



# 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 5
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	01 October 2025
Centre ID:	OSV-0005832
Fieldwork ID:	MON-0048163

## 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 5 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering a quality, person-centred service, provided by a competent, skilled and caring workforce, in partnership with the person, their advocates and family, community, and allied healthcare professionals. The centre comprises four homes located in county Dublin, and is intended to provide long stay residential support for no more than 14 male and female residents with varying support needs. The objectives of the centre are to provide a comfortable safe home that maintains and respects independence and wellbeing, and to provide a high standard of care and support in accordance with evidence based practices. The staffing consists of a full-time person in charge, social care workers, care staff, and a nurse.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	14
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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
Wednesday 1 October 2025	09:30hrs to 18:00hrs	Michael Muldowney	Lead
Thursday 2 October 2025	09:30hrs to 14:00hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. Due to the size of the centre, comprising four separate homes, and the number of residents, the inspection took place over two days. It focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on compliance with the regulations inspected. The inspector found that the centre was operating at a good level of compliance. While improvements were required under some regulations, overall, it was clear that residents were happy and safe in the centre, and in receipt of high quality and person-centred care and support that was promoting their rights.

The centre accommodated 14 residents in four community-based homes in county Dublin. The houses were all conveniently located to many services and amenities, including shops and public transport. There were also vehicles available for residents to travel beyond their local community and surrounding areas. The inspector visited three houses on the first day of the inspection, and one house on the second day. The residents were found to have busy and active lives, and engaged in activities meaningful to them, including working in paid employment, attending day services, meeting friends, and various social and leisure activities. Some residents travelled independently, while others were supported by staff.

The houses were seen to be comfortable, homely and warm. Residents had their own bedrooms that were personalised to their own tastes and preferences. There was sufficient communal spaces including bathrooms, sitting rooms, and kitchen and dining spaces. There were also nice gardens for residents to enjoy outdoor space. Residents told the inspector that they were happy with the premises and the facilities. However, upkeep and maintenance was required in all of the houses. This matter is discussed further in the quality and safety section of the report. The inspector observed that there were no environmental restrictions in the centre, and residents freely accessed their homes and the facilities; for example, residents prepared meals.

The inspector spoke with 10 residents. The other four residents were not present or chose not to speak with the inspector. Overall, the residents gave positive feedback on what it is like to live in the centre.

In the first house, three residents spoke with the inspector. The inspector also observed the residents sitting together while having tea. They appeared relaxed and comfortable together and with staff. They told the inspector that they liked living in the centre, felt safe and were happy with the support they received from staff. They had active lives, and enjoyed working in paid employment, volunteering in their local community, sports and keeping fit, doing house hold chores, going on foreign

holidays, being involved in politics, and spending time with their friends and family. They were also attending a course for people with disabilities in a university which they said they found to be very interesting. The residents said that they had enough control in their lives, and knew how to raise concerns or complaints. One resident said that they looked forward to living on their own in the future so that they could be even more independent. Some residents said that they did not always get along with their housemates. They said that staff and the person in charge helped to resolve these issues.

In the second house, two residents spoke with the inspector. They said that the centre was a good and safe place to live, and described the house as 'gorgeous'. They knew all of the staff, and said that they helped them with their care needs, such as helping them with their medicines and to plan goals. Their current goals including going on holidays and doing more sports. They also said that the residents were friends who looked after each other. They had busy lives, and enjoyed concerts, eating out, day services and social clubs, shopping, and spending time with friends and family. They said that they could access their own money, and spend it how they wished to. They also planned to exercise their vote in the upcoming elections.

In the third house, one resident was present. They did not verbally communicate with the inspector but engaged by smiling and making gestures. They had been on an outing with staff earlier in the day, and appeared relaxed in their home as they watched television and freely moved around the house. They appeared to have a good relationship with the staff on duty as they joked and hugged the staff member. Staff also promptly facilitated their request for tea.

In the fourth house, two residents spoke separately with the inspector. They liked living in the centre. One resident was planning to move to their own home for more independent living and was doing a course to prepare them for the move; for example, they were learning about money management and doing house hold chores. The residents felt safe, and said that they could speak with the person in charge or programme manager if they had any concerns. They also knew how to make complaints. They said that the staff worked hard and that there was enough staff on duty. However, both resident raised separate concerns regarding recent interactions with staff; the inspector brought these concerns to the person in charge before the inspection concluded. The residents said that they had choice and control over their lives, and managed their own finances, decided how they spent their time, and were not restricted in their movements. One resident was also a member of the provider's service user council which involved advocated for the rights of other residents.

The inspector met and spoke with different members of staff during the inspection, including the person in charge, programme manager, social care workers and healthcare assistants. The person in charge and programme manager told the inspector that residents are safe, have a good quality of life and are happy in the centre. They said that residents had busy lives, and engaged in meaningful activities based on their individual needs and preferences. The person in charge and programme manager told the inspector that appropriate arrangements were in place

to meet residents' needs and promote a human rights-based approach to care and support. For example, residents' care plans were effective, they could access multidisciplinary services, and there were no restrictive practices in the centre. Some residents also had independent advocates and appointed co-decision-makers to help them in certain aspects of their lives. The person in charge and programme manager also told the inspector about the recent initiatives to promote residents' understanding of self-protection and safeguarding matters.

There were vacancies in the social care worker complement which compromised the effectiveness of management arrangements in the centre. The programme manager told the inspector of the provider's plans to recruit for the vacancies and to reduce the remit of the person in charge from four to three houses to enhance the arrangements. These matters are discussed further in the next section of the report.

A social care worker told the inspector that their role included overseeing documentation, organising appointments, and liaising with residents' representatives. They said that residents received an individualised service that promoted their independence. There were some peer-to-peer safeguarding issues, but these were well managed and had improved. They had recently completed dementia awareness training which they found to be beneficial as some residents' needs were changing. They said that the staff team worked well together and that there was enough on duty to meet residents' needs and preferences. They said that they could easily raise any potential concerns with the person in charge.

Two healthcare assistants spoke together with the inspector. They said that residents were happy, and that their families gave good feedback on the service they received. They said that residents had choice in their lives; for example, they chose their activities, menu plan and personal goals. They said that the location of the residents' home was very convenient as it was close to amenities such as shops and parks. They told the inspector that the residents' care plans were effective and that there were enough staff on duty. They were found to have a good understanding of the residents' behaviour support plans, dietary requirements, communication means, and the procedure for reporting incidents and safeguarding concerns.

It was clear that the provider and person in charge had implemented good arrangements to support residents to make choices and decisions, and consulted with them about their care and support, and on the operation of the centre. Residents attended key worker and house meetings where they planned their individual goals, activities, and discussed important topics such as safeguarding and human rights principles. Residents' goals were meaningful to them and there was good evidence of progression and achievement. The provider had also consulted with residents and their families as part of the recent annual review.

Overall, this inspection found that residents were happy, safe, and received good quality care and support, and that the centre promoted their human rights. However, some improvements were required to bring the centre into full compliance.

## Capacity and capability

There were good governance and management systems in place to ensure that the service provided to residents was safe, consistent, appropriate to their needs, and operated in line with a human rights-based approach. However, improvements were required to ensure that the appropriate staff skill-mix was in place, rotas were well maintained, and quality improvement actions were effectively monitored.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in the management of the centre by social care workers. They reported to a programme manager and director of care, and there were effective arrangements for the management team to communicate. The person in charge and programme manager demonstrated a clear understanding of the residents' individual personalities and needs, and of the service to be provided in the centre.

In addition to the person in charge and social care workers, the skill-mix included healthcare assistants and a nurse. The social care worker whole-time equivalent was to be three however, there were vacancies of 1.5 whole-time equivalents. This posed a potential risk to the quality of the service provided to residents, and increased the work load of the person in charge. The inspector also reviewed recent rotas in two houses, and found that they required better maintenance to ensure that they were accurately maintained as required by the regulations.

Staff were required to complete training as part of their professional development. The training logs viewed by the inspector showed that some staff had not completed all necessary training. This posed a risk to the safety and quality of care they provided to residents. There were effective arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Comprehensive annual reviews and six-monthly reports, as well as various audits had been carried out to identify areas for improvement.

However, improvements were required to evidence how feedback from residents and their representatives was addressed. Additionally, the provider's oversight of written assurances it provided to the Chief Inspector of Social Services required improvement to ensure that the information was accurate.

## Regulation 15: Staffing



The staff skill-mix at the time of the inspection comprised the person in charge, social care workers, healthcare assistants and a nurse. The provider had determined that this was appropriate to the residents' needs. Overall, residents gave good feedback on the staffing arrangements. They said that there was enough staff on duty, and described them as being friendly and helpful. They also spoke highly about their key workers and the support they gave. The inspector observed a warm rapport between residents and staff, and staff were kind in their interactions.

A social care worker was allocated to each of the three larger houses as part of the oversight arrangements. However, there was a 1.5 whole-time equivalent vacancy. The provider was recruiting for the vacancies, as they posed a risk to the effectiveness of the oversight arrangements and the quality of the care and support provided to residents.

The person in charge maintained planned and actual rotas. The inspector reviewed the August and September 2025 rotas in two houses, and found that improvements were needed. For example, some days were not accurate and indicated that less staff were on duty than required. The person in charge was aware that improvements were required, and planned to make the necessary amendments.

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

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Staff training records showed that staff had completed training in relevant areas, such as fire safety, safeguarding residents from abuse, administration of medication, manual handling, and infection prevention and control (IPC). Staff had also completed supplementary training that was contributing to the provider's human rights-based approach to care and support. For example, staff had completed human rights and assisted decision-making training.

However, some staff required training in positive behaviour support, dementia awareness, and supporting residents with modified diets. Additionally, in one house only two of five staff had completed risk management training. Gaps in staff training had also been noted in the provider's recent annual review and unannounced visit reports of the centre.

There were effective arrangements for the support and supervision of staff. The person in charge provided informal supervision, and formal supervision meetings were scheduled in line with the provider's policy. The inspector viewed the supervision records for eight staff. The records were disorganised, but indicated that the staff had received supervision at regular intervals. Some of the records also

noted that topics including safeguarding reporting and key worker responsibilities were discussed.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Generally, the centre was resourced to deliver appropriate and effective care and support that met residents' needs and upheld their human rights. For example, staff were available to facilitate residents' choices and preferences, residents could access multidisciplinary team services, and there were vehicles for residents to access their community and beyond. However, as described under regulation 15, vacancies in the social care worker complement posed a potential risk to the quality of the service provision. Some aspects of the premises, across the houses inspected, required upkeep and maintenance to ensure they were kept in a good state of repair.

The management structure compromised the person in charge, a programme manager, and a director of care. There were effective informal and formal systems for the management team to communicate, and it was clear to the inspector that they had an excellent understanding of the residents' individual personalities, preferences and needs. The person in charge was supported in their role by social care workers who assisted in the oversight of the service. However, as noted earlier, there were vacancies in these roles. The provider had recognised that the remit of the person in charge was significant, and planned to reduce their remit from four houses to three.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider carried out annual reviews, which consulted with residents, and unannounced visit reports. Additional audits were carried out in areas such as infection prevention and control. The audits were found to be comprehensive, and where required, identified areas for ongoing quality improvement. However, improvements were required to demonstrate how actions were managed and achieved. For example, the person in charge told the inspector how feedback from residents and their representatives was managed. However, the associated actions were not reflected on the compliance tracker to indicate if they were effective or satisfactory to the residents and their representatives. The inspector also found that areas identified in the recent infection prevention and control (IPC) audit required more consideration to ensure that effective actions were taken.

In July 2025, the provider was requested to submit a provider assurance report to the Chief Inspector following the receipt of unsolicited information. The report was received in August 2025 and outlined assurances. The inspector reviewed these assurances during the inspection, and found that not all of them were in place. For

example, not all staff had completed relevant training as the provider detailed in the report.

Judgment: Substantially compliant

## Quality and safety

Residents' safety and welfare was maintained by a high standard of human rights-based care and support. Residents were safe, and gave good feedback on the services provided to them. It was clear that residents were receiving a person-centred service that supported them to make decisions and exercise choice in their lives.

Residents had a good quality of life, and were supported to access and engage in leisure, educational, occupational and social services that were in line with their interests, capacities, and needs. Some residents worked in paid employment, volunteered in their community, attended day services, and engaged in various social and educational activities, including social clubs, exercise classes, and spending time with friends and families. They also liked to eat out, shop, play sports, walks, live sports, music and events, and go on holidays.

There were good arrangements to ensure that residents were consulted about their lives and the running of the centre. They attended house and individual key worker meetings where they discussed common agenda items, such as safeguarding and human rights; and planned personal goals.

Residents' care needs had been assessed and associated care plans had been prepared. The plans were readily available to guide staff practice, and noted input from multidisciplinary services as relevant. The inspector also found that residents received good support to communicate in their individual means, and observed that they were listened to and understood by staff. However, one resident's communication care plan required updating, and another resident was overdue an annual multidisciplinary team review.

The provider had effective arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. Staff and residents were also reminded of safeguarding matters during team and house meetings. Staff spoken with were familiar with the safeguarding arrangements. The inspector also found that safeguarding concerns were being appropriately responded to and actions were taken to protect residents.

There were good risk management systems. Risks assessments identified control measures to manage hazards and risks in the centre. However, the inspector found that one risk assessment required review as the control measures listed were not in place, and this compromised the purpose of the assessment.

The premises comprises four two-storey houses close to many amenities and services. The houses comprises residents' bedrooms, and communal spaces, including sitting rooms, dining facilities, bathrooms, and large gardens. The houses were seen to be bright, homely, comfortable, clean, nicely decorated, and well equipped. Residents told the inspector that they were satisfied with their homes. However, upkeep and maintenance was required throughout the centre. There were no restrictive practices, and the inspector observed residents freely using their homes.

## Regulation 10: Communication

The provider had ensured that residents were assisted and supported to communicate in accordance with their needs.

Residents communicated using different means including spoken words, manual signs and visual aids such as pictures. The inspector reviewed four residents' communication care plans and the associated supports. The plans were readily available to guide staff practice; however, some required updates as noted under regulation 5.

Some staff had completed specific communication training in using manual signs, and had ensured that associated information was available for other staff to use, such as pictures of the signs used by residents. The inspector observed staff and residents communicating, and it was clear that they understood each other and that residents were listened to.

The provider had also ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet. Some residents used their own phones and tablets to keep in contact with friends and family.

Judgment: Compliant

## Regulation 17: Premises

The premises comprises four separate two-storey houses. The houses were appropriate to the number and assessed needs of the current residents. However, upkeep and maintenance was required.

The houses were warm, bright, comfortable and very homely. Residents had their own bedrooms, some with en-suite facilities, that were decorated and personalised to their tastes. There was sufficient communal space including bathrooms, kitchens and living rooms. The facilities were well equipped and appeared to be in good working order. Each house also had a nice garden which provided inviting outdoor

spaces. Residents told the inspector that they liked their homes, and were satisfied with their bedrooms and facilities.

However, upkeep and maintenance was required in all of the houses. Most of the matters had been reported by the person in charge to the provider's maintenance department. For example, in the first house:

- The fabric on an armchair was torn and required mending or replacing.
- The kitchen ceiling, and other parts of the house, required repainting.

In the second house:

- The kitchen floors were damaged and stained.
- Repainting was needed in areas.
- The small bathroom required renovation as the flooring and wallpaper were damaged.

In the third house:

- The ceiling of the utility room, that contained a washing machine and laundry equipment, and the adjoining shed, that stored hand towels and incontinence wear, at the rear of the house was in a very poor state of repair with thick cobwebs and vegetation growing through it. The poor state of the ceiling posed an infection hazard that required prompt attention from the provider.

In the fourth house:

- The radiator cover in the dining room required repainting, and the flooring was damaged in place.

Judgment: Substantially 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 also noted the benefits and importance of positive risk taking to enhance residents' quality of life.

The centre's risk register and residents' individual risk assessments outlined various risks, including accidental injuries, unexplained absence, aspiration, fire, infection control, and behaviours of concern. The assessments detailed control measures to reduce and mitigate the risks. However, the measures outlined in one resident's specific risk assessment were not found to be not in place, such as discussions on a certain topic at key worker meetings. The risk assessment required updating to ensure that it was accurate and specific to the resident concerned.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed to inform written care plans. The inspector reviewed a sample of four residents' assessments and associated care plans. These files were readily available to guide staff on the interventions for providing effective care and support to the residents, and reflected input from a wide range of multidisciplinary team services. Care plans clearly detailed residents' interests, likes and dislikes, and preferences in respect of their care. This ensured that residents were in receipt of care that respected their choices.

However, some of the care plans required updating. For example, the inspector reviewed a resident's communication plan with the person in charge and found that it included information that was out of date. Some information also required more consideration to ensure that it reflected the human rights-based approach to care and support that was promoted in the centre. Additionally, one resident was overdue an annual multidisciplinary team review as referenced in the centre's statement of purpose.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provider had ensured that residents received good support to manage their behaviours of concern, and that there was a restraint-free environment in the centre.

The inspector reviewed two resident's positive behaviour support plans. The plans were up to date and readily available to guide staff practice. Staff spoken with were knowledgeable on the plans, and told the inspector that they were effective.

There were no restrictive practices or interventions used in the centre and this demonstrated the commitment from the provider and person in charge to promote a restraint-free environment that upheld residents' rights.

Judgment: Compliant

### Regulation 8: Protection

The provider and person in charge had implemented effective systems to safeguard residents from abuse. The safeguarding systems were underpinned by a written adult safeguarding policy.

Staff had completed safeguarding training to support them in the prevention, detection, and appropriate response to safeguarding concerns. Safeguarding topics, such as the provider's safeguarding message of the month, were also discussed at staff team meetings. The inspector found that staff spoken with were familiar with the procedures for recording and reporting any safeguarding concerns.

The inspector reviewed five safeguarding concerns notified to the Chief Inspector in 2025. The concerns had been reported to the relevant parties and measures had been taken to protect residents from potential abuse and to help them develop skills for self protection. For example, safeguarding plans had been prepared, some residents undertook safeguarding awareness training, and safeguarding were discussed with residents during house meetings to aid their understanding on the matter.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider and person in charge were ensuring that the centre operated in a manner that respected and promoted residents' rights. Residents told the inspector that they were happy living in the centre and with the care and support they received. Residents were supported to understand and exercise their rights, listened to, and had control and choice over how they lived their lives. For example:

- Residents told the inspector that they could access their own monies and spend it how they wished.
- Some residents had independent advocates and appointed co-decision-makers to help them make decisions in their lives.
- Some residents sat on the provider's service user council which met often to discuss common issues and advocate for residents' rights.
- Residents could exercise their right to vote; some planned on voting in the upcoming presidential elections.
- Residents had key workers who helped them plan personal goals. The inspector reviewed a sample of key worker meeting minutes from May to September 2025 in two houses. The minutes noted discussions on residents' goals such as going on holidays. The meetings also provided an opportunity for residents to discuss the support they received. For example, a resident was consulted with about the support they received to manage their finances. Residents gave very positive on the support they received from their key workers.

- Residents attended house meetings where they discussed common agenda items and participated in the organisation of the centre. The inspector reviewed a sample of the July to September 2025 meeting minutes in three houses. They noted discussions on menu planning, social and leisure activities, fire safety, staffing, safeguarding, advocacy, infection prevention and control, and human rights principles such as respect, making choices, and fairness.
- The provider was supporting some residents to move to single-occupancy homes as part of their wishes to live more independently.
- Staff had completed human rights training to help inform their practices and understanding of residents' rights.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 5 OSV-0005832

Inspection ID: MON-0048163

Date of inspection: 02/10/2025

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The actual roster for August and September 2025 has been rectified immediately after the HIQA inspection to reflect actual staffing in the homes during both months. Going forward the actual rosters will continue to reflect staff on duty in each home in the DC.</p> <p>Regarding 1.5WTE SCW deficit, there is ongoing active recruitment for Social Care Workers to fill the deficits in designated centres within the organisation. DC5 has been escalated on the priority list to have these deficits filled. It is anticipated that these deficits will be filled by end of February 2026.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since the HIQA inspection, all relevant staff who required training in Positive Behaviour Support and FEDS (Feeding, Eating, Drinking, and Swallowing) have now completed the necessary training.</p> <p>At the time of the inspection, 2 out of 5 staff members in relevant house as identified on this report had completed Risk Management training. To date, 4 out of 5 staff members have completed the training, and the remaining staff member is scheduled to complete it on 10th November 2025.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the HIQA inspection on 1st and 2nd October 2025, the Person in Charge had commenced detailing how actions are managed and achieved on the relevant app when Registered Provider Audit actions are identified.</p> <p>Immediately after the HIQA inspection in October, staff completed relevant training specified in the provider assurance report submitted to HIQA in August 2025, with the exception of 1 staff who is booked to have Risk Management training on 10th November 2025.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All issues with premises in all 4 houses in Designated Centre 5 as highlighted in this report will be actioned by end of December 2025.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Control measures have been updated in the relevant residents' risk assessments, as outlined in this report, to ensure they are appropriate and proportionate to the identified risk.</p> <p>In addition, following the HIQA inspection, the Person in Charge and Risk Management Team conducted a comprehensive review of all service level and individual risk assessments within the DC to confirm that all identified control measures were applicable, reflective of current practice and that all individual risk assessments were person centred.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>To ensure that all communication passports contain up-to-date information and reflect a human rights-based approach, a comprehensive review is currently underway with the support of key workers and families for each resident. This review is expected to be completed by the end of November 2025.</p> <p>Additionally, as outlined in the report, the relevant resident whose MDT required updating has been scheduled to complete the review on 10th November 2025.</p>	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	03/11/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	10/11/2025

	as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/02/2026
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	30/11/2025
Regulation 26(2)	The registered provider shall	Substantially Compliant	Yellow	30/10/2025

	ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/11/2025
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/12/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	31/12/2025



	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
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