



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 8
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0005830
Fieldwork ID:	MON-0038268

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 8 is a designated centre operated by Stewarts Care DAC. It provides full-time support for up to four adults with intellectual disabilities. The designated centre is located in a congregated setting in South County Dublin. The centre comprises a two storey building which is divided into four single occupancy living spaces. Each resident is afforded their own bedroom, living room/dining area, a separate kitchen and bathroom/shower facility. The centre is staffed by a team of nurses, a social care worker, care assistants and a day service staff and has a full-time person in charge. Residents living in this centre have access to clinical services such as psychiatry, psychology, occupational therapy, speech and language therapy, social work and physiotherapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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	09:00hrs to 15:00hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was scheduled to inform decision making in respect of an application to renew the centre's registration. The inspector visited the centre and had the opportunity to meet three of the residents who were living there at the time of inspection. The inspector used conversations with residents and staff, observations of care and support and a review of documentation to inform judgments in respect of the quality and safety of care. Overall, this inspection found that residents were in receipt of very good quality care. Residents received care and support from a stable staff team and this ensured that their assessed needs were met in line with their individual preferences. Some minor improvements were required to the fire safety arrangements and to staff training.

The designated centre is located on the provider's campus in a suburb of Dublin. It is comprised of four self-contained living spaces within a larger building. The centre had capacity to support four residents at the time of the inspection there were three residents living there. Each resident had access to their own private bedroom, living room, bathroom and kitchen. Some of the residents had additional facilities in their apartments such as sensory rooms. All residents had access to laundry facilities and to well-kept gardens.

The inspector met with the person in charge and the service manager on arrival. An opening meeting was held and the person in charge outlined the needs of the residents. They demonstrated a comprehensive understanding of the service and the residents' needs. The person in charge spoke of a culture of positive risk taking and of how residents' rights had been enhanced in recent years through, for example, the reduction and elimination of many restrictive practices. None of the residents here availed of day services however they were supported by staff in their home, or by day service staff, to choose activities at home, in the community and further afield in line with their choices and goals.

During the opening meeting, the inspector met one resident who was being supported to launder their clothes. The resident greeted the inspector but then chose to continue with their daily routine. They were seen to interact positively with the staff and the person in charge and clearly knew them well.

The inspector then completed a walk around of the centre with the person in charge. It was seen that the facilities of the centre were very clean and well-maintained. Residents' living spaces were personalised and reflected their interests. The centre provided a very homely and individualised space for each of the residents.

A second resident was relaxing in their sitting room and was watching music videos on their television when the inspector arrived to their apartment. They appeared very comfortable in their home. The inspector spoke to staff who were packing the resident's bag and getting ready to head out for the day. Two staff members, who

were supporting the resident, told the inspector that the resident loved the water and sea swimming. They planned on heading to lakes in another county for a walk and a paddle. They described the resident's preferences and goals and told the inspector of how they supported the resident in the community in line with their behaviour support plan. The staff told the inspector of how routine was very important to the resident and of how they supported the resident to be in charge of their day and their routine.

Another resident, who lived in an upstairs apartment, greeted the inspector and showed her around their apartment. The inspector saw that the apartment was very homely and was decorated with photographs, art work and posters of the resident's interests including, for example, their favourite singers. This resident spoke to the inspector about their clothes and their possessions and seemed very proud of their home. They asked the staff for a drink and staff were seen to prepare a drink in line with the resident's assessed needs in this area. The inspector spoke to one staff who was working with this resident on the day. They told the inspector that they were arranging a medical appointment for the resident and then hoped to go out in the afternoon as per the resident's wishes.

Staff in this centre had received human rights training. The inspector asked two staff to describe how this training had informed their practice. One staff member described how they planned to support a resident to access music streaming services. The aim of this was to ensure the resident could independently access their preferred music and have autonomy and control in this area, rather than relying on asking staff to play music for them. Another staff member described to the inspector how staff focus on residents' capabilities and aim to build residents' skills and promote their independence.

All three of the residents completed questionnaires with support from the staff team. The questionnaires detailed that the residents were happy with the care and support in the centre. Residents did not identify any areas for improvement or express dissatisfaction with any element of the service provision.

