



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adults Services Designated Centre 20
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	26 March 2024
Centre ID:	OSV-0005857
Fieldwork ID:	MON-0038817

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 20 is a designated centre operated by Stewarts Care Ltd. The designated centre provides a full-time residential service for up to six male residents over the age of 18 years with intellectual disabilities, and can accommodate residents with complex support needs. It is a large bungalow located on a campus setting in Dublin. The bungalow offers six individual bedrooms for residents, a separate kitchen, a dining room, sun-room, relaxation room, living room, main shower room, bathroom, two shower cubicles and an accessible back garden area. The centre is staffed by a team of nurses (two whole time equivalent staff) and care assistants (six whole time equivalent staff) and is managed by a full-time person in charge. Residents have nursing support provided from within the home, and access to a team of allied health professionals employed by Stewarts Care, such as psychology, occupational therapy and physiotherapy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 26 March 2024	10:45hrs to 17:30hrs	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.

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 with local amenities which are within walking distance. Residents availed of transport provision afforded, by the provider, to the designated centre. It had the capacity for a maximum of six residents, at the time of the inspection there were six residents living in the centre full-time.

On arrival to the designated centre, inspectors were greeted by a staff member. The staff member informed the person in charge who then facilitated the inspection.

The person in charge accompanied the inspector on a walk around of the centre. The centre was seen to be homely and well-maintained. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The bungalow has a kitchen, communal living room, a number of shared bathrooms/shower areas, individual bedrooms and a staff office. Each resident's bedroom was decorated individually to reflect their personality and interests. The sitting room had an activity board with pictures to support residents routine management.

The utility room was appropriately fitted out with a washing machine and dryer. Staff were aware of correct procedures for laundry management and there was further guidance on the wall.

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

The centre had a sensory room which staff informed the inspector that some residents actively used.

The inspector spoke with the person in charge, a nurse and a social care worker 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.

Residents were observed receiving a good quality person-centred service that was

meeting their needs. Staff were observed to interact warmly with residents. Residents were observed to be supported by staff who knew them and their individual needs well.

The inspector met with all six of the residents who lived in the centre while carrying out the walk around. Residents did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. The inspector asked how residents indicate choice and preference and was told that staff are very familiar with all the residents' communication styles and cues including gestures, facial expressions and vocalisations. Staff on duty supported the residents in their interactions with the inspector.

The inspector reviewed the most recent annual review which contained feedback from residents on the quality and safety of care provided. Resident's views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here and were happy with the amount of choice and control in their lives. Some residents indicated dissatisfaction with the size of their bedrooms and the choice of food provided in the centre. One family member said they were satisfied with the standard of care provided to their loved one.

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.

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. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport which was assigned for the centre's use.

There was a planned and actual roster maintained for the designated centre. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

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 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 provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

There were adequate 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.

Staffing levels were in line with the centre's statement of purpose and were well managed to suit the needs and number of residents, with additional staffing sourced for activity management.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

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.

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 had completed or were scheduled to complete mandatory training.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 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.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The staff team was led by an appropriately qualified and experienced person in

charge. The person in charge reported to a programme manager. They also held monthly meetings which reviewed the quality of care in the centre.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included a six monthly unannounced audit, fire safety, infection prevention and control (IPC), medication audit, meaningful activities audit and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

A review of monthly staff meetings showed regular discussions on all audit findings.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

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

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. This was in easy-to-read format and accessible to all.

There was an up-to-date complaints log and procedure available in the centre. 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. The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

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

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 was 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 of their plans to replace the fire alarm system in a number of homes on the campus to enhance the system overall. This work is in progress but a date had not been set for works to commence in this designated centre.

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 and in line with their will and preferences, and there was a person centred approach to care and support. Residents activities included accessing the local community, going for coffee, music, gardening and going on holidays. One resident had developed an interest in horticulture while helping staff plant shrubbery in the raised beds in the

centres back garden. He was now being supported to attend classes and services in the community to enhance his skills further.

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.

On review of a sample of residents' medical records, inspectors found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

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 11: Visits

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

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

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes. 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 registered provider had made provision for the matters as set out in Schedule 6

of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

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

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 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed.

An up-to-date record of all medications prescribed to and taken by residents was maintained as well as stock records of all medicines received into the centre. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

There was a system in place for return of out of date medication to the pharmacy.

Residents had also been assessed to manage their own medication but no residents

were self administering on the day of inspection.

Judgment: Compliant

Regulation 6: Health care

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.

The inspector 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, and stent care.

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.

On the day of the inspection staff were receiving on site training specific to one residents health care needs.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

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 in place for responding to safeguarding concerns.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

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.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Residents attended weekly meetings where they discussed activities, menus and house issues, including the premises and fire safety. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them. Furthermore residents were consulted in the designated centres most recent annual review and actions had been taken regarding residents preference for fresh homemade meals.

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 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stewarts Care Adults Services Designated Centre 20 OSV-0005857

Inspection ID: MON-0038817

Date of inspection: 27/03/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire panel works are in progress around all homes on campus. Designated Centre 20 panel upgrade works will be completed before the end of Quarter 4, 2024.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2024