



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 28
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	12 August 2025
Centre ID:	OSV-0005833
Fieldwork ID:	MON-0039210

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 28 is a designated centre operated by Stewarts Care DAC. The centre is comprised of one two-storey building located on a campus setting operated by the provider located in County Dublin. The centre's campus is located close to many amenities and services including shops, cafes, restaurants, and public transport. Stewarts Care Adult Services Designated Centre 28 is intended to provide long-stay residential support for no more than five male residents with varying support needs. The centre is managed by a full-time person in charge, and the staffing complement included staff nurses, care staff, and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 12 August 2025	08:50hrs to 16:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The person in charge facilitated the inspection by speaking with the inspector and providing any requested documentation. Overall, the inspector found high levels of compliance with the regulations. However, some improvements were required under Regulation 17: Premises and Regulation 28: Fire precautions. This is discussed further in the main body of the report.

The centre was comprised of one two-storey building located on a campus setting operated by the provider. The centre was close to many amenities and services including shops, cafes, restaurants, and public transport. It was home to five residents and the inspector had the opportunity to meet with four residents over the course of the inspection. Residents used different means to communicate, such as verbal communication, vocalisations and gestures. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life.

Residents had been made aware of the upcoming inspection and were comfortable with the presence of the inspector in their home. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all surveys completed and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the centre, including staff, choices and decisions, trips and events and food. Positive comments made by residents included "I am happy here", "I like my bedroom", "I really like to know about all the changes that are happening and always ask questions about them", "We started home cooking last year which is much better", and "Staff organise trips and events regularly".

The inspector did not have an opportunity to meet with the relatives of any of the residents; however, a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. The inspector observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in the home. In addition, the person in charge ensured that the centre's certificate of registration, complaints policy and easy read information regarding safeguarding was on display.

During the walk around a number of general upkeep issues were identified. Issues relating to damaged doors, door frames, ceiling staining, and broken locks on toilet doors were observed. Some of these issues had been identified through the provider led infection prevention control (IPC) audit and had been escalated to the provider's maintenance department. However, there was no time frame in place as to when these issues would be resolved. Furthermore, as identified in the previous inspection completed in June 2024 issues relating to the designated centre's fire panel remained outstanding.

Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. For instance, one resident's bedroom was decorated in the theme of their favourite musical artist, and also featured model trains and aeroplanes which they had a keen interest in. Another resident's bedroom was decorated with pictures of their family and featured a bespoke blanket with pictures of the resident's loved ones which was of great importance to them.

The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be in good decorative condition. There was a small garden area that provided outdoor seating for residents to use, as they wished. Raised beds, bird feeders, bird bath, potted plants, a barbecue, and garden benches that residents had painted were observed by the inspector. All garden furniture was well maintained and residents were observed spending time relaxing in this area over the course of the inspection.

The person in charge spoke about the high standard of care all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. However, they did discuss safeguarding incidents occurring in the home. Specifically, they spoke about loud vocalisations made by one resident which was negatively impacting upon a fellow resident. The resident had made a formal complaint about the vocalisations and the person in charge spoke to the inspector about the plans in progress to resolve the complaint. Plans included the transition of one resident to a more appropriate service which would better meet their assessed needs. The provider had already identified a home and the resident had already visited the property and was happy with it. Furthermore, they were actively involved in a community mapping exercise of the local area. The resident who made the complaint was also happy with the plan for resolution.

Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. On the day of the inspection the inspector observed residents to be relaxed and comfortable in the centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good rapport.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Some residents briefly interacted with the

inspector and told them about their plans for the day which included attending mass in the local parish church, spending time in the garden, and going shopping with staff. Where required, staff supporting residents acted as communication partners and were observed by the inspector to be familiar with residents' communication support plans.

One resident proudly showed the inspector their bedroom which was decorated in line with their personal preferences and tastes. They had a keen interest in LEGO and the inspector observed a number of LEGO pieces built by the resident were displayed in their bedroom. The resident informed the inspector they were planning to redecorate their bedroom with LEGO themed wallpaper. The resident also showed the inspector their person-centred plan which was framed and hung on their bedroom wall. Information relating to the resident's likes and dislikes, and hopes for the future were included as part of their plan. The resident spoke about an upcoming holiday they had planned to Liverpool. They were very excited as this was their first time going overseas. The resident had put together a scrapbook which detailed all the steps they had completed in preparation for their holiday including applying for a passport, exchanging money, their hotel, and places they planned to visit.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding and international dysphagia diet standardisation initiative (IDDSI). The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes and told the inspector they really enjoyed working in the centre.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The management team were informed of the residents' needs and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service. Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected and where they were supported to live busy and active lives of their choosing.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had implemented management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their assessed needs.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents living in the centre. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. In addition, the provider had also ensured that the centre was well-resourced. For example, a dedicated vehicle was available for residents to access their wider community.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2024, which included consultation with all residents and their families and representatives.

There was an effective complaints procedure in place that was accessible and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

There were relevant policies and procedures in place in the centre, which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including guiding staff in delivering safe and appropriate care.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking the renewal of registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application.

In addition, the provider had ensured that the fee to accompany the renewal of registration of the designated centre under section 48 of the Health Act 2007 (as amended) was paid.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre was managed by a full-time person in charge. The inspector found that they had the required knowledge, skills and experience to meet the requirements for this regulation.

The person in charge was implementing the provider's systems to ensure oversight and monitoring in this centre. They were developing action plans and implementing the required actions to bring about improvements in relation to the residents' home, and their care and support.

It was evident from the person in charge's interactions with residents on the day of the inspection that they knew them very well. Through discussions and a review of documentation, the inspector found that the person in charge was motivated to ensure that each resident was in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of

residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge was supported in their role by an experienced programme manager. The staff team consisted of two nursing staff, one student nurse, one social care worker, and 13 healthcare assistants. The person in charge effectively managed staff scheduling through comprehensive planned and actual rosters. During the inspection, the centre demonstrated adequate staffing with five staff members present during the day and two staff members providing waking night time supervision.

The inspector reviewed both planned and actual staff rosters, which were maintained in the designated centre for the months of June, July, and August 2025 and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector spoke to the person in charge, programme manager and to the five staff members on duty, and found that they were all very knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge. In addition to the supervision arrangements in place, staff also attended monthly team meetings which provided a forum for them to raise any concerns.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2, including an up-to-date vetting disclosures, evidence of qualifications and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide quality care. Examination of the staff training matrix evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in fire safety, crisis prevention and intervention (CPI) training (positive behavioural supports), and safeguarding, all of which contributed to a safe and supportive environment for the residents living in this service.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as international dysphagia diet

standardisation initiative (IDDSI), epilepsy training, human rights, manual handling, infection prevention control (IPC), and Children First training.

All staff members received quality supervision in accordance with the provider's policy. The reviewed two individual staff supervision records, each tailored to the specific staff member. Supervision agendas covered key areas such as training, incident management, and social care responsibilities. Additionally, some staff had recently successfully completed their probationary period and records of meetings were maintained by the person in charge. The inspector reviewed one such form from March 2025. This provided comprehensive details on the employee's leadership and management skills, required training, and role-specific goals.

Judgment: Compliant

Regulation 19: Directory of residents

The provider ensured that a directory of residents was available in the centre which met the requirements of the regulations. The directory of residents was made available for the inspector to complete a thorough review.

The inspector reviewed the directory of residents and found that it included accurate and up-to-date information in respect of each resident living there. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP), the date in which the resident first moved into the designated centre, and the name, address and telephone number of each resident's next of kin was all recorded.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge and they were supported in their role by a programme manager. They had a good understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities. In addition, the person in charge was supported by a staff team,

who was very knowledgeable about the support needs of the residents living in the centre.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including audits on residents' finances, medicine, fire safety, health and safety, and infection prevention control (IPC). Audits reviewed by the inspector were comprehensive, and where required identified actions to drive continuous service improvement.

An annual review of the quality and safety of care for 2024 had been finalised in February 2025 and a copy of the report was available for the inspector to review. Residents, staff and family members were all consulted in the annual review. All residents indicated they were satisfied with their home, the food, choice and decision-making, and that they felt listened to and supported by their staff team. Residents' family members and representatives completed friends and family surveys and positive feedback included "We are very pleased with the levels of support and communication we get from the excellent team", and "We are deeply grateful for the great efforts that the staff make to achieve a warm and loving atmosphere".

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in July 2025. The action plan documented a total of 29 actions. Following a review of the action plan, the inspector observed that the majority of actions were in progress and that they were being used to drive continuous service improvement. However, the inspector also identified that actions relating to some maintenance issues of the designated centre, which had also been identified on the most recent infection prevention control (IPC) audit completed in May 2025 remained incomplete. This is discussed further under Regulation 17: Premises.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a comments, compliments and complaints policy in place. A review of this policy evidenced that it included critical information relating to how to make a complaint, how it will be investigated, and how the outcome will be communicated to the complainant. Furthermore, it included information regarding the right of the complainant to appoint an advocate in assisting them in making their complaint, and supporting them in any subsequent processes in the management of that complaint.

The inspector observed that the complaints procedure in place was accessible and in a format that all residents could easily understand. One resident spoken with felt

comfortable with raising concerns and providing feedback and told the inspector what they would do in the event they were unhappy with something.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. On the day of this inspection there was open complaint. The person in charge was aware of this complaint and had ensured it was followed up, with a clear plan for resolution in place, as per the provider policy. The inspector spoke to the complainant who advised they were happy with the resolution plan.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures are essential to guide staff to consistently provide safe and effective person-centred care. The inspector found that the provider had prepared written policies and procedures on the matters set out in Schedule 5 and these were available in electronic format for staff to refer to.

The inspector reviewed a sample of the policies. At a minimum, the provider ensured the policies and procedures required by the regulations were reviewed and updated where necessary every three years. It was found that the policy on the creation of, access to, retention of, maintenance of and destruction of records had not been reviewed within three years. However, the inspector was informed that this policy was currently under review by the provider and a draft copy of the revised policy was made available to the inspector during the feedback meeting at the end of the inspection.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to each resident. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred. However, improvements were required under Regulation 17: Premises and Regulation 28: Fire precautions.

Staff knew each residents' communication requirements and the inspector observed throughout the inspection that staff were flexible and adaptable with all communication strategies used. There was a culture of listening to and respecting residents' views in the service and residents were facilitated and supported to communicate with their families and friends in a way that suited them. Staff were in receipt of total communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspectors during the course of the inspection.

The provider and person in charge had ensured that all residents were provided with appropriate care and support that gave them multiple opportunities to enjoy a good quality of social care. Staff were cognisant of each resident's personal interests and preferences for activities, and ensured these were scheduled and planned for them.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences. However, upkeep of the premises was required. Although some of these issues had been identified on provider led audits and had been reported to the provider's maintenance department there was no time line in place for the completion of works required.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. They were supported by a coordinated multidisciplinary team, including medical professionals, speech and language therapists and dieticians. During the inspection, staff were observed following the guidance and expert recommendations provided by these specialist services.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met. However, improvements were required to ensure the fire panel in the centre alerted staff to identify the exact location of fire, should it occur.

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

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

centre. The rationale for the restrictions was clear, and the provider had prepared a written policy to govern their use. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by the provider's restrictive practice lead.

All reports or allegations of abuse were regarded as credible and taken seriously by all staff and management in the service. The recording and documentation of reports or allegations of abuse reviewed by the inspector were comprehensive and accessible. All screening and investigation of reports or allegations of abuse followed a clear procedure and were in line with national policy and guidelines on safeguarding. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns.

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

Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that residents could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes.

The inspector found there was an individual approach to supporting residents that recognised the uniqueness of each resident's communication skills and abilities. For example, where residents presented with limited or no verbal communication, staff used gesture in conjunction with simple consistent phrases, Lámh, picture exchange communication (PECs), and non-verbal cues.

The inspector reviewed two residents' communication support plans and found that information recorded within them was accurate and up-to-date. Communication support plans were detailed, comprehensive and developed by an appropriately qualified person.

Overall, the inspector found that residents were cared for by staff who understood their communication needs and could respond accordingly. Residents had access to information that was appropriate to their communication needs. For example, the inspector observed easy-to-read information relating to safeguarding, and the complaints process displayed on notice boards throughout the designated centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. A wide range of activities was available both within the centre and in the local community, ensuring residents could participate in meaningful and enjoyable experiences.

There was an activities planner in place that detailed residents chosen activities across the week. The inspector reviewed this on the day of inspection and found evidence to support that residents were actively engaging in activities, as per the planner. Examples of activities residents participated in included attending mass in the local parish church, lunch out, cinema trips, gardening, shopping, and community outings of their choice. For instance, residents had recently attended a well known horse show in Dublin, and had plans to attend a food festival at the weekend.

Staff were cognisant of each resident's personal interests and preferences for activities, and ensured these were scheduled and planned for them. Residents were not unduly dissuaded or discouraged from exploring different activities and staff and management were observed to make every effort to facilitate residents' requests.

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

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in the designated centre to be warm and calm, and residents met with appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of the centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

The living environment was stimulating and provided opportunities for rest and recreation. Each resident participated in choosing equipment and furniture in order to make it their home. For example, all were involved in choosing equipment and furniture for their bedroom in order to make it homely.

Residents had their own bedrooms, each considerably decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also celebrated their uniqueness and personal taste. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

However, some upkeep work was required which had been previously identified through the provider's infection prevention control (IPC) audit completed in May 2025. For instance, the following maintenance issues identified during this inspection required attention:

- Locks on two downstairs bathrooms were broken and required repair
- Six doors downstairs were visibly damaged and required replacing
- Three door frames were significantly damaged and required replacing
- Staining was observed (likely to a previous leak) on the ceiling of the downstairs accessible bathroom
- Damage was observed to pipe coverings and required replacing
- Cracked and broken grouting was visible in the downstairs bathroom and required repair
- Toilet-roll holder was missing from the downstairs bathroom and required attention
- Hand-rail in the downstairs bathroom was loose and required repair.

On the day of the inspection there was no time frame in place as to when these issues would be resolved.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

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

The inspector also reviewed three nutrition care plans which outlined detailed guidance and supports in relation to healthy food options, foods residents should avoid, healthy portion sizes, and healthy snack ideas.

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

Since the previous inspection food was no longer provided through the provider's centralised kitchen. Instead all residents' meals were prepared in the home. The inspector observed both lunch and dinner meals being prepared by staff and noted that meals were healthy, nutritious, and tailored to residents likes and preferences.

Residents were consulted with and encouraged to lead on menu planning and had the opportunity to participate in the preparation, cooking and serving of their meals as they so wished. For instance, one resident was supported by a staff member to make a list of items they wanted to purchase while out shopping, while another resident engaged in the mealtime routine by setting the table and helping to empty the bins. The inspector observed a good selection and variety of food and drinks, including fresh and perishable food items in the kitchen for residents to choose from, and it was hygienically stored and labelled correctly. The kitchen was also clean, well-maintained and well-equipped with well-maintained cooking appliances and equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, it was found that these were all subject to regular checks and servicing with a fire specialist company.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed all resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

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

As per the previous inspection, which was completed in June 2024, the fire panel in the centre did not alert staff to identify the exact location of fire, should it occur. The provider had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus, which would result in all centres having a high standard fire alarm system and addressable fire panel. However, this had still not been completed for this designated centre. The programme manager informed the inspector this would be completed for this home by the end of Quarter 3 2025.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector completed a review of three residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For instance, the inspector observed plans on file relating to feeding, eating, drinking and swallowing (FEDS), communication, personal and intimate care, positive behaviour support, mobility, and promoting independence.

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

The inspector also reviewed two residents' personal plans, which were presented in an accessible format and outlined individual goals for 2025 that were important to each resident. Examples of goals set for 2025 included attend a country music festival, purchase a new camera, a visit to Dublin airport, and participate in a flight simulation. The provider had in place systems to track goal progress. For instance, goals were discussed with residents during key working and recorded in goal progress documentation. In addition, photographs of the resident participating in their chosen goals and how they celebrated were also included in their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, two behaviour support plans reviewed by the inspector were detailed and comprehensive. In addition, each plan included detailed information relating to the warning signs, antecedent events, proactive and preventive strategies in order to reduce the risk of behaviours that challenge from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. For instance, all staff had completed crisis prevention and intervention

(CPI) training. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff. Furthermore, systems were in place to ensure regular monitoring of the approach taken to behavioural support, and staff did not engage in practices that may constitute institutional abuse.

There were two restrictive practices used in this centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible. The person in charge had put in place good recording and documentation systems of restrictive practices in line with regulatory requirements, which allowed for the analysing of data to identify patterns or trends. For example, a detailed restrictive practice log was maintained which recorded accurate information on the rationale for the restrictive practice, and times they were applied and removed.

In addition, restrictive practices in place were subject to regular review by the provider's restrictive practice committee, clearly documented, and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions in conjunction with the resident and their support network. All restrictive practices in use had been notified to the Chief Inspector on a quarterly basis in line with the regulations

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident that staff took all safeguarding concerns seriously.

Since January 2025, a total of 11 safeguarding notifications had been submitted to the Office of the Chief Inspector. Of these, six notifications were related to loud vocalisations made by one resident that negatively impacted another resident. The inspector confirmed that all safeguarding concerns had been addressed appropriately, reported to the National Safeguarding Office, and there were no open concerns at the time of this inspection. Interim safeguarding plans were in place, with measures to mitigate risks. For instance, one resident was scheduled to transition to a more appropriate service, which would further reduce safeguarding risks in the designated centre.

Following a review of two residents' intimate and personal care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with the residents' personal plans and in a dignified manner.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 28 OSV-0005833

Inspection ID: MON-0039210

Date of inspection: 12/08/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has ensured that premises issues addressed during this inspection were escalated to Technical Services Department and has completed the following actions on 20th of August 2025: • Locks on two bathrooms downstairs were broken and were repaired. • Staining was observed (likely to a previous leak) on the ceiling of the downstairs accessible bathroom were painted. • Damage was observed to pipe coverings were replaced. • Cracked and broken grouting was visible in the downstairs bathroom was repaired. • Handrail in the downstairs bathroom was loose and was repaired. All other items identified below were assigned to the technical services team and are due to be completed by December 31, 2025: Six doors' downstairs were visibly damaged and required replacing. Three door frames were significantly damaged and required replacing Toilet-roll holder was missing from the downstairs bathroom and required attention	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Register Provider in collaboration with Fire Safety Officer and Technical Services has a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centers on campus. This will result in each centre having a high standard fire alarm system and addressable fire panel installed in the centers on a	

phased basis were Designated Centre 28's upgrade of fire alarm and emergency lighting is due to be completed by December 31, 2025.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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 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