



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 1
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0005829
Fieldwork ID:	MON-0038091

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 1 is a designated centre operated by Stewarts Care Ltd. The centre comprises four community based houses, located in county Dublin. The centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities. The centre is managed by a full-time person in charge, and the staff skill-mix includes social care workers, nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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How we inspect

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 15 April 2025	09:10hrs to 15:30hrs	Kieran McCullagh	Lead
Tuesday 15 April 2025	09:10hrs to 15:30hrs	Michael Muldowney	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. From what residents told us and what inspectors observed, it was evident that residents living in this centre were leading active lives as members of their local community, and that the service was a person-centred one which had focus on their human rights.

The inspection was completed over the course of one day by two inspectors and was facilitated by the person in charge and programme manager for the duration of the inspection. Through careful observation, direct interactions, a thorough review of documentation, and discussions with residents and key staff, inspectors evaluated residents' quality of life. Ultimately, inspectors observed a high level of compliance with the regulations.

The centre comprises four homes all located in county Dublin and all within close proximity to each. The centre has the capacity to accommodate nine adults with intellectual disabilities. Inspectors visited all four homes to assess the quality of the physical environment, engage with residents, and gain insight into their lived experiences. Each home was found to be clean, welcoming, and comfortably furnished, with a homely atmosphere that promoted a sense of wellbeing and dignity.

Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas were found to be spacious and thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment. Kitchens across the homes were well equipped and supported a diverse and balanced selection of food and drinks, which catered to residents' dietary needs and preferences. A small number of minor maintenance issues were noted. However, these had already been reported to the provider's maintenance team for resolution.

Inspectors also observed good fire safety systems. For instance, there was fire detection and fighting equipment throughout the homes, and individualised evacuation plans were available to guide staff on the supports required by residents. There was a small amount of restrictive practices used in the centre. Inspectors found that they were applied in line with the provider's policy and residents' consent. The premises, fire safety, and restrictive practices are all discussed further in the quality and safety section of the report.

In preparation for the inspection, some residents completed surveys to share their perspectives on life within the centre. The feedback received was positive and reflected a strong sense of satisfaction and wellbeing among residents. Survey responses indicated that residents felt safe and secure, were pleased with the

quality and comfort of the premises, and expressed satisfaction with the food provided. They also felt empowered to make their own decisions and reported receiving a high standard of care and support. Residents' feedback included comments such as, "I am happy in my home", "I know my neighbours and people in the shops", and "I like my big bedroom". Additionally, residents noted that they enjoyed visits from family members, understood how to make a complaint if needed, and felt confident speaking with the person in charge should any issues or concerns arise.

Inspectors had the opportunity to meet with some residents and staff members during the inspection and also took time to observe interactions and planned activities. In one home, a resident told an inspector that they liked living in the centre and were happy with the premises. They said that there was enough space, all of the facilities were in good working order, and that they liked to be involved in household chores such as laundry and washing dishes. They got on well with their housemates, and enjoyed going on day trips with them. Recently they had been to Cork and were looking forward to their next trip to Kilkenny. The resident also enjoyed meeting their friends in the local pub, getting beauty treatments, and relaxing in their home. They were also involved in a local community organisation, and spoke about planning an overnight break with them later in the year.

The resident said that they liked all of the staff working in the centre, and said that there was enough staff on duty. The inspector observed staff kindly engaging with the resident, and they appeared to know each other well as they chatted and joked. The resident showed the inspector their personal file which contained their assessments, personal plans, and goals. They said that that agreed with the information in their file. The resident valued their independence, and told the inspector about how they self-administered their own medicines, that they could access and spend their own money as they wished to, and decided how they spent their time. They had no complaints, but said that they would speak with staff if they had any issues or concerns.

In another home the inspector had the opportunity to meet with three residents and two staff members on duty. The residents appeared happy, relaxed, and at ease with the inspector's presence. The home was noted for being clean and tidy, and was adorned with decorations for the upcoming Easter holidays. One resident shared a conversation with the inspector at the kitchen table, expressing their contentment and sense of safety within the centre. It was evident that they had a strong bond with their housemates, and the staff members interacted with them in a warm and friendly manner. Additionally, the resident proudly showed the inspector their bedroom, which reflected their personal tastes and preferences.

