



# 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 24
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	07 April 2025
Centre ID:	OSV-0005836
Fieldwork ID:	MON-0037833

## 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 24 is a designated centre operated by Stewarts Care Limited. The centre provides full-time residential support for four residents with intellectual disabilities and associated complex behaviour support and mental health needs. The centre comprises four separate single-occupancy living areas, which are located on the ground floor within a larger building in a congregated campus based setting in county Dublin. Residents have access to a range of multidisciplinary services as part of their ongoing assessment of needs and support requirements. Residents are supported by a staff team of a person in charge, a social care lead, a social care worker, nurses and healthcare staff. The centre aims to support and empower residents to live meaningful and fulfilling lives by delivery quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied health professionals and statutory authorities.

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

Number of residents on the date of inspection:	4
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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
Monday 7 April 2025	09:40hrs to 16:30hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

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

Overall, it was found that residents were receiving good quality and safe care. However, the premises were not suitable and the provider had plans for all four residents to move out of the centre within six months of the inspection to homes that were more appropriate to their needs. Three residents were moving to new community-based homes, and one resident was moving to another centre on the provider's campus.

The centre is located on a campus setting operated by the provider. It comprises four self-contained single-occupancy apartments. The apartments are connected, and within a large building that contains offices and another designated centre. The inspector walked around the premises with the social care lead. Each apartment contains a large bedroom, a large living room, kitchen facilities, bathrooms and a garden. Two apartments also contain staff offices, and one apartment has a laundry room. The inspector saw that some upkeep and maintenance was needed in the apartments such as repainting of walls. Additionally, the premises were not homely in design or aesthetic; for example, there were exposed pipes and cables running along some walls and unused electrical equipment had not been removed. However, efforts had been made to make it homelier. Residents' apartments were personalised to their tastes with framed pictures, posters and personal belongings on display.

The inspector observed some good fire safety systems, such as fire fighting equipment throughout the centre. However, the systems required improvements. For example, the fire evacuation plans required revision and the fire panel was located outside of the centre. The premises and fire safety are discussed further in the quality and safety section of the report.

The inspector met all four residents at different times during the inspection. On the day, two residents went to the cinema, one resident went on day trip to county Wexford and one resident went to an appointment and for a meal out. Some residents also watched television and used their smart devices. There was sufficient staff on duty to support residents' needs and wishes. Two residents did not engage with the inspector. One resident briefly engaged with the inspector; they showed the inspector their apartment and said that they were going out with staff. Another resident told the inspector that they were going to the cinema with staff. They had visited their new home and said that they were looking forward to the move. They said that all was well in the centre and that they liked the staff.

In advance of the inspection, staff supported residents to complete surveys on what it is like to live in the centre. Their feedback indicated that they liked the food in the centre, felt safe, could make decisions and were satisfied with the support they received. Some residents commented that they are looking forward to moving to their new homes.

The inspection was facilitated by the person in charge and social care lead. They said that residents were safe and received good care in the centre. They were satisfied with the staffing arrangements, and said that residents could easily access the provider's multidisciplinary team services as needed. They told the inspector that the current premises are not suitable and that the residents' new homes are in line with their assessed needs. The residents had visited their new homes, and they and their families were looking forward to the moves.

The inspector spoke with a social care worker and three healthcare assistants during the inspection. One care assistant, supporting one resident, told the inspector that the resident's family were happy for them to move and that staff from the centre would be moving with the resident to ensure consistency of care. They had no concerns for the resident's safety, but said that they could easily raise any potential concerns with the social care lead, and they were aware of the procedures for reporting safeguarding concerns. They told the inspector about some of the resident's care needs; for example, their nutrition and behaviour support needs, and how they were supported to plan personal goals such as a recent birthday celebration. They said that staff gave their best to residents, and that the support interventions were effective.

Two care assistants briefly spoke with the inspector when they returned from a day trip with a resident. They also said that the resident's move would be good for them, as the current premises were not homely.

The social care worker said that the residents' new homes were more modern and were being decorated to their tastes. They said that some residents may find the move difficult at first, but that they would be supported by familiar staff and would continue to use some of their current community services such as the hairdressers and swimming pool. They demonstrated a good understanding of the residents' health care needs, and said that the provider's multidisciplinary team was very responsive. For example, the speech and language department had recently very quickly responding to a referral about a resident's choking risk; they reassessed the resident's needs and then prepared a revised support plan for staff to follow.

The social care worker's role included overseeing residents' activities. The spoke about the different activities that residents enjoyed and how they audited the activity records to ensure that they had opportunities to engage in activities that were meaningful to them. The inspector reviewed activity audits from February and April 2025; they recorded activities including family visits, eating out, bus trips, massages, shopping, arts and crafts, sensory walks, streaming entertainment, relaxation treatments and spending time in the garden. Residents chose their activities at their house meetings and on a daily basis. The inspector read a sample of the residents' house meeting minutes from January to April 2025. They noted

similar planned activities as the audits. The meetings also discussed topics such as residents' rights, the national standards, making complaints, the provider's service user council, healthy eating and menu planning, safeguarding, health and safety matters and the residents' upcoming moves.

Staff also told the inspector that the centre had limited access to vehicles during the week as they shared a bus with another centre and had to return it in the afternoon. However, this matter would improve once residents moved out as there would be additional vehicles in their new homes.

Overall, the inspector found that residents were safe and received good care and support. However, the premises was not suitable, and the provider was supporting residents to move to new homes that were more in line with their needs.

Improvements were also required to the fire safety systems, and the oversight of residents' assessments of need and personal plans. These matters are discussed in the quality and safety section of the report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose, residents' guide and copy of the centre's insurance contract.

The inspector found that generally the centre was well resourced and there were effective management systems in place to ensure that residents were safe in the centre. For example, the staffing arrangements were appropriate and residents could avail of the provider's multidisciplinary team services. However, as discussed under Regulation 17: Premises, the premises were not appropriate to meet residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced and qualified for their role. A social care lead (supported by a social care worker) managed the centre on a day-to-day basis, and met with the person in charge on a regular basis.

The provider and person in charge had implemented management systems to monitor the quality and safety of services provided to residents. Annual reviews and six-monthly reports, as well as various audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The staff skill-mix consisted of nurses, social care leads and workers, and healthcare assistants. There were no vacancies. The management team was satisfied that the skill-mix and complement were appropriate to the assessed needs of the current residents. The social care lead maintained planned and actual staff rotas that showed the staff working in the centre and the hours they worked.

Staff members were required to complete training as part of their professional development. The inspector reviewed the staff training records and found that all staff were up to date with their training needs. There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents.

#### Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was suitably skilled and experienced for the role, and possessed relevant qualifications in intellectual disability nursing and management. They had responsibility for other centres operated by the provider, but this did not impact on their effective administration, governance and management of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staff skill-mix and complement comprised one social care lead, one social care worker, one nurse and 18.24 healthcare assistant whole-time equivalents. There were no vacancies, and staff leave was covered by staff working additional shifts and relief staff to ensure residents received continuity of care. The management team was satisfied that the current skill-mix and complement were appropriate to



<p>the number and assessed needs of residents' living in the centre.</p> <p>The inspector reviewed the January, February and March 2025 planned and actual rotas for two apartments. The rotas were well maintained, and showed the names of staff and the hours they worked.</p>
Judgment: Compliant
Regulation 16: Training and staff development
<p>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. The training included safeguarding of residents, human rights, manual handling, infection prevention and control, positive behaviour support, safe administration of medication and fire safety. The inspector reviewed the training log with the social care lead during the inspection, and additional information was submitted by the person in charge after the inspection. The information showed that all staff had completed their necessary training programmes and refresher training was scheduled for them to attend as required.</p> <p>Some staff were also attending additional training to further their development. For example, the social care worker was scheduled to attend upcoming training on the regulations.</p> <p>The social care lead ensured that staff were supported and supervised in their roles. The inspector reviewed four staff formal supervision records and found that they were in line with the provider's policy. Staff spoken with, told the inspector that the social care lead and person in charge were very approachable, and that they were satisfied with the support and supervision they received.</p>
Judgment: Compliant
Regulation 22: Insurance
<p>The registered provider had effected a contract of insurance against injury to residents and other risks in the centre, including property damage.</p>
Judgment: Compliant
Regulation 23: Governance and management

There were effective management systems in place to ensure that the service provided in the centre was safe, well resourced and effectively monitored.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The social care lead was full-time and managed the centre on a day-to-day basis. They were supported by a social care worker and reported to the person in charge. The person in charge reported to a Director of Care. This management arrangement was effective, and there were good arrangements for the management team to communicate, including formal meetings and informal communications. The social care lead also attended monthly meetings with other managers for shared learning. For example, the inspector read the minutes of previous meetings which noted discussions on notifications, fire safety, documentation updates, restrictive practices and safeguarding inspections.

The centre was generally well resourced. For example, residents could access the provider's multidisciplinary team services, and the staff arrangements were adequate. However, the provider recognised that the premises were not suitable for residents' needs, and had begun transition plans for the residents to move to more appropriate homes. The residents and their families were part of the transition planning.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents) and six-monthly reports were carried out, along with various audits in the areas of medication management, infection prevention and control, health and safety, residents' activities and safeguarding. The audits identified actions for improvement where required, and were monitored by the person in charge.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff could attend team meetings which provided a forum for them to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the social care lead and person in charge. There was also an on-call system for staff to contact during outside of normal working times.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

## Quality and safety

The inspector found that residents' safety and welfare was maintained by a good standard of care and support. However, improvements were required in relation to residents' assessments and personal plans, the fire safety systems, and in particular, the premises.

The person in charge had ensured that residents' care needs had been assessed to inform the development of personal plans. The inspector reviewed a sample of the residents' assessments and plans, including plans on intimate care, safety, communication, behaviour support and healthcare. They were found to be readily available to guide staff practice; however, improvements were needed. There were discrepancies in some of the information, and one resident's healthcare need did not have a corresponding care plan. Additionally, some of the information written in a resident's assessments and plans was not person-centred and required review to ensure that it reflected the resident's wishes.

The inspector reviewed the provider's medication management systems and found that there were appropriate arrangements for the storage, administration, and oversight of residents' medicines in the centre.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. The inspector found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and that previous safeguarding concerns had been managed and reported appropriately.

The premises comprises four apartments on a campus operated by the provider. The premises required some upkeep and maintenance, and overall was not suitable for the residents to live in. The provider had decided to close the centre once the current residents moved out to more appropriate homes. The residents were due to move to their new homes in the coming months.

There was a small number of restrictive practices implemented in the centre. The inspector found that they were being appropriately managed in line with the provider's policy.

The inspector observed some good fire safety precautions. For example, there was fire fighting equipment throughout the centre, and staff had received fire safety training. Evacuation plans had also been prepared to guide staff on the supports required by residents to evacuate the centre. However, the overall evacuation plan required updating as it did not correspond with what staff told the inspector about how they responded to the fire alarm sounding and evacuated the residents. The associated risk assessment also required updating to ensure it was specific to the centre.

## Regulation 11: Visits

The registered provider had ensured that residents could receive visitors as they wished. There was private space and facilities in each apartment for visitors to be received in the centre. There were no restrictions on visitors.

Judgment: Compliant

## Regulation 17: Premises

The premises comprises four self-contained apartments. The apartments are connected and each contain a bedroom, bathroom facilities, kitchen and living areas, and private gardens. Two apartments also contain offices, and one apartment has a separate laundry room.

The premises is located on a campus and within a large building that also comprises offices and parts of another centre. It was not designed or laid out to meet the objectives of the service, and presents an institutional aesthetic. For example, some bedrooms are overly large in space and there are exposed pipes and unused electrical equipment on the walls in some apartments. Efforts have been made to make the premises homelier. For example, the residents' bedrooms are decorated in line with their tastes, and the furniture is comfortable. The premises appeared to be clean; however some upkeep and maintenance is needed. For example, some walls required repainting, flooring and skirting boards were damaged in places, and the utility room ceiling was stained from mould.

Feedback from residents in the provider's recent annual review and the HIQA survey, noted that some are keen to move out. The provider recognised that the premises was not suitable, and had plans to close the centre once the residents moved out (within six months of the inspection).

Judgment: Not compliant

## Regulation 20: Information for residents

The registered provider has prepared a residents' guide. The guide was available to residents, and contained the information specified under this regulation.

Judgment: Compliant

## Regulation 28: Fire precautions

There were fire safety management systems in place in the centre to protect residents from the risk of fire. The systems included fire safety training for staff, servicing of fire detection and fighting equipment, fire safety checks and scheduled fire drills (including night-time scenario drills). The inspector tested a sample of the fire doors, including bedroom doors, and observed that they closed properly when released. However, improvements to the fire systems were required.

Evacuation plans had been prepared to guide staff on evacuating residents during a fire. However, the inspector found from speaking with the social care lead and staff that the plans were not accurately detailed or specific to the centre. Some staff also gave the inspector conflicting information regarding the location of the fire panel. Additionally, the fire safety risk assessment required an update as some of the information was inaccurate; for example, it referred to control measures that were not in place such as 'quarterly checks', and medical gases although there was none in the centre. There was also no safe evacuation time identified.

Overall, the fire safety plans and associated documentation required better consideration to ensure that the information was up to date, comprehensive, specific to the centre and reflected input from persons with expertise in the area.

The provider cancelled their plan to upgrade the fire alarm system and installation of an addressable fire panel in the centre as they now plan to close the centre once the residents move out.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were appropriate practices for the management of medicines, including the ordering, storage and administration of medicines. The practices were underpinned by the provider's medication management policy.

The inspector observed that residents' medicines were securely stored. The inspector checked a sample of the medicines and found that they were clearly labelled and included relevant information such as expiry dates.

The inspector reviewed two residents' prescription sheets and medicine administration records. They showed that residents received their medicines as prescribed. Some residents were also prescribed PRN (medicines as needed) medicines, and written protocols were prepared to guide staff on their use.

Staff were required to complete training before they administered medicines. There were also good arrangements for the oversight of medicine practices, including

audits and checklists to ensure that the provider's policy was adhered to.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' needs had been assessed to inform their personal plans. However, some of the information read by the inspector required updating, and written plans were not in place for all healthcare needs.

The inspector reviewed a sample of three residents' assessments and care plans, including plans on health, behaviour, safety, relationships, communication and intimate care. Some of the plans were prepared in easy-to-read formats to make them more accessible to residents. For example, there were 'social stories' on moving out of the centre to help residents understand the process. However, there was no care plan in place related to a resident's reflux disease.

The inspector found that some of the information in the assessments and care plans was inaccurate and not written in a person-centre manner. For example:

- One resident's hospital passport and 'all about me' plan noted that they wore glasses and had a certain type of diabetes; however, the social care lead told the inspector that the resident does not wear glasses and no longer has that type of diabetes.
- One resident's health assessment made reference to self-injurious behaviour; however, it described the behaviour in a manner that did not respect the resident's dignity. The resident's 'all about me' and 'obesity' plan also described potential restrictions around the resident's access to certain foods and drinks. The assessment and plans did not reflect how the resident was consulted with regarding these matters and if they agreed with the information presented.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provider had ensured that residents received support to manage their behaviours of concern. The inspector reviewed three residents' positive behaviour support plans. The plans were up to date and had been prepared with input from the provider's behaviour specialists. Staff spoken with told the inspector that the interventions were effective. Staff had also completed behaviour support training to inform their practices and understanding of positive behaviour support.

There was a small number of restrictive practices implemented in the centre. The

inspector found that they were being implemented in line with the provider's restrictive practice policy. The rationale for the restrictions was clear and they had been referred to the provider's restrictive practice committee for approval. Since the previous inspection of the centre in June 2023, the use of window restrictors had been lifted, and this showed a commitment to reduce and minimise the use of restrictions in the centre.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to refer to. Staff spoken with were familiar with the reporting procedures. A safeguarding audit had also been carried out in April 2025 to assess the systems in place. This demonstrated that the provider was proactive in identifying areas for improvement to ensure the safety and protection of residents.

Safeguarding concerns in the centre were rare. The inspector reviewed the records of one safeguarding incident reported in the previous 12 months, and found that it had been appropriately reported and managed.

The person in charge had ensured that intimate care plans had been prepared to guide staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed two residents' intimate care plans and found that they were up to date and readily available to staff to guide their practice.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Stewarts Care Adult Services Designated Centre 24 OSV-0005836

Inspection ID: MON-0037833

Date of inspection: 08/04/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Stewarts Care recognise that the lay out of the centre does meet the objectives of the service. All residents of Designated Centre 24 have active transition plans and are due to move out of the centre by end of October 2025. A NF35 and a closure plan was sent to HIQA in April 2025 outlining the plans for closing the DC.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Since the inspection on 7th April 2025, the fire safety risk assessment has been updated and information regarding the maintenance of an oxygen cylinder tank have been taken off, as no oxygen cylinder is stored on the premises. The fire safety officer has determined a safe evacuation duration of 2.5 minutes for each resident in every apartment. This duration has been communicated with staff and residents and has also been included in the emergency evacuation plan.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:

Following the inspection, a care plan is now in place in relation to a resident's reflux disease.

An audit of all residents' passport to outside hospital was conducted immediately after the inspection, and the relevant communication passports were revised to accurately represent the current support needs of the residents in the DC.

Health care plans were also reviewed to ensure that the language and practices align with best practices, facilitate assisted decision-making, and are person-centred. The Person in Charge of the designated centre will ensure that these standards are upheld across all residents' documentation.

## 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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/10/2025
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	31/10/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2025
Regulation 17(6)	The registered provider shall	Substantially Compliant	Yellow	31/10/2025

	ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	12/05/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2025
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/10/2025
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as	Substantially Compliant	Yellow	12/05/2025

	appropriate in the designated centre.			
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	19/05/2025
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	12/05/2025
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of	Substantially Compliant	Yellow	12/05/2025

	each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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