



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 29
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	17 June 2025
Centre ID:	OSV-0005845
Fieldwork ID:	MON-0038615

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 29 is intended to provide long stay residential support for no more than two residents with varying support needs. The centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services. The centre is located on a campus in Dublin operated by the provider that is near to many community services and amenities and public transport.

The centre is managed by a full-time person in charge and they report to a programme manager. The staff skill-mix comprises a nurse and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 17 June 2025	09:30hrs to 15:40hrs	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, a brief meeting with residents, conversations with staff and a resident's family member, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The inspector found that the centre was operating at a good level of compliance with most of the regulations inspected. However, some improvements were required in areas including communication, risk management, fire safety, and residents' general welfare and development.

The centre accommodated two residents, and there were no vacancies. The premises comprises a single-storey building, that is connected to other buildings, on a large campus operated by the provider. The campus is close to many community services and amenities, including shops, shopping centres, cafés, pubs and public transport. The inspector walked around the premises with staff on duty. It contained a large living space with a kitchen, laundry facilities and dining space, a large bathroom, two bedrooms, and a rear garden. The premises were clean, bright and well-equipped, and efforts had been made to make it more homely. For example, the furniture was comfortable, and the residents' bedrooms were personalised.

The inspector also observed notice boards with information on the HIQA inspection, safeguarding, the provider's service user council, the Assisted Decision-Making (Capacity) Act 2015, and visual aids (such as pictures of different activities including walks, shopping, and the pub) to help residents make decisions.

The provider planned for both residents to move a community-based house by the end of 2025. This was part of the provider's decongregation plan for the campus, and to better suit the residents' needs.

The inspector observed some good fire safety systems; however, the detection and emergency light systems required upgrading and the recording of key information in fire drill records required clarification. The premises and fire safety are discussed further in the quality and safety section of the report.

The inspector briefly met both residents before they left to go on outing with staff. They were going out for lunch and to the cinema. The residents did not communicate their views about the service with the inspector, although one resident told the inspector about their family.

In advance of the inspection, staff supported residents to complete surveys on what it was like to live in the centre. Generally, the feedback was positive, and indicated

that residents were safe, liked the staff, and received good care.

The inspector read that the provider's recent annual review of the centre, dated January 2025, had consulted with residents. The residents indicated that they were generally satisfied with the service they received in the centre. However, there were some areas for improvement, such as how residents were supported to make choices and decisions.

The person in charge told the inspector that residents were supported to make decisions on a daily basis, and during house and key worker meetings. They said that some residents could communicate their wishes verbally, while others required support through the use of aids and non-verbal means.

As part of the annual review, surveys had also been sent to residents' representatives, but none were returned. During the inspection, the inspector spoke with one resident's family member on the phone. The family member had visited their loved one the day before the inspection. They told the inspector that they were pleased with aspects of the service provided to them. They said that the premises met the resident's needs and provided sufficient space for them. The family member was aware that the provider planned for the residents to move to a community-based home, and hoped that a new home would provide similar amenities as currently provided for in the centre; for example, that it would be large enough and include access to a garden. They also said that the resident would need support to understand why they were moving home.

The family member was not satisfied with the resident's opportunities for activities. They felt that the resident did not have enough stimulating activities, and would enjoy more activities such as going to parks, eating out, and trips to the sea side. Generally, they were satisfied with the communication from the centre, and said that they could raise concerns. However, they had made a complaint in the past after the resident sustained an injury, and were not fully satisfied with the response. They were also concerned that the resident was not communicating as well as they used to, and felt that a review of their needs would be beneficial. The inspector shared the family member's feedback with the person in charge and programme manager to follow up on.

The inspector reviewed the records of residents' recent activities, and found that they did not fully record if, and how, residents were supported to participate in varied and meaningful activities. For example, the detail of some activities was very limited. There was also a list of activities displayed on the notice board in the living room; however, most of these activities were not reflected in the residents' recent daily notes. This matter is discussed further in the quality and safety section of the report.

The inspection was facilitated by the person in charge and programme manager, and the inspector also spoke with the staff nurse working in the centre. The programme manager had worked with the residents for several years and demonstrated a good understanding of their needs and personalities. They told the inspector that since the previous inspection in 2022, a number of improvements had

been made to the service including the removal of some restrictive practices, more consistent staffing, and better communication systems.

The management team also said that the residents were enjoying more social activities, such as going to the cinema, swimming, and to the zoo. One resident had recently gone on a hotel break with staff. Within the centre, residents enjoyed massages, and being in the garden and involved in household chores.

The management team were satisfied with the resources available to residents, including the staffing arrangements and access to multidisciplinary team services such as occupational therapy and behaviour support. They told the inspector that the residents were happy and got on well, and that moving to the community would be positive for them. They had no concerns for the residents' safety, and said that all safeguarding concerns were managed in line with policy.

The inspector found that the nurse had a good understanding of the residents' care plans. For example, they told the inspector about the strategies to support residents to manage their behaviours, and explained their individual communication modes, which included verbal communication, visual aids, and manual signs. They also said that residents had sufficient opportunities for social activities, and that they could use public transport and the provider's vehicles to access their wider community.

Overall, the inspector found that there were good governance systems in place and that the centre was well resourced to meet the residents' needs. However, some improvements were required, and are discussed further under regulations 10, 13, 26 and 28.

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 there were effective management systems in place to ensure that the service provided to residents living in the centre was safe and appropriately resourced to their needs. For example, staffing arrangements were adequate, specialised equipment was available, and residents could avail of the provider's multidisciplinary team services. The provider had also prepared written policies and procedures on the matters outlined in Schedule 5 as part of their governance arrangements.

The management structure was clearly defined with associated responsibilities and

lines of authority. The person in charge was full-time, and met the requirements of regulation 14. They reported to a programme manager, and there were effective arrangements for them to communicate. The person in charge told the inspector that they could escalate any concerns to the programme manager and that they were very supportive.

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

The person in charge and programme manager were satisfied that the skill-mix and complement was appropriate to the assessed needs of the current residents. There were no vacancies in the complement. The person in charge maintained planned and actual rotas. The inspector found that the maintenance of the rotas required minor improvement to ensure that the full names of all staff working in the centre were recorded.

Staff were required to complete training as part of their professional development. The inspector reviewed the staff training log with the person in charge. The log showed that staff were up to date with their training requirements.

There were effective arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector read the January to May 2025 staff team meeting minutes which reflected discussions on safeguarding, recording incidents, supporting residents to choose goals and activities, restrictive practices, staff supervision and complaints. Staff were also reminded that 'residents' needs and choices come first'.

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 registered provider had appointed a full-time person in charge. They had commenced in their role in 2022, and started working in the centre in July 2024.

They were suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix and complement comprised five and a half healthcare assistant whole-time equivalents, and one half-time nurse equivalent; the person in charge was full-time and had a social care background. Two staff worked during the day and one staff worked at night. The person in charge and programme manager were satisfied that the skill-mix and complement was appropriate to the number and assessed needs of residents' living in the centre, and said that the staff team had adequate training and worked well together.

There were no vacancies. Staff leave was covered by the provider's staff to ensure continuity of care for residents. The inspector reviewed the April to June 2025 planned and actual rotas. Generally, they were well maintained and showed the hours that staff worked. However, on four dates in April 2025, the full names of staff working in the centre were not recorded. This person in charge rectified this issue before the inspection concluded.

The inspector did not review staff Schedule 2 files during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The inspector reviewed the most recent training log, with the person in charge, which accounted for seven staff. It showed that the staff had completed training in relevant areas including safeguarding of residents, human rights, manual handling, supporting residents with modified diets, infection prevention and control, positive behaviour support, and fire safety.

The person in charge ensured that staff were supported in their roles, and provided them with formal supervision. The inspector reviewed the supervision records for three staff, and found that they had received supervision in line with the provider's policy.

Judgment: Compliant
Regulation 22: Insurance
The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.
Judgment: Compliant
Regulation 23: Governance and management
<p>There were effective management systems in place to ensure that the service provided in the centre was safe and effectively monitored. There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. The person in charge reported to a programme manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including formal meetings and informal communications.</p> <p>The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and comprehensive six-monthly reports were carried out, along with various audits in the areas of residents' mealtimes, fire safety, health and safety, and infection prevention and control (IPC). The audits identified actions for improvement where required, which were monitored by the person in charge.</p> <p>There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns. There was also an on-call service that they could contact outside of normal working hours.</p>
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 June 2025, and was available in the centre for residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared written policies and procedures on the matters set out in Schedule 5. The inspector reviewed a sample of the policies and procedures, including those on safeguarding residents from abuse, provision of intimate care, behaviour support, use of restrictive practices, management of residents' property and finances, medication management, and complaints. They had been reviewed within the previous three years and were available in paper and electronic format.

The risk management policy was due review in May 2025, and the programme manager told the inspector that the review was underway.

Judgment: Compliant

Quality and safety

The inspector found that aspects of the quality and safety of the care and support provided to residents was to a good standard. However, improvements were required in relation to the maintenance of residents' communication plans, the review of adverse incidents, fire safety precautions, and how the provider ensured that residents' were supported to access and participate activities in line with their needs and preferences.

The person in charge had ensured that residents' care needs had been assessed to inform the development of personal plans. Residents had access to the provider's multidisciplinary team services, and within the centre, the nurse oversaw their health care plans. The inspector reviewed a sample of the residents' assessments and care plans. Overall, they were up to date and provided sufficient detail to guide staff practice. However, one resident's communication care plans required better maintenance to ensure that they were up to date and readily available in the centre for staff to refer to.

The person in charge and programme manager told the inspector that residents received good support and had opportunities to engage in different social and leisure activities. However, one resident's family member was concerned that they did not have enough meaningful opportunities, and the inspector also found that the recording of residents' activities by staff in their daily notes was poor. This matter requires more attention from the provider to ensure that residents have sufficient opportunities to engage in activities that are in line with their needs, abilities and wishes.

