



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

Issued by the Chief Inspector

Name of designated centre:	Bridge View Lodge
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	23 September 2025
Centre ID:	OSV-0008988
Fieldwork ID:	MON-0046558

About the designated centre

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

This is a service providing residential care and support to up to three adults with disabilities. The service is located in Co. Meath in close proximity to the nearest small town. The centre is staffed full time including night staff. The centre is a large detached house on its own grounds. Each resident has their own bedroom, each of which is personalised to their individual taste and preference. There is a spacious and functional outside area with parking for multiple vehicles. There are various communal areas, and adequate laundry facilities are available.

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 23 September 2025	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with the regulations, and was the first inspection of this designated centre since its registration.

There were two residents on the day of the inspection, and due to the preferences and presentations of the residents, the inspector met them only briefly. On arrival at the designated centre, one resident had a look at the inspector and left the vicinity, but later in the day met the inspector again and gave a 'high five'. It was evident that staff supported the resident to make this choice.

The other resident was out on an activity when the inspector arrived, but later in the day the inspector observed them to blow a kiss to a staff member who had supported them in a healthcare activity, which staff knew was a gesture of thanks. Staff explained to the inspector that the resident had particular items that were important to them, for example there was a particular toy that the resident was attached to. Towards the end of the day the inspector observed the resident dancing to music with this toy, and it was clear that they were content and enjoying the activity.

Residents were aware that an inspection would be taking place in their home, and the person in charge explained that staff had used their regular 'key-worker' conversations to let residents know. Staff had used a social story to explain the visit to residents, and they had given permission for the inspector to look around their home, and their bedrooms.

The inspector conducted a 'walk-around' of the designated centre, and found the premises to be appropriate to meet the needs of the residents. Each resident had their own private bedroom, and there were sufficient communal spaces to ensure they could spend time together, or apart as they chose. Together with the main house, there was newly renovated adjacent living area in a small building separate to the main house. There was a small kitchen, living area and bathroom in this building, and one of the residents was enjoying this facility and was being supported to learn daily living skills there, and to have their own area to relax in.

There was information available to residents throughout the house, for example the pictures of the staff on duty were displayed. One resident uses some sign language, and there were photographs available of staff demonstrating the signs, to aid the resident to recognise them.

During the inspection the inspector saw that staff were preparing meals in accordance with the preferences of each resident, and again there were photographs of actual meals which were used to offer residents a meaningful choice.

Residents had been offered the opportunity to complete questionnaires sent out by the Office of the Chief Inspector in advance of the inspection. Staff had supported residents to complete the questionnaires, and had commented on things that they felt were meaningful to them, such as having a familiar staff team and having their own personal spaces in the house.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preference and there was a good standard of care and support in this designated centre, the only required improvement found on this inspection being the lack of a fire alarm in the external laundry house, as discussed under Regulation 28: Fire precautions of this report.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. He was knowledgeable about the support needs of residents, and about his role in relation to the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to two staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding, the safe administration of medication and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including autism awareness, the management of diabetes, and the management of epilepsy.

Staff could describe their learning from their training, and relate it to their role in supporting residents, and the inspector observed some of the learning being implemented, for example the ways in which staff conducted the safe administration of medication.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of two supervision conversations, and the record of the induction process for a new member of staff. The records of supervision conversations included a discussion about safeguarding personal plans and the individual support needs of each resident. Any required actions were identified and these were followed up at the next supervision.

The record of the induction process documented the staff member's progress and included information about the shadow shifts and the requirement to read information about each resident. There was a system whereby the team lead checked the knowledge and progress of the new staff member.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a team leader.

Various monitoring and oversight systems were in place. This is a newly registered designated centre, and the first required six monthly unannounced visit on behalf of the provider had taken place. The record of this visit was detailed, and had examined all aspects of care and support in the centre. There was an extensive action plan in terms of quality improvement, and all actions reviewed by the inspector had been completed. For example, required improvements in the cleaning schedule, the information in medication kardexes and in specifying the person responsible for implementing care plans had all been implemented.

There was a system of monthly audits including audits of personal care, safeguarding and infection prevention and control. Any required actions from these audits were amalgamated in a monthly quality improvement plan (QIP). The inspector reviewed the QIPs for the two months prior to the inspection, and found that the required actions had been implemented. For example, the emergency plan was now clearly displayed, a review of all restrictive practices had taken place and all staff had received a refresher in safeguarding training.