Staff members on duty discussed with the inspector the changing medical needs of one resident. They highlighted how recent hospitalisations, resulting from fluctuations in the resident's medical condition, had notably affected their overall function and mobility. For instance, the resident was now a full-time wheelchair user for all mobility and was now fully dependent for all care needs. The inspector reviewed a recent report from occupational and physiotherapy, which highlighted the resident's need for housing that supported both current and future

requirements, to ensure optimal functionality and comfort. The report emphasised the necessity of a bedroom and bathroom equipped to accommodate a ceiling hoist and a profiling bed. Additionally, it was recommended that the living area be spacious enough to accommodate a larger wheelchair and a comfort chair without encroaching on the living space of others. Ultimately, the report concluded that the current accommodation was inadequate to meet the resident's present needs and would not sufficiently support potential future needs in the event of further health deterioration. This is discussed further under Regulation 17: Premises.

Inspectors found that there were effective arrangements for residents to be consulted with and express their views and wishes. They made decisions on a daily basis about their lives, and also attended house meetings and key worker meetings where they discussed relevant topics about the centre and reviewed their personal goals. Inspectors reviewed a sample of the residents' house meeting minutes in two houses from February to April 2025. The minutes noted discussions on the national standards, residents' rights, healthy eating and menu planning, staffing, activity planning, the service user council, and the upcoming inspection. The provider had also consulted with residents as part of the recent annual review, and inspectors found that complaints made by residents were being responded to, as per the provider's policy.

Inspectors spent time speaking with staff including the person in charge, programme manager, social care workers, nursing staff, and healthcare assistants. The person in charge told inspectors that residents were happy in the centre, had an excellent quality of life, and received person-centred care and support. They were satisfied with the staffing arrangements, and said that residents could easily access the provider's multidisciplinary team services as needed. They had no concerns, and said that residents evacuate without issue during fire drills.

One staff member told inspectors that residents were happy and had active lives. They spoke about the different activities residents enjoyed including spending time with friends and family, swimming, volunteer work, gardening, gym, eating out, social clubs, going to the library, and day trips and holidays. They had completed safeguarding training, and were aware of the procedures for reporting any concerns. Another staff member told an inspector about a resident's health and social care needs. They were familiar with the associated support interventions, including the resident's medicines and behaviour support plan strategies. They said that the interventions in place were effective.

Overall, inspectors found that residents were in receipt of high quality, safe and person-centred care and support. The centre was well resourced and there were effective governance and management arrangements.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

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. Overall, inspectors found that the centre was well governed and that there were systems in place to ensure that residents were safe and received a high quality service in the centre, and that any risks were identified and progressed in a timely manner. The centre was well resourced. For example, the premises were well maintained, staffing levels were sufficient, and residents could avail of the provider's multidisciplinary team services.

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose, residents' guide, and a copy of the centre's insurance contract.

The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They were based in the centre, and supported by social care workers to manage the centre. For example, the social care workers organised meetings, carried out some staff supervision, and reviewed risk assessments. The person in charge reported to a programme manager, and there were effective arrangements for the management team to communicate and escalate issues.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. Inspectors observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, inspectors saw residents being supported to participate in a variety of home and community based activities of their own choosing. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices. The staff skill-mix consisted of social care workers, nurses, healthcare assistants, and a day service staff. The person in charge maintained planned and actual staff rotas that showed the staff working in the centre and the hours they worked. There were two whole-time equivalent staff vacancies. However, they were well managed to reduce any adverse impact on residents.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. All staff were supported and given sufficient time to receive training in safeguarding in order to provide safe services and supports to residents. Inspectors spoke with a number of staff over the course of the inspection and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

The registered provider had implemented management systems to monitor the

quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre. A six-monthly unannounced visit of the centre had taken place in February 2025 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre.

There were contracts of care in place for all residents, which were signed by residents or their representatives. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

The provider had also implemented an effective complaints procedure. The procedure was in a format accessible to residents, and inspectors found that previous complaints had been managed to complainants' satisfaction.

Overall, it was 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.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They had commenced in their role in November 2022, were suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

The person in charge was based in the centre, demonstrated an excellent understanding of the residents' individual personalities and needs, and was ensuring that the centre operated in accordance with the statement of purpose.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix and complement comprised the person in charge, nurses, social care workers, healthcare assistants, and a day services staff. The person in charge was satisfied that the current skill-mix and complement was appropriate to number and assessed needs of residents' living in the centre. There were two whole-time equivalent healthcare assistant vacancies. However, the vacancies were well managed to minimise any adverse impact on residents. For example, regular relief

staff and staff overtime was used to ensure continuity of care for residents.

Inspectors reviewed the January, February and March 2025 planned and actual rotas in two houses. The rotas were well maintained, and showed the names of staff and the hours that they worked.