The inspector observed that staff interactions with residents were gentle and kind. Residents appeared comfortable in the company of staff and were familiar with the staff team. Staff spoken with were informed of their roles and responsibilities, of the management arrangements and of the residents' assessed needs. Overall, the findings of this inspection were that the service being provided was meeting the requirements of the regulations in many areas and was ensuring that residents were in receipt of good quality, person-centred care. The next two sections of the report will describe the management arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report describes the management arrangements of the centre.

Overall, the inspection found that there were consistent and effective governance structures which were ensuring that staff were informed of their roles and responsibilities. Governance structures also ensured that there was oversight of the quality and safety of care at provider level and that any risks to the service were addressed in a timely manner. One area for improvement identified was in respect of staff refresher training. This was an area of need which was known to the provider and was not posing a medium or high risk to the wellbeing of the residents.

The designated centre was staffed by a consistent team of social care assistants, a social care worker, a staff nurse and a household staff. The staff complement was maintained in line with the roster and there were no vacancies at the time of inspection. The inspector was told that the staff team had been operating with vacancies in late 2024. The person in charge had therefore stepped in and completed some of the vacant shifts. While this ensured continuity of care for the residents, there was a knock on effect in respect of the progression of actions from the 2024 provider level audits; however, the inspector saw evidence that the staff team had since been enhanced and stabilised and the person in charge had progressed required actions to ensure the safety and quality of care.

The staff team reported to a person in charge. They were responsible solely for this designated centre and had sufficient scheduled time to fulfill their regulatory responsibilities. They were supported in their role by a service manager and had regular meetings with this manager in order to escalate any risks to the provider level.

The provider had in place a suite of audits which supported them in quickly identifying any risks to the quality and safety of care and implementing action plans to address these risks. The provider had completed the audits as required by the regulations, including the six monthly unannounced visits and the annual review of the quality and safety of care. Additionally, they had completed audits in other specific audits in order to inform the delivery of care. For example, audits in respect of residents' finances and the mealtime experience captured any issues arising in these areas. Action plans were implemented to address risks identified during audits and the inspector saw that actions were completed in a timely manner, demonstrating that these audits were effective in driving service improvement.

The staff team were very well informed of their roles and responsibilities. They were in receipt of regular support and supervision. Staff spoken with described good quality and effective communication among the staff team and from the management team. There were some delays noticed however in staff accessing refresher training in various areas including fire safety and risk management. The inspector was told that some of these trainings had been previously scheduled but were cancelled and this was partly the reason for some staff training being out of date.

Regulation 14: Persons in charge

The centre was overseen by a suitably qualified and experienced person in charge. They were a registered nurse who had sufficient management experience and who had completed a relevant management qualification. The person in charge had been in their current role for over two years and were well informed of the residents' and the service needs. The person in charge was responsible solely for this designated centre. There were pathways in place for them to escalate concerns or risks to the provider level.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by a team comprised of a staff nurse, social care worker and social care assistants. Further support with specific tasks was provided by a household staff. There were no vacancies at the time of inspection. The inspector reviewed the staff rosters for the centre and looked at four dates from April rosters in detail. It was seen that planned and actual rosters were maintained. The staffing levels on these rosters were in line with those detailed on the statement of purpose.

The inspector saw that there were sufficient staff on duty to meet the individual needs of the residents. Staff were seen providing person-centred care; they were informed of residents' needs and preferences in respect of their care and interacted in a kind and gentle manner with the residents. The stable staffing arrangements was ensuring continuity of care for the residents.

The Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to ensure that all staff were informed of their specific roles and responsibilities and of the provider's policies and procedures. One staff member told the inspector of the comprehensive induction programme which they had recently participated in their new role. They described the training and education provided to them at provider level, for example in respect of the provider's safeguarding policies and procedures, and the on-the-ground training they received in respect of residents' care plans.

Another staff member told the inspector of the training they had received in respect of a human rights based approach to care. They described how they ensured that residents' rights to privacy, dignity and autonomy were upheld during the provision

of care. This staff member also described how residents' freedom was enhanced by the reduction and elimination of restrictive practices in the centre.

Both staff members spoken with were well informed of the management arrangements and of how to escalate concerns to the provider level. They told the inspector that they were in receipt of regular support and supervision through monthly staff meetings and individual supervision sessions. Additionally, both staff members described the good communication systems within the centre which ensured that relevant information was communicated among the staff team in a timely manner.

The inspector reviewed the records of the last two individual staff supervision sessions for three staff and saw that these were used to performance manage staff and ensure that they were informed of their particular defined roles and responsibilities. Records of the last three staff meetings were also reviewed and it was seen that these were used to provide information to staff on pertinent issues for the centre, such as safeguarding risks, changes to residents' needs and risk management.

However, on reviewing the staff training matrix, it was seen that a number of staff required refresher training in key areas. These included:

- 8 staff required fire safety practical training. A number of staff were scheduled to complete this training in April and May 2025
- 3 staff required positive behaviour support training
- 10 staff required training in risk management. 5 of these staff were booked to complete this training in April 2025
- 6 staff required training in feeding, eating, drinking and swallowing (FEDS).

While there were a number of staff requiring refresher refresher, this was not found to be resulting in any medium to high risk to residents. For example, although some staff had yet to complete positive behaviour support refresher training, all staff were up to date with similar training in crisis prevention intervention. Additionally, while a number of staff required training in FEDS, the inspector was told that these staff were not supporting residents with assessed FEDS needs at that time.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was told that the centre had experienced a reduction in staffing levels towards the end of 2024 and that this had impacted on the progression of action plans arising from the provider audits; however, by the time of inspection, the designated centre was sufficiently resourced to carry out the functions of the service and to meet the needs of the residents in a person-centred manner.

The staff team were performance managed and were in receipt of regular support

and supervision. Two staff members told the inspector that they felt well supported in their roles. Staff spoken with were informed of the management systems, of their specific responsibilities and of the provider's policies and procedures. This was effective in ensuring consistent provision of good quality care to the residents. One staff member told the inspector of how the enhanced and consistent staffing levels were resulting in positive outcomes for the residents, such as increased opportunities for social activities in the community.

The staff team were overseen by a person in charge. They had access to management hours in order to fulfill their regulatory responsibilities. The person in charge also attended regular meetings with the service manager which ensured that they had a forum to escalate any risks arising to the provider level. The person in charge showed the inspector an online action tracker which allowed them to review the progress on any required actions to ensure the quality and safety of care with the service manager and the quality department.

There were regular and comprehensive audits to check for the quality and safety of care completed at local level and provider level. The provider had completed six monthly unannounced visits and drafted a report and action plans arising from these visits. While the inspector saw that some actions were delayed due to resourcing issues in 2024, many of these had been completed or were in progress at the time of inspection. The inspector was told that, due to staff resourcing issues, the person in charge had filled gaps in the roster in late 2024 and had insufficient time to complete audit actions. While this was supporting consistency of care for residents, it was not effective in addressing quality and safety risks; however, since staff levels had been enhanced and stabilised, the person in charge had been able to dedicate time to progressing action plans. For example, many actions such as updating the fire evacuation plan and personal evacuation plans for residents, while not completed by the initially proposed time frame of December 2024 were completed by the time of inspection.

The provider had also completed an annual review of the service in consultation with the residents and their families. This review outlined that residents and family members were satisfied with the care provided for in the centre. The provider had also completed a series of more focused audits which looked at areas such as residents' finances, the mealtime experience in the centre and the infection prevention and control (IPC) arrangements. Actions plans were implemented as a result of any identified risks or issues raised through these audits. It was evident that the provider had systems in place to oversee the centre and that these systems were ensuring that residents were in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the designated centre. This was reviewed

by the inspector on the day of inspection. It had been recently reviewed and updated by the provider and was seen to contain all of the information as required by the regulations; for example, information was provided on the services and facilities in the centre and the criteria for admission.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had in place a complaints policy. This was reviewed by the inspector and was seen to have been updated within the past three years as required by the regulations. There had been no complaints made by residents within the 12 months preceding the inspection. There was an accessible complaints procedure displayed in the centre to inform residents' of the procedure for making complaints. The residents' guide further provided information to residents on how to make a complaint.

Judgment: Compliant

Quality and safety

This section of the inspection report describes the quality and safety of the service for residents. This inspection found that residents were receiving a very good quality service which was safely meeting their individual needs and upholding their rights.

Each resident in this centre was living in their own self-contained apartment. These apartments were seen to be very clean, homely and well-maintained. They were decorated in line with the residents' tastes and some of the residents proudly showed the inspector around their homes. Residents each had their own living room which provided a private space for them to meet with their friends and family when they visited. The inspector saw that residents' possessions were displayed throughout their apartments and staff told the inspector of the measures in place to safeguard residents' possessions and finances.

The designated centre was equipped with facilities to detect, contain and extinguish fires. This equipment was seen to be maintained in good working order. The provider had identified that an upgrade was required to their fire panel to ensure that it guided staff to the precise location of a fire in the event of one occurring. Works to upgrade the panel were planned at the time of inspection. Residents had been supported to participate in fire drills and staff spoken with were informed of the evacuation procedures; however, a number of staff required refresher in-person practical fire safety training. This was booked and scheduled to take place in the

coming weeks.

Each resident had a file which contained a very comprehensive and recently reviewed individual assessment. The assessment was informed by the resident, their family and the multi disciplinary team. Comprehensive care plans were implemented for each assessed need, including for example, behaviour support needs. Staff spoken with during the day were very informed of residents' needs and of how to implement their care plans.

A number of staff members also described to the inspector how restrictive practices had been reduced or eliminated in the centre. They spoke of the positive culture of risk taking and the impact that this was having on residents including, for example, in upholding their rights to freedom and autonomy. Staff described how residents had more freedom to leave the centre and to access their preferred activities.

Regulation 11: Visits

There were no restrictions placed on residents in respect of receiving visitors. The inspector was told by staff of how many residents enjoyed having their family visit them. One resident showed the inspector a photograph of their family visiting their apartment and the inspector saw that this was framed and proudly displayed on their hall table. Each resident had their own sitting room. This afforded them a private space to meet with their family and friends.

The provider had a visitor's policy which had been reviewed and updated within the past three years. This provided information to staff on how to ensure residents could receive visitors to their home.

Judgment: Compliant

Regulation 12: Personal possessions

Documentation maintained in residents' files showed that residents were consulted with in respect of their finances and that their consent was sought, where required, for staff to provide assistance to residents in managing money. Easy to read information was available on files which showed the support that each resident was in receipt of. Two of the residents' files, which were reviewed by the inspector, also contained an up-to-date contract of care. The contract of care detailed the fees that residents were required to pay and what these fees covered.

Staff spoken with described the measures to support residents with accessing their finances. Staff described the local operating procedures and how residents' finances were safeguarded. Records of residents' possessions of value were also maintained

to ensure that these were further safeguarded.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out in a manner that was suitable to meet the needs of, and the number of, residents. Each resident had access to their own apartment within the building. Each apartment provided for a private bedroom, sitting room, kitchen and bathroom for each of the residents. Staff offices and a utility room were also located within the building. Some residents also had additional rooms which were designed to meet some of their other assessed needs; for example, one resident had a sensory room in their apartment.

Residents apartments were seen to be very homely and comfortable. They were decorated with residents' photographs, possessions and there was art work on the walls. Many of the apartments had plants and ornaments decorating communal spaces. There was some minor paintwork required to doors throughout the centre; however, the inspector was told that this had been logged with the maintenance team and there were plans to complete this work.

Residents' bathrooms were equipped with aids required in line with their assessed needs, such as shower chairs. Residents' kitchens also afforded them opportunities to prepare their own meals in their home. There were adequate storage facilities in the centre and suitable arrangements for residents to launder clothes and linen.

Residents also had access to small private gardens which were seen to be well-maintained and contained garden furniture, ornaments and some sensory activities.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. The inspector reviewed this on the day of inspection. It was seen to be in an easy to read format and contained all of the information as required by the regulations; for example, there was information on the complaints procedure and fire evacuation arrangements for the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were generally good fire safety management systems in the centre. There were systems in place to detect, contain and extinguish fires; for example the inspector saw fire doors and automatic door closers were located throughout the centre and fire extinguisher were available in key locations. Records were maintained which showed that this equipment was serviced regularly. However, the fire panel for the centre required upgrading to ensure that it was fully addressable. This was known to the provider and was an outstanding action since the last inspection of the centre. The current fire panel directed staff to an approximate location of the fire but not to the specific room where the fire was located.

Records of fire drills were maintained in the centre. The inspector reviewed the most recent day and night time drills completed. These showed that all residents evacuated the centre in a timely manner in the event of an emergency, and with the minimum staffing levels in place. This provided assurances that residents could evacuate safely in an emergency.

The inspector saw that each resident had an up-to-date personal evacuation plan which detailed the supports they required during an evacuation. These supports were seen to be in place. A fire evacuation plan was also available which described the evacuation arrangements for the centre.