Staff team meetings were held monthly, and the inspector reviewed the minutes of the last meeting and found a clear record of the discussion. It was clear that staff were supported to raise any concerns at these meetings. There was a sign in sheet whereby staff were required to sign to say that they had read the minutes of these meetings, and these were complete.

Daily communication with the staff team was well managed via a handover at the change of shift. The handover records included detailed up-to-date information on each resident.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre, and any identified areas for improvement were actioned in a timely manner.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome.

The inspector reviewed a recent complaint and saw that members of the management team had met with the family members who had submitted the complaint. The complaint had been taken on board, and improvements had been made as a result of the complaint including additional staff training, and enhanced communication with the family members.

It was evident that residents and their families and friends were supported to raise any concerns, that there was a transparent process for the management of complaints and that the provider, in response to complaints, made improvements to the care and support offered in a timely manner.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency,

although an external building which housed the laundry equipment did not have a fire alarm.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

There was detailed information in each resident's personal plan about the ways in which they communicate, and further information in each resident's positive behaviour support plan to support staff in responding to behaviours of concern.

There were multiple examples of accessible information being made available to residents including information about fire safety, activities and making choices.

Staff were knowledgeable about the information in the person centred plans in relation to communication, and were observed throughout the inspection to be communicating with residents in accordance with this guidance.

Judgment: Compliant

Regulation 11: Visits

Visitors to residents were supported and facilitated. There was a policy of open visiting, and friends and relatives were encouraged to phone the centre prior to visits to ensure that any visits fitted in with the schedule of residents.

While visits were welcomed, it was clear that the needs and preferences of residents took priority, and that visits were planned to fit in with their daily lives.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have a meaningful day and to be engaged in activities of their preference, and significant work had been done to improve outcomes for each resident.

For example, where a resident had difficulty in wearing clothing appropriate to community activities, staff had encouraged them to wear appropriated clothing for a preferred activity, and this had begun to be effective.

Residents engaged in many different activities, both in the home and in the community. Community activities included going to a petting farm and to a local gym. One resident had a particular interest in planes, and often went to the airport to watch the planes taking off and landing. Residents also enjoyed various activities in their home, including cooking, using the trampoline and table-top puzzles.

Residents were supported to set goals for improvement. There was a clearly documented rationale for the goals chosen by each resident, and steps towards achievement were recorded.

There was a clear emphasis in the designated centre on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. There were various communal areas including spacious gardens, and there was a living area in a building external to the main house, as described in the first section of this report.

There was adequate storage for each resident, and sufficient bathroom facilities. The designated centre was well maintained and visibly clean. All staff members had been in receipt of training in infection prevention and control.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which had been recently updated and which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to individual healthcare needs, the use of equipment and the individual behaviours of concern for each resident. There was also a detailed risk assessment and management plan relating to interactions between residents. The inspector found that the identified risk management plans were appropriate to manage the identified risks.

Local and environmental risks were identified, and each of these also had detailed management plans, including staffing, road safety and data protection.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment, and there were fire doors throughout. However, there were two external buildings, one which was the activity room for one resident, and the other which was a storage and laundry room. This laundry room did not have a fire or smoke alarm, and was in close proximity to the activity room, so that the inspector was not assured that there were adequate arrangements for warning of fires.

All staff members had received fire safety training, and the inspector discussed fire safety with them, and they were confident about their role in ensuring the safety of residents and could describe the supports each individual resident would require in the event of an emergency.

Fire drills had been undertaken, but no fire drill had been undertaken under night time circumstances. The person in charge undertook to undertake a fire drill under night time circumstances on the day following the inspection.

There was a detailed personal emergency evacuation plan (PEEP) in place for each resident and the inspector found that these plans were detailed and included guidance for staff as to the specific supports required by each resident, including supports that might be needed in the event of a night time emergency. The PEEPs

included the use of social stories which had been developed to assist residents to understand the importance of fire safety and the requirements should there be an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were based on a detailed assessment of need. The inspector reviewed sections of the care plans for each resident. Care plans were in place in relation to all aspects of healthcare and personal care needs which included detailed guidance for staff as to the ways in which to deliver care.

For example, there was a care plan in place to guide staff in supporting a resident in eating and drinking which included details about the verbal prompts which would assist the resident, and information about the best ways in which to present the food to ensure the resident would enjoy their meal. The inspector observed staff to be implementing this care plan, and saw that it was effective.

There was an intimate care plan in place for each resident which included information about their support needs, and also about their preferences in relation to the support offered to them.

Each resident also had a person-centred plan which included a weekly schedule and goal setting. An accessible versions of each aspect of their personal plan had been developed to assist with understanding, and also to support choice making.