Staff attended monthly team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. An inspector read a sample of the meeting minutes from December 2024 to March 2025 in one house. The minutes noted discussions on safeguarding, HIQA inspections, fire safety, residents' activities, care planning, medication management, risk assessments, complaints, staffing matters, and reminders to encourage residents to make their own choices.

Inspectors also reviewed four staff Schedule 2 files, and found that the required information and documents including vetting disclosures, copies of qualifications, and evidence of identity, were available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, human rights, epilepsy, manual handling, supporting residents with modified diets, infection prevention and control, positive behaviour support, administration of medication, and fire safety.

Inspectors reviewed the most recent training log with the person in charge. It showed that all staff had completed their necessary training programmes; and refresher training was scheduled for them attend as required. Some staff had also completed additional training in the use of restrictive practices and on the Assisted Decision-Making (Capacity) Act 2015.

The person in charge ensured that staff were supported and supervised in their roles. Inspectors reviewed four staff formal supervision records and found that they had taken place in line with the provider's policy. Staff spoken with told inspectors that they were satisfied with the support and supervision they received.

Judgment: Compliant

Regulation 22: Insurance

The service was sufficiently insured to cover accidents or incidents. The necessary

insurance documentation was submitted as part of the application to renew the centre's registration and was also made available for inspectors to review on the day of this inspection.

Upon review, inspectors confirmed that the insurance policy covered each building, their contents, and residents' personal property.

Additionally, the insurance also provided coverage for risks within the centre, including potential injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had established measures to ensure that a safe, high-quality service was consistently provided to residents, while also ensuring that national standards and guidelines were being adhered to.

A clear management structure was in place, with well-defined lines of accountability. Evidence showed that there was consistent oversight and monitoring of the care and support provided at the designated centre along with regular management presence. The designated centre was effectively managed by a capable person in charge, who, with the support of their programme manager, possessed a thorough understanding of residents' and service needs and had established structures in place to fulfill regulatory obligations. Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering fire safety, housekeeping, infection prevention and control (IPC), medication, and residents' care plans, was conducted by the provider and local management team. The inspectors review of these audits confirmed the audits' thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2024. Residents, staff and family members were all consulted in the annual review. Family members expressed satisfaction with the quality of care provided and positive feedback included that they felt listened to when they had a concern and were very happy with how healthcare needs were being monitored in the designated centre.

Inspectors reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in February 2025. Following review, inspectors observed that the majority of actions had been completed and that they were being used to drive continuous service improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the residents or their family or representative.

Inspectors reviewed six contracts of care which were made available on the day of this inspection and found they each outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them all of which aligned with residents' assessed needs, statement of purpose and the provider's established admissions policy.

In addition, one resident showed an inspector a copy of an easy-to-read information booklet entitled *"Residential Service User and Family Information Booklet"*. This booklet provided the resident with information in an accessible format pertaining to residential provision, personal support planning, charges and contributions, and policies and procedures.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

Inspectors reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of each premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The policy outlined the processes for

managing complaints including the stages of resolution, the associated roles and responsibilities, and how residents could access advocacy services.

The procedure had been prepared in an easy-to-read format for residents and their representatives. There were no recent or open complaints. Records of previous complaints noted that they were resolved to the satisfaction of the complainants concerned. Residents spoken with, told inspectors that they had no complaints, but were aware of how to make a complaint if they wished to.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the findings of this inspection were that residents reported that they were happy and felt safe. They were making choices and decisions about how, and where they spent their time. It was apparent to inspectors that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a human rights-based and person-centred manner.

Residents had active lives, and engaged in various social, leisure, and occupation activities that were in line with their assessed needs, wishes, and preferences. Some residents were in paid employment, some attended day services or community groups, and others were supported by staff with activities. Residents' rights were actively promoted within the centre. They were supported to participate in the organisation of the centre and to make decision about their own lives, For example, residents were supported to choose personal goals that were meaningful to them and in line with their interests and values, such as learning new skills.

Residents were supported to make decisions about how their home was decorated and residents' personal possessions were respected and protected. Inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. Inspectors completed a walk around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in a comfortable and homely environment. One resident's changing medical needs was negatively impacting on their current accommodation and it was evident that their current home was insufficient to meet their needs. However, the provider had commenced future planning for this resident and a clear and comprehensive support strategy was in place on the day of this inspection.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were encouraged to eat a varied diet, and equally their choices regarding food and nutrition were respected. Residents were supported by a coordinated multidisciplinary team, such as medical, speech and

language therapy, dietitian and occupational therapy and during the inspection staff were observed to adhere to advice and expert opinion of specialist services.

A residents' guide was available in the designated centre. The guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires within the designated centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

There were appropriate arrangements for the management of residents' medicines. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required. Some residents told inspectors about how they were independent in this area, while others needed more staff support. Inspectors reviewed a sample of the residents' medicine administration records, and they indicated that they received their medicines as prescribed.

The person in charge had ensured that residents' care needs had been assessed to inform the development of personal plans. Inspectors reviewed a sample of the residents' assessments and plans, including plans on eating and drinking, intimate care, behaviour support, and health care. They were found to be up to date, multidisciplinary team informed, and readily available to guide staff practice.

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 behaviour that challenges. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. Inspectors found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and that previous safeguarding concerns had been managed and reported appropriately.

Inspectors saw that staff practices in the centre were upholding residents' dignity and were supporting residents to have control over their lives. Residents were continually consulted about and made decisions regarding the ongoing services and supports they received, and their views were actively and regularly sought. Information was made available to residents in a way that they could understand in order to support them to make informed choices and decisions.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual

and collective needs.

Regulation 13: General welfare and development

Residents had active lives, and the provider had ensured that they had sufficient opportunities to participate in social, leisure, and occupational activities that were in line with their interests, capacities and preferences.

The levels of support residents required from staff varied. Some residents worked in paid employment and were independent in accessing their community, while others attended day services or were supported by staff in the centre with their recreational activities. Residents were well connected with the local community and staff and residents told the inspectors of the facilities which they accessed including their day services, eateries, and the swimming pool. Some residents also volunteered in local community groups. Residents also enjoyed holidays, and one resident told inspectors about an upcoming holiday that they were looking forward to.

Residents were also supported to maintain and develop relationships. Residents were free to receive visitors, and were supported to visit their friends and family as they wished.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that all four homes within the designated centre were designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The centre was well-maintained, clean and appropriately decorated.

Inspectors observed a warm and calm atmosphere within the designated centre. Residents spoken with expressed high levels of satisfaction with their living environment and the support they received. Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, bedrooms were provided with ample and secure storage for residents' personal belongings.

Since the previous inspection one resident's assessed needs had changed. This resident had undergone several inpatient admissions over the past six months, which had significantly impacted their overall function and mobility. An occupational

and physiotherapy assessment completed in March 2025 found that the resident's current accommodation was insufficient to meet their needs, and would not adequately support future needs in the event of further deterioration. However, the programme manager informed inspectors that comprehensive planning had already been initiated. For instance, the provider was diligently working to secure suitable accommodation that aligned with the resident's current assessed needs. They were also collaborating closely with the current housing provider to identify and secure the most appropriate property.

The equipment used by residents was both easily accessible and stored securely. Records reviewed by inspectors evidenced that the equipment was regularly serviced, with items such as high-low beds and shower chairs undergoing annual servicing.

During the walk-around of two of the homes within the designated centre, the inspectors noted that some minor maintenance work was needed. However, this had already been escalated to the maintenance department and assurances were given that all works would be completed by end of May 2025.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file. Inspectors reviewed three FEDS care plans and found that there was comprehensive guidance regarding residents' meal-time requirements including food consistency, equipment and environment, and residents' likes and dislikes.

Staff spoken with during this inspection were very knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. For instance, staff were observed throughout the inspection to adhere to therapeutic and modified consistency dietary requirements as set out in residents' FEDS care plans. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

There were processes in place to monitor and evaluate residents' nutritional care to help ensure high-quality care was being provided. For example, residents with specialised dietary requirements were provided with high protein energy foods in line with their nutritional and healthcare plan. In addition, inspectors observed that accurate food and fluid intake records and weight records were maintained.

Residents were consulted with and encouraged to lead on menu planning and had the opportunity to participate in the preparation, cooking and serving of their meals as they so wished. Inspectors observed a good selection and variety of food and drinks, including fresh food, in kitchens for residents to choose from, and it was

hygienically stored and labelled correctly.

Judgment: Compliant

Regulation 20: Information for residents

In accordance with Regulation 20, the registered provider prepared a guide for the designated centre. A copy of this guide was made available to inspectors to review on the day of this inspection.

Inspectors reviewed the guide and confirmed that the information met regulatory requirements. Specifically, it covered information pertaining to the statement of purpose, admissions and service contracts, complaints procedure, communication, visits, and residents' rights.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to mitigate the risk of fire by implementing effective fire prevention and oversight measures. During this inspection, inspectors observed that each premises visited was equipped with fire and smoke detection systems, emergency lighting, and firefighting equipment. A review of maintenance records confirmed that these systems and equipment were subject to regular checks by staff, and inspections and servicing by a specialist fire safety company.

