



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 6
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	01 July 2025
Centre ID:	OSV-0005831
Fieldwork ID:	MON-0038747

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 6 is operated by Stewarts Care DAC. The designated centre is comprised of four houses located in housing estates across West Dublin. It provides full time residential care in a community setting, and can accommodate up to 12 adults, with intellectual disabilities. The centre is staffed by social care workers, nurses, and care assistants. The centre is managed by a full-time person in charge. The centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centre 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 following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 1 July 2025	09:55hrs to 18:45hrs	Michael Muldowney	Lead
Tuesday 1 July 2025	09:55hrs to 18:45hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the centre's registration. Inspectors used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The centre was well resourced, and residents indicated that they were happy living there. However, inspectors found mixed levels of compliance with the regulations, and improvements were required in relation to safeguarding, risk management, fire safety precautions, and in particular, the management of residents' medicines. These matters are discussed in further detail in the next sections of the report.

The centre is registered to accommodate twelve residents, and there were no resident vacancies on the day of the inspection. The premises comprises four separate houses in different housing estates located in county Dublin. The houses are close to many amenities and services including shops, cafés, and public transport. Inspectors visited all four houses and found them to be homely, clean, bright, and well equipped and maintained. Residents had their own bedrooms, and there was sufficient communal space, including gardens for residents to use.

Inspectors also observed good fire safety precautions, such as fire detection, fighting and containment equipment and emergency lights. However, some improvements were required, such as the scheduling of fire drills to ensure that they are being carried out in line with the provider's policy. The premises and fire safety are discussed further in the quality and safety section of the report.

The inspectors had the opportunity to spend time with the residents and hear their views about what it was like to live in the centre. Overall, the residents gave good feedback on the care and support they received, and indicated that they felt safe in their homes.

In the first house, inspectors met four residents. One resident told inspectors that they liked the house and the staff working there, and got on well with their housemates. They had recently celebrated their birthday with a party in a hotel, and said that they were looking forward to an upcoming foreign holiday with a social club they attended. They also liked playing music in a local pub, visiting their family, and attending a social farm. Another resident told inspectors that they were looking forward to a day trip to Galway. The residents proudly showed inspectors their bedrooms. On the day of the inspection, they were going on a boat trip with staff, and inspectors observed them taking their own wallets from the safe. The other two residents in the house did not express their views, and left shortly after the inspectors arrived to attend their day services.

In the second house, one inspector met with one resident who lived there. They were having lunch when the inspector arrived, they chatted to the inspector and told her their plans for an upcoming holiday. They also told the inspector they were happy living in this house and found staff particularly helpful. The resident was supported by staff to make a healthcare appointment. After lunch the resident accompanied the inspector on a tour of the premises.

In the third house, one inspector met one resident there. The resident was resting for the day as they were feeling unwell. They did not communicate with the inspector, but the inspector observed them freely moving around their home. Staff working with the resident responded to their needs and wishes; for example, they made a drink for the resident as requested, and later painted their finger nails. The inspector did not meet the other resident living in the centre, as they were out for lunch with another staff member.

Both inspectors visited the fourth house and met two residents there. One resident showed the inspectors their bedroom, and spoke about a community class they attended as part of a personal goal. Another resident said that they liked their home and was happy with the care and support provided to them. They said that their housemates were very nice, and that the staff were good. They enjoyed different activities including walks, going to the park, shopping, eating out and swimming. They told the inspectors that they could pick their meals, and that the staff were good cooks.

In advance of the inspection, staff supported residents to complete surveys on what it was like to live in the centre. Generally, the feedback was positive, and indicated that residents were safe, liked the staff, were satisfied with the premises, and received good care. Residents said that they could receive visitors, and spoke about their interests and hobbies, such as holidays, farming, gardening, playing music, swimming, eating out, going to the pub, cinema, and day trips. They also complimented the staff, and said that they and the person in charge listened to residents.

Inspector found that there were good arrangements for residents' voices and opinions to be heard in the centre. The provider's annual review consulted with them on what it was like to live in the centre, and they gave some good feedback as well as identifying areas for improvement which the person in charge was managing.

Residents were supported by their key workers to choose and pursue personal goals such as learning new skills. Residents also had the opportunity to attend house meetings where common topics were discussed. Inspectors viewed the January to June 2025 house meeting minutes in one house. The minutes noted discussions on menu and activity planning, key worker meetings, the provider's service users' council, advocacy, and human rights principles such as autonomy, safeguarding, and making choices. The residents were also reminded of the provider's complaints procedure if they wished to raise a concern.

Inspectors met and spoke with different members of staff during the inspection including the person in charge, a programme manager, and social care workers and care assistants. Inspectors observed that residents were relaxed and appeared comfortable with staff. For example, in one house, residents shared jokes with the person in charge. Inspectors also observed that there was sufficient staff on duty to respond to the residents' needs.

The person in charge told inspectors that the residents were happy and compatible to live together, and had no concerns for their safety. They were satisfied with the resources available in the centre, and said that residents received good quality care and support.

Overall, the inspectors found that the centre was well resourced to meet the residents' needs and that there were good management systems in place. Residents indicated they were happy in the centre, and had a good quality of life. However, some improvements were required to aspects of the service provided to them, and these are discussed further under regulations 8, 23, 26, 28 and 29.

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 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 copy of the centre's insurance contract.

The inspectors found that there were effective management systems in place to ensure that the service provided to residents living in the centre was appropriate and resourced to meet their needs. For example, staffing arrangements were adequate and residents could avail of the provider's multidisciplinary team services.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and met the requirements of regulation 14. They reported to a programme manager, and there were effective arrangements for them to communicate. The person in charge told inspectors that they could easily escalate any concerns to the programme manager.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and comprehensive six-monthly reports, as well as various audits had been carried out in the centre to identify areas for quality improvement. However, inspection findings under regulation 29, indicate that better oversight of medication practices is required.

The person in charge and programme manager were satisfied that the skill-mix and complement was appropriate to the assessed needs of the current residents. There were no vacancies. There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff available with the required skills and experience to meet the assessed needs of residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. There were effective arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspectors read the March to June 2025 staff team meeting minutes in one house. They noted discussions on safeguarding procedures, incidents, residents' updates, restrictive practices, complaints, risk assessments, staff training, HIQA inspections, and supporting residents to choose personal goals.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and in their role since 2021. They were suitably skilled and experienced, and held relevant qualifications in social care and management which met the requirements of this regulation.

The person in charge demonstrated a clear understanding of the service to be provided to residents, and of their individual needs and personalities.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

Inspectors reviewed the actual and planned rosters across the four houses for April, May and June 2025. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information. Staffing levels were in line with the centre's statement of purpose and the needs of its residents. There were no vacancies and any leave in the roster was covered by a small group of familiar relief staff.

Residents were in receipt of support from a stable and consistent staff team. Furthermore, inspectors spoke with staff members on duty in each location throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Inspectors did not review staff Schedule 2 files during the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

Supervision records reviewed by the inspectors were in line with the provider's policy and inspectors found that staff were receiving regular supervision as appropriate to their role.

All staff were up to date in training in required areas, such as safeguarding vulnerable adults, infection prevention and control, manual handling, autism awareness, fire safety, and supporting residents' with their meals. Staff had also completed human rights training to promote the delivery of a human rights-based service in the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective management systems in place to ensure that the service provided in the centre was safe and well resourced; for example, staffing arrangements were adequate and the premises were well maintained. However, the findings under regulation 29 indicate that better oversight of medication practices in the centre is required.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. They were supported in their role by social care workers. The person in charge reported to a programme manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including formal meetings and informal communications.

Generally, the provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and comprehensive six-monthly reports were carried out, along with various local audits. The audits identified actions for improvement where required, and were monitored by the person in charge. However, the oversight of medication practices (as described in the next section of the report) in the centre requires better oversight to ensure that any risks to residents from poor practices are identified and mitigated.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff could attend team meetings which provided a forum for them to raise any concerns. There was also an on-call service that they could contact outside of normal working hours.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in June 2025, and was available in the centre for residents and their representatives.

Judgment: Compliant

Quality and safety

Inspectors found that residents' safety and welfare was maintained by a mostly good standard of care and support. However, improvements were required to the fire safety precautions, risk management procedures, and in particular, the management of residents' medicines.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required. Residents were receiving appropriate care and support that was individualised and focused on their needs. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment.

Inspectors also found speaking with residents that they were receiving good support to lead active lives, and to choose and engage in activities meaningful to them, such as learning new skills and going on holidays.

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. The inspectors reviewed a sample of the records pertaining to a safeguarding incidents notified to the Chief Inspector in 2022 to 2025, and found that they had been managed appropriately to protect residents from associated risks. However, there was a risk related to one resident that had not been subject to a robust risk assessment, and there was also a lack of clear guidance on how associated incidents should be reported and managed. Additionally, improvements were required to ensure that safeguarding incidents were reported to the relevant parties in the specified time frames.

Inspectors reviewed the medication practices and arrangements in two houses, and found areas for improvement in both. The recording practices were poor. For example, records did not indicate if residents had received their medicine as per their prescriptions. This posed a serious risk to residents' health and wellbeing, and required better oversight from the provider.

The premises comprises four separate houses. The inspectors visited each house, and found them to be clean, bright, homely, comfortable and well maintained. Overall, they meet the needs of the residents living there and Schedule 6

requirements. Inspectors observed a potential infection cross contamination risk in two of the houses which required risk assessment from the provider to ensure that appropriate control measures were in place.

The inspectors observed some good fire safety precautions. There was fire fighting and detection equipment throughout the centre, and staff had received fire safety training. Fire doors were fitted in each house to contain the spread of fire and smoke. However, in one house, a door did not close fully, and there was a large gap between the floor and another door. This matter required review by the provider. Fire drills were scheduled to test the effectiveness of the fire evacuation plans. However, in one house, the most recent night-time scenario had not been carried out at a time that complied with the provider's fire safety policy. There was also an absence of guidance for staff to refer to on the different 'fire zones' in the houses which impinged on the effectiveness of the fire panel.

Regulation 13: General welfare and development

The inspectors found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents appeared to be happy and content in their home and with the service provided to them. Residents verbalised how they are supported to make decisions and are offered a wide range of choice of activities.

It was evident that residents were leading busy lives and had a multitude of plans to look forward to and were being supported to complete these plans by a competent staff team. Residents had individual key worker meetings where they were supported to choose and plan personal goals. Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them. For example, one of the resident's goals for last year had been to go on holiday to Spain, however they had not travelled by plane before. In order to support the resident to achieve their goal a shorter trip was planned to fly to Donegal before going on the longer flight.

All residents had their own personalised day service provision and had access to transport and the community when they wanted. Residents' activities included accessing the local community, going for coffee, music, gardening, art classes, farming, swimming, cinema and going on holidays. One resident had developed an interest in gardening and had secured some volunteer work at a local social farm. Some of the residents in one house were taking a ferry cruise across Dublin harbour on the day of the inspection

Judgment: Compliant

Regulation 17: Premises

The premises comprises four separate homes. Inspectors found that the premises were appropriate to the number and assessed needs of residents living in the centre, and that the provider had made adequate provision for the matters as set out in Schedule 6 of the regulations.

Residents told inspectors that they were happy with the premises. The premises were seen to be clean, bright, homely and generally well maintained. On the day of the inspection, the interior of one house was being painted. All of the residents had their own bedrooms. Their bedrooms reflected their personal interests in the design and décor, and provided sufficient space for their belongings. There was sufficient communal spaces including living rooms, kitchens, dining and laundry facilities. There was also outdoor garden space for residents to use.

Some residents used specialised equipment such as electric beds, and records indicated that the equipment was up to date with its servicing requirements.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider has prepared a residents' guide containing the information specified under this regulation. The guide was written in an easy-to-read format using pictures, and was available in the centre for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had prepared a written risk management policy which outlined the arrangements for the identification, assessment and management of risks. The policy was last revised in May 2022, and was due review.

Inspectors found that some improvements were required to the risk management systems in the centre. Inspectors reviewed the risk assessments pertaining to the centre and individual residents. The assessments related to various risks, such as accidental injury, residents leaving the centre without staff knowledge, behaviours of concern, fire safety, infection prevention and control, and health care risks. However, there was no risk assessment regarding the placement of the washing machine in very close proximity to cooking facilities in the kitchens of some houses. This posed a risk that appropriate control measures were not being identified and implemented to reduce the risk of infection cross contamination. Additionally, a

documented risk assessment was required in relation to the potential impact of a particular behaviour of concern from one resident related to safeguarding.

Inspectors found that incidents were been recorded and reviewed for learning and to reduce the likelihood of recurrence. However, the implementation of associated actions and plans required better oversight. For example, inspectors reviewed a protocol, dated June 2025, for responding to the unexplained absence of a resident, and found from speaking with the person in charge that not all of the measures, such as reviewing the risk weekly, were in place. This compromised the effectiveness of the strategy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors reviewed the fire precautions in two houses and found that improvements were required in one.

Inspectors observed some good fire safety systems, such as emergency lighting and fire detection and fighting equipment throughout the houses. Records indicated that the equipment was up to date with its servicing requirements. There were also fire doors to mitigate fire and smoke spreading. Inspectors released a sample of the doors, including bedroom and kitchen doors, to see if they closed properly. In one house, a bedroom door did not close fully. Furthermore, there was a large gap between the floor and the living room door that required assessment from the provider to ensure that fire and smoke would be contained from spreading through the gap.

Both houses had 'addressable' fire panels. The panels were 'zoned' to display the location of potential fires. However, there was no written information for staff to refer to indicate the location of the zones. This matter has also been raised in other recent inspections of the the provider's centres.

Regular fire drills were carried out with the residents to test the effectiveness of the centre's evacuation plans. However, in one house, the most recent 'night-time' scenario had not been carried out at a time that complied with the provider's fire safety policy, and therefore its purpose was compromised.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed a sample of the arrangements for the storage, administration and management of residents' medicines in two houses. They found that the

management of residents' medicines was poor, particularly in relation to documentation practices and oversight. This posed a serious risk to residents' health and wellbeing.

For example:

- Records did not indicate if a resident's blood glucose levels were consistently tested in accordance with their healthcare plan.
- Inspectors also reviewed a specific seven-day period and checked if the administration record sheets indicated if residents had received their medicines as prescribed. They found that it was not recorded if one resident had received a particular daily medicine on five days. Additionally, that same resident was prescribed a once-weekly medicine, and it was not recorded if they had received it in the previous week. For another resident, it was not recorded if they had received a medicine on a particular date as directed by their healthcare provider.
- Other poor documentation practices included, a resident's medication plan, dated June 2025, that not accurate, and another similar document that was not dated or signed and therefore difficult to determine if it was up to date.
- The inspectors also found discrepancies in the medicine stock take audits.

Overall, these matters require better monitoring from the provider to ensure that safe and effective arrangements are in place to ensure that residents receive appropriate support with their medicines, and to mitigate any risks to their health and wellbeing from poor practices.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' needs were assessed to inform the development of written personal care plans.

The inspectors reviewed four residents' assessments and personal care plans. The plans included communication, positive behaviour, safety, intimate care, and social and health care needs. They were found to be up to date, and readily available to guide staff on the care and support residents required. They also included important information on the residents' interests, preferences and personalities. The plans reflected input from the residents, their representatives, multidisciplinary professionals.

Care plans were written in a person-centred manner and clearly detailed steps to maintain residents' autonomy and dignity. Staff spoken with were informed regarding these care plans and residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

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

Residents had a yearly assessment of their health needs. Individual health plans, health promotion and dietary assessments and plans were in place. A review of residents' files demonstrated that residents had access to a range of allied health care professionals. These professionals included psychologists, physiotherapists, occupational therapists, general practitioners, speech and language therapists and hospital consultants in accordance with their assessed needs.

Residents attended national health screening programmes where applicable and were supported to give informed consent. One resident was supported by staff to make and attend a chiropody appointment on the day of the inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Inspectors reviewed three resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning and were developed in conjunction with the residents personal plans and communication support plans.

There were some environmental restrictions implemented within the centre, which included the use of a window restrictor, a sensor mat and lap belts. The restrictive practices in use in the centre were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented good systems to safeguard residents from abuse; however, some improvements were required to ensure that the systems accounted for all potential types of allegations made by residents and that all allegations were appropriately reported.

Staff had 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. Safeguarding was also discussed at staff team meetings to remind them of the provider's safeguarding policies and procedures. The provider's safeguarding team were also available to provide advice and direction where needed.

Inspectors reviewed a sample of the safeguarding incidents reported in 2022 to 2025. Overall, they found that the incidents had been reported to the relevant parties and that actions had been put in place to safeguard residents. However, notification of such incidents to the Chief Inspector required some improvement, as two incidents in April and May 2025 had not been notified until June 2025 (well over the three days specified in the associated regulation).

Additionally, the procedure for managing certain types of allegations made by one resident required more consideration. For example, the person in charge told the inspectors that not all of these types of allegations required reporting in line with the provider's policy; however, there was no written procedure (with oversight from the provider) on this. This posed a risk that potential concerns and allegations may not be assessed and appropriately managed to safeguard residents.

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 a sample of the resident's intimate care plans and found that they were up to date and readily available to staff to guide their practice.

Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 6 OSV-0005831

Inspection ID: MON-0038747

Date of inspection: 01/07/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Person in Charge will ensure a better oversight to ensure that any risks to residents from poor practices are identified and mitigated by improving governance and of medication management through internal audits. 2. The Person in Charge will ensure that Medication Management such as Kardex, stocks and audits are included on the daily handover to highlight any updates or new medication prescribed. 3. The Person in Charge will ensure that staff are able to identify medication error and to complete good catch form and that this are reported through Incident Management to ensure that appropriate learnings and actions are in implemented and actioned timely. 4. The Person in Charge has will ensure that staff are supported to be competent in administering medications and are adhering to Medications Management policy, by arranging for staff to attend Responsible and Safe Medication Management for Non-Nursing Staff, to comply with legislative and regulatory requirements and best practice guidelines. This is to be completed by September 30, 2025. 5. The Person in Charge will ensure that the residents' medication plan are updated and the arrangements will be made for the community liaison nurse to review these plans for accuracy and clinical oversight. 6. The Register Provider has arranged that a nurse will be employed by the quality department to carry out regular medication audits in relation to documentation, practices and oversight in all homes. There is currently an open campaign for this position with the employment of this person by the end of September 2025.	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The Person in Charge has ensured that a risk assessment is in place to the concern identified during the inspection regarding the proximity of cooking facilities to the washing machine with Control measures implemented to address risks such as cross-contamination and potential burns. The Risk Assessment was discussed at the staff meeting on July 22, 2025, and all staff working in houses with similar layouts where cooking and laundry facilities are located together will adhere to the outlined safety measures. 2. The Person in Charge has ensured that the existing laundry guidelines was reviewed on July 31, 2025, to ensure that the document is up to date and that all staff are adhering to the procedures. 3. The Person in Charge has ensured that the resident's Missing Person Protocol is reviewed, ensures that it is aligned to the daily staff allocation of the centre. The Person in Charge has updated the protocol and has arranged for this to be reviewed every month. The Person in Charge has updated the daily handover form to ensure that there is a named staff allocated to support the resident who is at risk of unexplained absence. July 31, 2025 4. The Person in Charge has also reviewed and updated the Unexplained Absence Risk Assessment to implement measures that mitigate and prevent the reoccurrence of residents going missing from the Centre. July 31, 2025	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. On July 18, 2025, The Person in Charge has completed a review and carried out a night fire drill that complied with the provider's fire safety policy. 2. The Person in Charge has also discussed with the Fire Safety Officer on July 24, 2025 regarding the significant gap between the floor and the living room door, which required assessment to ensure adequate containment of fire and smoke. 3. The Fire Safety Officer conducted a site visit on July 24, 2025, and subsequently	

assigned a staff member from the Technical Services Department to engage a contractor to install either a drop-down smoke seal or, if necessary, replace the door entirely. This staff member assessed the door on August 08, 2025, to start working on this action plan.

4. The Person in Charge has liaised with Fire Safety Officer to follow up on further action plans required for the fire panel to display the locations of fire, identified during inspection. The Fire Safety officer has ensured that the panels are addressable systems, and the concept of traditional hardware "zone" charts is superseded, as the system can pinpoint each device individually. This exceeds the requirements of conventional zoning and is fully compliant with I.S. 3218 and relevant best practice and has met the requirement as per HIQA Fire Safety Handbook: A Guide for Providers and Staff of Designated Centres (section: "Category of alarm system used") and the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses (section: "3.3.14 Fire detection and alarm system")

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

1. The Person in Charge has ensured that staff are implementing and adhering to the Medication Management Policy, this was also discussed on July 22, 2025, monthly staff meeting. The Person in Charge with the support of Social Care Workers will ensure regular monitoring of Medication Management as part of the internal audits. This is to be completed from August 31, 2025.

2. The Person in Charge has ensured that the Kardex's, medication management including, recordings, documentations, weekly and monthly audits are included on the daily handover to highlight any updates in the Kardex, recordings, stocks and delivery, and audits. This is to be completed by August 31, 2025

3. The Person in Charge has ensured that the medication errors identified during the inspection was actioned by ensuring that staff are supported to be competent in administering medications and are adhering to Medications Management policy, by arranging for staff to attend Responsible and Safe Medication Management for Non-Nursing Staff, to comply with legislative and regulatory requirements and best practice guidelines. This is to be completed by September 30, 2025.

4. The Person in Charge has ensured that the residents' Medication Management Plan are reviewed in collaboration with the Community Liaison Nurse and updated to ensure clinical oversight and accuracy.

5. The Person in Charge has arranged for the Community Liaison Nurse to review the health care plan identified during the inspection. The Person in Charge in collaboration

with the Community Liaison nurse has arranged to educate and meet staff to ensure that they are implementing the health care plan and that Blood Glucose recording form is completed when the bloods are checked. This arrangement is to be completed by 30th of September 2025.

6. The Person in Charge will ensure that the medicine stock is audited weekly, monthly and when new medication is prescribed. The Person in Charge will ensure that the medication stock is included on the internal audits and monitored regularly.

7. The Register Provider has arranged that a nurse will be employed by the quality department to carry out regular medication audits in relation to documentation, practices and oversight in all homes. There is currently an open campaign for this position with the employment of this person by the end of September 2025.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

1. The Person in Charge will ensure that improvement in reviewing Incidents timely are in place to ensure that notifications are submitted within the required timeframe. This commenced on July 10, 2025.

2. The Register Provider ensures that effective electronic Incident reporting system is in place to notify the Person in Charge, Designated officer and Programme Manager for any incident occurrence in the designated centre to ensure that incidents are identified and any actions are completed timely.

3. The Person in Charge has arranged a multidisciplinary team (MDT) meeting on 24 July 2025, to discuss the procedure for managing certain types of allegations made by one resident who requires more consideration. The MDT has agreed that all incidents must be reviewed and screened to ensure the safeguarding of residents.

4. The Person in Charge has arranged for an urgent Mental Health Intellectual Disability (MHID) review meeting to seek advice in developing a protocol regards certain types of allegations made by one resident. August 31, 2025

5. The Person in Charge has reviewed and updated the safeguarding risk assessment and has developed a risk assessment addressing the potential for false allegations, with clear measures in place for all staff to follow.

6. The Person in Charge had arranged for the Safeguarding Manager to deliver in-house safeguarding training on 30th July 2025 to all staff in the centre to increase their safeguarding awareness and enhance their knowledge in identifying and reporting safeguarding concerns. Additionally, the Person in Charge has arranged for the Behaviour Specialist to review the resident's Positive Behaviour Support Plan (PBSP).

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for	Substantially Compliant	Yellow	31/12/2025

	responding to emergencies.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2025
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)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	31/12/2025
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate	Not Compliant	Orange	31/10/2025

	and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/10/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	31/12/2025