Judgment: Compliant

Regulation 7: Positive behavioural support

All restrictive practices had been notified to the Office of the Chief Inspector as required by the regulations. The inspector reviewed the documentation relating to these restrictions, and discussed them with the person in charge, and was assured that only restrictions that were required to ensure the safety of residents were in place. There was a restrictive practices register which outlined each restrictive practice and included a clear rationale for each.

It was evident that there was an emphasis on ensuring that any restrictions were the least restrictive to mitigate any risks, and on reducing the level of restrictions when it was safe to do so. The inspector saw that several restrictions had been

removed. For example, perspex dividers in the vehicle had been removed for one resident.

In addition the requirement to lock the wardrobe for one resident had recently been lifted following positive behaviour support in relation to tearing of clothing. The resident had been offered the opportunity to tear up other items which reduced the preference of the resident to destroy their own clothing.

Each resident had a 'rights restoration' document in their personal plan which was kept under constant review, and was discussed at a quarterly 'restrictive practice' meeting.

Each resident had a detailed positive behaviour support plan. Positive behaviour support offered to residents had resulted in improved outcomes in various other ways. The organisation had ensured that residents had access to a positive behaviour specialist, and this specialist attended the designated centre every two weeks. This support had resulted in improved outcomes for residents, including reducing behaviours that might limit their access to the community.

The inspector was assured that behaviours of concern were addressed with an emphasis on optimising the opportunities for residents to engage in activities, and to participate in the community.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

Where there had been allegations of abuse, these had been reported to the Office of the Chief Inspector as required, and the inspector reviewed these allegations during the inspection. The provider had investigated any allegations in order to ensure that residents were safeguarded from all forms of abuse as required.

While no evidence had been found to support the allegations, the provider had introduced improved practices to ensure that residents were safeguarded. There was a detailed safeguarding plan in place for each resident, and staff were familiar with the content of these plans.

The inspector was assured that residents were safeguarded from all forms of abuse, and that there was a clear pathway for staff or families and friends of residents to raise any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights, and those staff engaged by the inspector were clear about their role in supporting the rights of residents.

Staff spoke about respecting the rights of residents, and said that the training had raised awareness in relation to maintaining good practice in supporting the rights of residents.

Residents were consulted with regularly. There was a weekly residents' meeting, and staff explained the ways in which they consulted with each resident on a daily basis. For example, there were occasional activities which residents enjoyed together such as tv programmes, but many activities were undertaken separately, and these choices were supported.

There were various ways in which respect for residents had been supported, for example, it had been identified that staff carrying bunches of keys was not conducive to a home-like environment, so keypads had been introduced where it was necessary for the safety of residents for doors to be locked.

Residents had been supported to have an advocate if they wished, and one resident had been supported to meet an advocate in a neutral space.

There was a quarterly 'assisted decision making committee' in place whereby the choices of each resident was discussed, and any concerns could be raised.

It was evident that the rights of residents were supported and prioritised.

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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bridge View Lodge OSV-0008988

Inspection ID: MON-0046558

Date of inspection: 23/09/2025

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
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has taken the following actions to bring the centre into full compliance with Regulation 28:</p> <ol style="list-style-type: none"> 1. Installation of Fire/Smoke Alarm in the External recreational building & Laundry Building: A qualified fire safety contractor has installed a mains-powered, interconnected heat & smoke detector in the external laundry building and the recreational building, ensuring adequate arrangements for early fire warning. Installation included certification and placement of documentation in the fire safety folder. 2. Integration of External Detector With the Main Fire Alarm Panel: The newly installed alarm will be fully connected to the main house fire alarm panel. Functionality testing will be conducted and recorded as part of weekly fire alarm checks. 3. Completion of a Night-Time Fire Drill: A night-time fire drill has been undertaken to ensure staff readiness and to confirm that evacuation arrangements for residents, as outlined in individual PEEPs, are effective under night-time conditions. The drill outcomes are recorded, with any actions implemented immediately. 4. Review and Update of the Fire Safety Risk Assessment: The fire safety risk assessment has been revised to reflect the new detection measures and learning from the night-time drill. This will form part of ongoing monthly health and safety reviews. 5. Staff Training and Communication: All staff will be briefed on the updated fire safety arrangements in an upcoming staff meeting, including the newly installed alarm and any evacuation procedure amendments. Attendance records will be maintained. 	

The provider is satisfied that the above actions will address all elements of Regulation 28 and will ensure full compliance.

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(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	09/01/2026