Inspectors noted that the fire panels were addressable and easily accessible in all premises visited. Additionally, it was observed that all fire doors, including bedroom doors, closed properly when the fire alarm was activated. Furthermore, all fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The provider had implemented comprehensive measures to ensure that each resident was aware of fire safety procedures. For instance, inspectors reviewed the personal evacuation plans of eight residents. Each plan outlined the specific support required to assist residents during an evacuation, both during the day and at night. One resident spoken with demonstrated a clear understanding of the evacuation routes and knew the appropriate actions to take if and when the fire alarm sounded. Another resident told inspector about some of the fire safety precautions, such as unplugging electrical equipment at night-time. Furthermore, staff members were knowledgeable about the individual support each resident required to facilitate their timely evacuation.

Inspectors examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both daytime and nighttime conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the provider's medication management policy.

The inspectors reviewed the practices and arrangements for two residents in one house. They observed that the residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspectors reviewed the residents' prescription sheets and medicine administration records. The documents contained the necessary information, and showed that the residents received their medicines as prescribed.

Assessments of capacity to self-administer medicines had been completed for residents. These assessments, and associated plans, detailed the level of support that residents required. One resident told the inspectors about how they self-administered their medicines; for example, the number of medicines and the times that they took them. Other residents required full support with their medicines and this was provided by staff.

Staff were required to training before they administered medicines. There were also good arrangements for the oversight of medicine practices, including regular audits and checklists, to ensure that the provider's policy was adhered to and that any discrepancies were identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed six residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate. The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For instance, inspectors observed plans on file relating to

feeding, eating, drinking and swallowing (FEDS), communication, personal and intimate care, positive behaviour support, mobility, and promoting independence.

In addition, comprehensive *"OK Health Check"* assessments had been completed for all residents. Inspectors reviewed the assessment records of six residents and found that they included detailed information on their personal and social care needs, emotional support, and mental health supports. These assessments were conducted and reviewed by either a registered nurse or the resident's key worker, which ensured that all information recorded was accurate and up-to-date with respect to the residents' needs.

Inspectors also reviewed six residents' personal plans, which were presented in an accessible format and outlined individual goals for 2025 that were important to each resident. Examples of goals set for 2025 included getting a dog, buying a greenhouse, building a shed and painting the railings at the front of the house. The provider had in place systems to track goal progress. For instance, goals were discussed with residents during key working and recorded in goal progress documentation. In addition, photographs of the resident participating in their chosen goals and how they celebrated were also included in their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that effective arrangements were in place to provide positive behaviour support to residents with assessed needs in this area. For instance, the four positive behaviour support plans reviewed were detailed, comprehensive, and developed by appropriately qualified professionals. Additionally, each plan incorporated proactive and preventative strategies aimed at minimising the risk of behaviours that challenge from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and inspectors observed positive communications and interactions throughout this inspection between residents and staff.

There were three restrictive practices used within the designated centre. Inspectors completed a thorough review of these and found they were the least restrictive possible and used for the least duration possible. Residents had consented to the use of restrictions. For example, consent was clearly documented in restrictive practice protocol documents reviewed by inspectors. In addition, easy-to-read and visual documents had been prepared for residents and these were discussed during key working meetings.

Inspectors found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive

practices in place were subject to regular review by the provider's restrictive practice committee, appropriately risk assessed and clearly documented and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with the resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to refer to. Staff spoken with were familiar with the procedures for reporting safeguarding concerns. Safeguarding was also a regular topic discussed at residents' meetings to help them understand the topic.

The inspectors reviewed the records of three safeguarding incidents reported in 2024 and 2025, and found that they had been appropriately reported and managed to promote the residents' safety.

The person in charge had ensured that intimate care plans had been prepared to guide staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspectors reviewed two resident's intimate care plans and found that they were up to date and readily available to staff to guide their practice.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was ensuring that the centre operated in a manner that respected and promoted residents' rights. Residents were supported to understand and exercise their rights, listened to, and had control and choice over how they lived their lives. For example, residents attended house meetings (as discussed in the first section of the report) and key worker meetings where they were consulted with, encouraged to make decisions, and chose personal goals (as discussed under regulation 5).

Residents spoken with, told inspectors that they had the freedom to exercise their rights and independence; for example, they determined how they spent their time and money. Residents' also reported in their HIQA surveys that their rights were promoted in the centre and that they felt listened to by staff and the management team.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant