

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Children/Adult Home Designated Centre 13
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	12 November 2025
Centre ID:	OSV-0003910
Fieldwork ID:	MON-0048486

About the designated centre

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

Designated Centre 13 is a designated centre operated by Stewarts Care DAC and provides full-time residential services to a maximum of seven residents. The designated centre accommodates both male and female adults and children with moderate and severe/profound intellectual disability, across two bungalows in the same housing estate in County Kildare. Residents have a wide range of support needs and require high and medium level of support and supervision through a multidisciplinary approach. All residents have their own bedroom, and access to garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 12 November 2025	10:30hrs to 15:00hrs	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.

During the inspection, the inspector had the opportunity to meet with five residents. Residents were unable to provide verbal feedback about the service, therefore the inspector used observations, in addition to a review of documentation, and conversations with staff, to form judgements on the residents' quality of life and compliance with the regulations. Overall, the inspector found that this centre was meeting the requirements of the regulations in all areas looked at.

On arrival to the designated centre, the inspector was greeted by a staff member on duty and one of the residents. The staff member informed the person in charge who then facilitated the inspection.

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The person in charge accompanied the inspector on an observational walk around of the premises. Overall, the inspector found the centre to be clean, bright, homely, nicely-furnished, and laid out to the needs of the residents living there. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout.

The centre comprised of two bungalows located in a quiet residential estate close to a local town in County Kildare. The centre had the capacity for a maximum of seven residents, at the time of the inspection there were seven residents living in the centre full-time.

One bungalow provides residential care and support for three residents who have been living together since they were young children. This centre has a bespoke condition of registration in place to allow residents to age in place so they can continue living in the centre with their peers as they incrementally reach adulthood.

This bungalow consisted of three resident bedrooms (one of which was en-suite), a large wet room, a living room, a staff office, a large kitchen/ dining/ living room with TV services, sensory art and toys and a utility and medicine storage room. There was a secure back garden with outdoor seating and raised beds for planting.

The second house provides residential care for four adult residents who had recently moved from the provider's congregated setting. Residents in this house 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 and behaviour support needs. 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. Staff were observed to interact warmly with residents.

This bungalow was well presented, homely and comfortable. The designated centre had a utility and kitchen come dining room which was clean and well maintained. Residents also had access to a sitting room which was furnished with comfortable couches, armchairs and recliners and the inspector saw residents relaxing in these in the afternoon.

The inspector observed both homes were generally very clean and well maintained throughout. Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed the rooms to include photographs, and memorabilia that was important to each resident. The atmosphere of the centre was noted to be calm and relaxed. Staff communicated with residents in a gentle manner and clearly knew residents' individual preferences in respect of their care and support.

The inspector spoke with the person in charge, programme manager and staff on duty in both houses on the day of inspection. They all spoke about residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring residents needs were met to a high standard at all times.

They also spoke about the high standard of care all residents receive and had no concerns in relation to the wellbeing of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. When the inspector arrived at the first house one of the residents was getting ready to go out to the library. In the other house, staff spoke about how the residents had integrated in to the community, attending mass and neighbourhood barbecues. Other activities that residents from both houses enjoy doing include going to the gym, musicals, concerts, walks in local parks and some of the residents had been on holiday to Paris earlier in the year.

The inspector had the opportunity to speak with two family representatives by phone on the day of the inspection. They both commented on the high standard of care provided with one saying 'the care is phenomenal and staff are extremely familiar with the residents needs'.

The other family member spoke about the success of moving her loved one from the provider's campus-based setting to the community and the difference it has made to their quality of life. They said 'their whole world has opened up and its really unbelievable to see'.

The service was operated through a human rights-based approach to care and support, and both residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

In summary, the inspector found that the residents enjoyed living here and had a good rapport with staff. The residents' overall wellbeing and welfare was provided to a 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 designated centre was adequately resourced to support the residents. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports.

The management of the service had ensured that staff resources were utilised in a manner which filled any gaps in the roster and ensured continuity of care for the residents.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them. Residents and staff members were seen to have positive relationships which were effective in promoting residents' rights and ensuring their safety. Staff were observed to be available to residents should they require any support and to make choices.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

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.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date.

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.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre.

Residents were in receipt of support from a stable and consistent staff team. Staffing levels were in line with the centre's statement of purpose and the needs of the residents.

The inspector examined the planned and actual staff rosters for October and November 2025. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

The inspector saw that residents were very familiar with staff members and that there were positive relationships between residents and staff. Staff members were familiar with residents' preferences, their assessed needs, and the important relationships in their lives.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

The inspector reviewed the training records for staff working in the centre. All staff were up to date in training in required areas such as safeguarding vulnerable adults,

Children's First, manual handling and fire safety. Refresher training was available as required to ensure that adequate training levels were maintained.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

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

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a selection of records across Schedule 3 and 4. The registered provider had ensured the records of information and documents pertaining to each resident as specified in Schedule 3 was correct and in order.

Similarly the sample of records viewed pertaining to Schedule 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, staff rosters and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

A series of audits were in place including monthly local audits and six-monthly unannounced visits.

The provider had completed a six-monthly unannounced visit of the centre and had completed actions which had been identified as a result of this audit.

Audits carried out included fire safety, residents' finances, infection prevention and control (IPC), medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents

had access to a vehicles for transport which were assigned for the centre's use.

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 resident's 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

The provider had a complaints policy in place. This was in easy-to-read format and accessible to all.

There was an up-to-date complaints and compliments log. The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally. There was no open complaints.

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.

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

individualised and focused on their needs.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

Staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

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.

The inspector found that appropriate safeguarding procedures were in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. There was a comprehensive assessment of need in place for all residents, which identified their health, personal and social care needs. These assessments were used to inform detailed plans of care.

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services. The inspector reviewed residents' healthcare support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviours of concern.

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

Regulation 10: Communication

The inspector found that the residents were supported by staff who understood their communication needs and could respond appropriately.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

Staff were observed to be respectful of the individual communication style and preferences of all residents as detailed in their personal plans.

Residents had access to relevant communication media including televisions and streaming services.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that both premises were designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The designated centre was found to be clean and tidy. It provided a pleasant, comfortable and homely environment for residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

Each resident had their own bedroom which was personalised to reflect their tastes. Photographs of the residents were displayed in communal areas and the decor of the sitting rooms reflected the residents' interests.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Equipment used by the residents was easily accessible and stored safely. Records showed that this equipment was serviced regularly.

Judgment: Compliant

Regulation 28: Fire precautions

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

For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment throughout the centre. The fire panels were addressable and easily accessed in the entrance hallways of both bungalows and the fire doors, including bedroom doors closed properly when the fire alarm was

activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night-time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

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

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, positive behaviour support, health care, nutrition, transport, skin integrity, mobility and safeguarding, as per residents' assessed needs.

Staff spoken with were informed regarding these care plans and residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were monitored by the nursing team in the designated centre along with the person in charge and information was maintained in specific

health care plans.

There was an annual health check carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place.

Residents in this centre had access to a variety of healthcare professionals in order to meet their assessed needs. Residents accessed clinical appointments both through the provider's multi-disciplinary team and in the community, in accordance with their assessed needs.

The inspector was shown two of residents' healthcare plans and went through both thoroughly with the person in charge. They included guidelines around resident's medical needs including epilepsy management, oral care, respiratory care and stoma care.

If residents required admission to hospital settings for health needs, there were systems in place for the staff team to ensure hospital staff had up to date and relevant information about their care. The staffing resources were managed in a way to support residents during hospital admissions and there was good communication between the designated centre and the various hospital teams.

The inspector was told that residents were supported to access public health screenings when they were invited to attend these.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with managing behaviour had access to multidisciplinary professionals including psychiatry and psychology. Behaviour support plans were in place on residents' files. These were reviewed and updated regularly. Staff were informed of the recommendations in place to assist residents in this area.

The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice.

Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. All staff were up to date in mandatory training in Safeguarding Vulnerable Adults and Children First.

Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents. Furthermore, they had no current safeguarding concerns.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector of Social Services in line with regulations.

Residents also had intimate care plans which detailed their needs and preferences in respect of care being provided in this area.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant