



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 22
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	26 June 2025
Centre ID:	OSV-0005834
Fieldwork ID:	MON-0038614

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Designated Centre 22 is designated centre operated by Stewarts Care DAC. The centre consists of two homes and can accommodate up to eight residents. One house can accommodate six residents, the second house can accommodate two residents and is configured to provide single occupancy living arrangements for each resident. The centre is located on a congregated campus operated by the provider located in South West Dublin. The centre is managed by a full time person charge, and staffed by nurses, care staff, and one social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 26 June 2025	09:30hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre 22. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The centre consisted of two detached houses on a congregated campus setting in west Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre was registered to accommodate eight residents.

On arrival to the designated centre, the inspector was greeted by the person in charge. The person in charge and staff described the quality and safety of the service provided in the centre as being very personalised to the residents' individual needs and wishes. They all spoke about the high standard of care all residents receive. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff. It was clear during the inspection that there was a good rapport between residents and staff.

All residents were aware of the inspection visit and were supported to meet with the inspector. Not all residents living in the centre were unable to provide verbal feedback about the service. Therefore the inspector carried out observations of residents' daily routines and of their home and support arrangements. In addition to this the inspector carried out a review of documentation and had conversations with key staff, to form judgments on the residents' quality of life.

Furthermore, in advance of the inspection, residents had also completed Health Information Quality Authority (HIQA) surveys, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in the surveys was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives.

The first house was home to two residents with the property divided in two self contained dwellings in order to provide an individualised service to each resident in line with their assessed needs. The inspector observed the centre was spacious, well illuminated and could provide residents with a low arousal environment. The inspector met both residents living here. One resident greeted the inspector at the front door and accompanied her on a walk around of the premises. The resident had tea with the inspector and talked about their recent birthday. They described their living arrangements by saying 'I'm happy here' and that the staff and the food are the things they like most. The resident went on to describe their weekly routine and said they go swimming, attend the gym, horse riding and usually get a take away on

Fridays. The other resident did not engage with the inspector but staff supporting the resident spoke of recent trips to Belfast and Fota Island, Cork.

In the other house, the inspector met four residents. The residents did not communicate their view of the service with the inspector but appeared content in their home. Throughout the inspection, inspectors observed residents watching television in the shared living room and going out in the afternoon. Residents enjoyed in house activities such as massage and music. They all had access to day service provision and in the evenings and at weekends enjoyed trips out such as meals out, coffee, going to the gym, horse riding and two residents had recently enjoyed a holiday in Wexford.

Overall, from what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. 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 next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

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, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports. In addition a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. When reviewed by the inspector these were found to be accurate and up to date including an accurate and current directory of residents, a record of attendance for staff training and complaints log.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

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 15: Staffing

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

The inspector reviewed actual and planned rosters at the centre for April and May 2025 and the current June 2025 roster. The person in charge maintained a planned

and actual staff rota which was clearly documented and contained all the required information.

Staffing levels were in line with the centre's statement of purpose and the needs of its residents. Residents were in receipt of support from a stable and consistent staff team.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed four staff records on the day of the inspection and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

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

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Furthermore, staff were in receipt of risk assessment training, Feeding Eating Drinking and Swallowing (FEDS) and autism awareness.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge worked full-time and had oversight of this centre only. They were supported by a programme manager who in turn reported to a director of care.

A series of audits were in place including monthly local audits, infection prevention control, residents finances, safeguarding, fire safety, staff training, medication management and maintenance and six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to three vehicles for transport which was assigned for the centre's use. Residents were observed utilising these vehicles on the day of inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Overall, both houses were found to be clean, bright, homely, nicely-furnished, and laid out to the needs of the residents living there. The provider had endeavoured to

make the living arrangements for residents as homely and personalised as possible throughout. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes, likes and interests.

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

Furthermore, the inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Good practices were in place in relation to safeguarding. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

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

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures, including fire and smoke detection systems and fire fighting equipment.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Residents had communication care plans in place which detailed that they required additional support to communicate. Each resident had an up-to-date communication passport which described their communication style and supported their communication needs.

The inspector saw that staff were familiar with residents' communication needs and care plans.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The inspector walked the premises of both houses comprising the designated centre, and in the main found that the houses were clean, bright and sufficiently spacious for the number and mobility needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

Residents had comfortable living rooms, bedrooms and dining areas, and each resident was supported to have their bedroom decorated and furnished how they liked.

The provider had taken measures to amend the premises and facilities in response to feedback from the last inspection and all actions had been completed in a timely manner. Additional minor premises issues pertaining to wear and tear had been identified by the person in charge and reported to maintenance.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The inspector also walked the premises and observed evacuation routes, door closure mechanisms and fire containment features. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

Fire safety records, including fire drill details demonstrated that the provider could safely evacuate residents under day and night time circumstances.

All residents' had personal emergency evacuation plans (PEEPS) in place. The inspector reviewed three of these which were personalised to meet the individual assessed needs of the resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the residents' files over the course of the inspection.

They were found to contain an up-to-date and comprehensive individual assessment of residents' needs. This assessment was informed by the resident, their representatives and relevant multi-disciplinary professionals.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs.

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

The inspector saw that care plans were available in areas including communication, positive behaviour support, social supports, health care and safeguarding, as per residents' assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed four of the resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

There were some environmental restrictions implemented within the centre, which included the use of a fabric helmet, plexi-guard and safety harness for transport. The restrictive practices in use in the centre were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant