. 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.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. They in

turn were report to and were supported by a programme manager and Director of Care.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions were tracked using tracking spreadsheet devised by the provider and reviewed regularly by the person in charge and the service manager. Residents were consulted regularly through residents meetings.

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. On the day of the inspection, there was no vacancies and gaps/absences in the roster were managed well to reduce any impact on residents, with familiar staff from neighbouring centres used to support the consistency of care for residents. The programme manager informed the inspector that extra staffing had recently been sourced to support residents participation in day activation.

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 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.

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.

The provider had a complaints policy and associated procedures in place as required by the regulations. The inspector reviewed how complaints were managed in the centre and noted there were up-to-date logs maintained.

The centre had a copy of the policies and procedures set out in schedule 5 and these were readily available for staff use.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Regulation 14: Persons in charge

The designated centre was managed by a suitably qualified and experienced person in charge.

The person in charge was full-time and had oversight solely of this designated centre.

There were suitable arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

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 with additional staffing sourced for activity management.

Staffing levels were in line with the centre's statement of purpose.

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

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff have completed or are scheduled to complete mandatory training in the coming months.

The inspector found that staff are receiving regular supervision as appropriate to their role.

Supervision records reviewed were in line with organisation policy, with a provision for staff to request early supervision if they have any concerns arising.

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 was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

The designated centre had a clear action plan and audits carried out in the centre were up to date, with actions identified progressed in a timely manner. A tracking spreadsheet was devised by the provider to assess the progress of these actions and were seen to be reviewed by the person in charge and higher management on a monthly basis. There was a clear action plan for the designated centre in terms of work needed for the premises, including a fire panel installation plan.

Audits carried out included a six monthly unannounced visit, risk management audit, fire safety, infection prevention and control (IPC), mealtime experience, meaningful activities, finance, medication and an annual review of quality and safety.

The most recent annual review included the views and feedback of residents which related to promoting choice in their activities in particular actions have been taken to improve laundry management and to increase and promote choice around meal and menu planning.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which 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

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-read format, with a visual guide on the stages of the complaints process.

The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had written, adopted and implemented the policies and procedures set out in schedule 5.

These policies were readily available to staff and reviewed and updated in accordance to best practice which met the requirements of the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived 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 completed a walk-through of the designated centre and saw that efforts had been made to make the communal areas homely, for example, nice photos and pictures were displayed. Each of the residents had their own bedroom which were, albeit small, but decorated in line with their individual preferences. There was a sensory room, an additional sitting area for residents to meet privately with visitors and the garden areas provided a nice homely feel for residents.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided. However, the fire panel was not addressable and the provider had informed the Chief Inspector earlier in the year of their plans to replace the fire alarm system in a number of homes on the campus to enhance the system overall and this designated centre is due to be upgraded in the coming weeks.

The provider had implemented measures to identify and assess risks throughout the centre. All residents risk assessments were individualised based on their needs and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans. There was a risk management policy in place. Overall, risks identified in the centre were appropriately managed and reviewed as part of

the continuous quality improvement to enable effective learning and mitigate against risk.

There was evidence that the designated centre was operating in a manner which was respectful of all residents' rights. The Inspector saw that residents had opportunities to participate in activities which were meaningful to them, for example one resident went horse riding regularly as part of his individualised plan. Furthermore, residents views were listened to and this was evidenced in action plans developed from residents and family feedback in the annual review, where there was a particular move away from the use of central services such as laundry and food regeneration within the wider congregated setting.

Residents' health and support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. 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.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

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

Regulation 17: Premises

Overall the premises was suitable for the number and needs of residents. While residents bedrooms were small, the rest of the house had a considerable amount of living space including a large sitting room, two dining areas, a sensory room and a large safe internal garden.

The sitting/dining area on the day of inspection was observed to be the main hub of activity in the house, with residents choosing to spend most of their leisure time here.

The main bathroom/shower area was still institutional in its layout and design.

Some areas of the centre required some upkeep and maintenance, for example;

- some furniture needed upgrading including a couch and some tables in the communal areas,
- mould was observed between the floor and the seal of the toilet bowl in the main bathroom area,

It was noted these issues had been already been identified prior to the inspection through the providers own audit and notified to maintenance. Furthermore new

furniture was ordered and, with some delivered but was awaiting assembly by the providers maintenance team.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was guidance for each resident regarding their meal-time requirements including food consistency, cutlery and plates used and most importantly each residents likes and dislikes.

All residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents had up-to-date FEDS care plans on file. Staff spoken with were knowledgeable regarding these.

The inspector observed staff preparing food and drinks which were in line with residents' FEDS care plans.

In line with residents care plans, some residents were referred for a dietetic assessment and guidance around meal refusal and weight-loss and specific conditions linked to certain food types was provided to support the residents nutrition care plan.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy was in place which was up-to-date.

There was a centre specific risk register in place and associated risk assessments which had been risk rated and assessed. This had been recently reviewed in April 2023.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks. They were further supported by the providers risk manager in reviewing risks.

Residents risk assessments were personalised to the need of each resident, including lines of support for staff when required.

A review of residents' files showed up-to-date individualised risk assessments which

in some cases were supported by positive behaviour support plans which detailed proactive and reactive strategies to support residents in managing their behaviour.

Judgment: Compliant

Regulation 28: Fire precautions

Fire equipment for the centre had been serviced and up-to-date records maintained.

There were fire doors throughout the designated centre to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements.

Staff had received training in fire safety management with refresher training available and provided as required.

Personal evacuation plans were in place for each resident.

The fire alarm panel for the bungalow was located outside the premises. Therefore the location of the panel required review as it was not readily accessible for staff and in addition were not addressable and therefore not used as part of the evacuation procedures for the centre. 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

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

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

Residents had access to a range of allied health care professionals. These professionals included dietitians, physiotherapists, occupational therapists, general practitioners and speech and language therapists.

Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

Inspectors viewed a sample of residents' care plans which included guidelines around resident's medical needs including epilepsy management, oral care, nutrition, osteoporosis and bone health, weight management and skin integrity.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures for responding to safeguarding concerns.

Each resident had an interim safeguarding plan.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

Furthermore safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse.

All restrictive practices in the centre had recently been reviewed by the providers restrictive practice committee and the same practices had been notified to the Chief Inspector in line with the regulations.

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 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 21 OSV-0005854

Inspection ID: MON-0040248

Date of inspection: 30/06/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The main bathroom/shower area was still institutional in its layout and design. The institutional bathroom has been upgraded. Painting and decorative work in Designated Centre 21 has commenced and will be completed on the 15/08/23. some furniture needed upgrading including a couch and some tables in the communal areas New Dining tables have been delivered, awaiting for the couches which are already on order. The mould in the bathroom was thoroughly cleaned on the 01/07/2023.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Work on new fire panels on all residential homes has commenced and Bungalow 10 is scheduled for the 9th of October 2023.	

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/10/2023