14 staff in this centre were up to date in fire safety training (practical); however, 8 staff required this training. This was booked and was due to be completed in April and May 2025. The inspector was told that this training had been previously scheduled for staff however it had been cancelled a number of times due to various issues and this is why some staff were out of date with training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files and saw that each resident had a comprehensive and recently updated individualised assessment. This assessment was informed by the resident, the staff team and the multidisciplinary team. The assessment was used to inform care plans in respect of each assessed need; for example, care plans were available in areas such as mental health needs, physical needs and intimate care. The inspector saw, and was told, that the staff nurse for the centre took the lead in updating residents' health care plans and the social care worker had responsibility for ensuring that social care plans were updated regularly.

Residents' care plans clearly detailed their preferences in respect of their care; for example, one intimate care plan provided information to staff on the resident's preferred time of day for bathing and for particular gendered staff to support them. Staff spoken with told the inspector that some residents declined to participate in particular health care interventions. Education and support was provided to

residents to help them to understand these interventions; for example a desensitisation programme was commenced for one resident in an effort to support the resident to have their bloods taken. However, the inspector was told that the resident's decision to decline particular interventions was respected and recorded.

Staff spoken with throughout the day were informed of residents' care plans and were seen to provide care and support in line with residents' assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in this centre which were deemed required in line with residents' assessed needs. The provider's restrictive practices committee reviewed these practices regularly and implemented protocols to detail how and when they could be used. Protocols seen on the day of inspection detailed how the provider was assured that these were the least restrictive possible and in place for the shortest duration. The protocols also detailed how residents had been informed of and consented to the restrictive practices.

Staff in the centre told the inspector that there had been a reduction in restrictive practices in recent years and this was resulting in better outcomes for residents. Staff described how the good communication systems and consistent staff team were ensuring that residents' behaviour support plans were being implemented consistently and effectively. The inspector was told that this had resulted in a reduction of incidents of concerns and more positive outcomes such as increased community activation.

The inspector reviewed two behaviour support plans which were available on residents' files. These had been recently reviewed and updated and were informed by the multidisciplinary team. The behaviour support plans clearly detailed proactive and reactive strategies for staff to use in order to reduce the potential of incidents of concern occurring, and to respond effectively when they did. Staff were informed of these behaviour support plans and described to the inspector how they were implemented on a day-to-day basis. All staff in this centre were up to date in crisis prevention intervention training which ensured they had the required skills to implement behaviour support plans and to provide residents with an opportunity to debrief after any incidents.

Judgment: Compliant

Regulation 9: Residents' rights

Staff in this centre had received training in a human rights based approach to care. One staff member described to the inspector how they ensured that residents' privacy and dignity were upheld when providing care. Another staff member told the inspector of how they use pictures and photographs to provide information to residents in a manner that was accessible to them and to support them to make choices and decisions.

Regular residents' meetings were held to consult with residents about the running of the designated centre.

Staff told the inspector that there was a culture of positive risk taking in the centre. They described how, previously, the centre was known for having a high number of incidents of concern and a high number of restrictive practices; however, with support from the multidisciplinary team, the restrictive practices had reduced and staff were supporting residents to have more freedom in their lives. The staff team spoke about knowing the residents' preferences and their care plans well. They described how they ensured that residents were set up to succeed on community outings by supporting them to visit their preferred places and engage in their preferred activities. For example, one resident loved the water, so the staff team, on the day of inspection, were visiting lakes for a walk and a splash with the resident. Residents' goals for the year reflected their interests and showed that residents were active in the community in line with their interests.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 8 OSV-0005830

Inspection ID: MON-0038268

Date of inspection: 15/04/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire training practice sessions are outstanding for 3 staff, they are all booked onto training and will be completed before end of June 2025. Outstanding Behaviour support, risk training and FEDS have all been addressed with staff and are booked. To be completed before end of July 2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Upgrade to fire panel systems in Stewarts Care campus based Designated Centre's, specifically Fire Detection and Alarm Systems are in progress. Designated Centre 8 will have works completed before end of Quarter 4 2025. At time of writing 3 staff in the centre remain outstanding in Fire Safety Practical, all are booked onto courses and will be completed before end Quarter 2 2025.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points	Substantially Compliant	Yellow	30/06/2025

	and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
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