The provider had implemented good arrangements to safeguard residents from abuse. For example, the provider had prepared an associated policy outlining the arrangements, and staff had received relevant training to support them in the prevention and appropriate response to abuse. The inspector reviewed the records pertaining to a safeguarding incident in 2025, and found that it had been appropriately reported.

Residents were supported to manage their behaviours of concern. Behaviour support plans had been prepared to guide staff, and staff had completed relevant training to inform their practices. There was a small number of restrictive practices, and they were being applied in line with the provider's policy.

The inspector reviewed the management of one adverse incident involving a resident in May 2024. The provider had commissioned a formal review of the incident to commence in June 2024. However, at the time of the inspection, the review was still ongoing, and this required attention from the provider to ensure that potential learning from adverse incidents to improve the quality and safety of the service provided to residents in the centre was identified in a reasonable time frame.

The premises comprises a large single-storey building on a campus operated by the provider. The centre was observed to be clean and bright. Residents had their own bedrooms, and communal spaces included a large open-plan living space with a kitchen and dining facilities, a large bathroom, and a garden. Some rooms were very warm, and the person in charge adjusted the heating during the inspection to make it more comfortable. Parts of the premises required minor maintenance, and had been reported to the provider's maintenance department.

The inspector observed some good fire safety precautions. There was fire fighting and detection equipment throughout the centre, and staff had received fire safety training. However, the fire alarm and lighting systems had been assessed as requiring upgrading. The provider did not have a plan to carry out the upgrades as the residents were due to move out of the centre by the end of 2025. Fire drills were scheduled to test the effectiveness of the fire evacuation plans. However, the evacuation times noted in the fire drill records were inconsistent, and required reviewed by the provider to ensure that they were accurate.

Regulation 10: Communication

The inspector reviewed the arrangements to support residents' communication needs. Both residents had communication support plans that outlined their communication means.

One resident's plan referred to a specific document that had additional information to help staff understand the resident's communication. However, this document could not be located during the inspection. Additionally, the inspector found from speaking with staff, that the meaning of a phrase commonly used by the resident was not noted in their communication plan. These issues posed a risk that the

resident may not be fully understood by staff, and that their needs and wishes would not be facilitated.

Overall, the communication plans and associated documents required review to ensure that they were up-to-date, cohesive, and easily accessible to staff.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Staff supported residents with their daily social care needs and facilitated their leisure and recreational activities. The person in charge and programme manager told the inspector that since the previous inspection, residents had better opportunities to engage in activities that were of their choice and meaningful to them. However, the inspector found that improvements were required to demonstrate that residents had enough opportunities to participate in varied activities that were in line with their needs, capabilities, and interests.

Residents' activities were planned at weekly house meetings and on a day-to-day basis. The March to May 2025 meeting minutes noted activities, such as walks, 'drives', swimming, shopping, going to cafés and pub, massages, and going to the hairdressers.

However, the recording of residents' activities required improvement. The inspector reviewed the residents' daily notes over a recent three-week period. Recorded activities included shopping, family visits, walks on the campus and to local amenities, listening to music and dancing, assisting with cooking and baking, streaming entertainment, massages, visiting friends on campus, and 'chatting' with staff. The activities were mostly campus based, and the information in the notes was limited. For example, an entry of 'helping staff' did not describe the activity or how the resident engaged in it. For one resident, their notes indicated that they had three off-campus activities during the three-week period. On one date, no information on a resident's activities was recorded.

Furthermore, on the notice board in the living room there was a list of 'goals'. The person in charge said that they were chosen in approximately February 2025, and that some had been achieved such as going to the zoo. However, other goals such as visiting friends in their new home were outstanding. There was also a list of 'house' activities including painting, arts and crafts, foot spa, ball play, and board games; these activities were not reflected in the residents' daily logs reviewed by the inspector.

The provider's recent annual review had also noted that improvements were required to ensure that residents are facilitated to engage in activities outside of their home as per their individual will and preference.

Judgment: Substantially compliant

Regulation 17: Premises

The premises comprises a single-storey building (within a larger building) on a campus operated by the provider. It contains two residents' bedrooms, a large bathroom, and a large open plan living area with a kitchen, dining and sitting space, and a garden.

The centre was seen to be clean, bright, and well equipped. Some rooms, including the bathroom, were very warm as the radiators were on despite the warm weather. The inspector brought this to the attention of the person in charge, and they adjusted the heating to a more comfortable setting.

The inspector observed that specialised equipment was available to residents as they needed it, such as hoists and electric beds. The equipment appeared to be in good working order and had been serviced. Aspects of the premises were not homely, such as exposed pipes on some walls. Efforts had been made to make the premises homelier. The furniture was comfortable, and residents' bedrooms were personalised. Resident could also stream entertainment on their televisions and smart devices.

Some minor upkeep was required to the premises. For example, the paint on the radiator in the main bathroom was chipped and the tiles around a bedroom sink needed grouting. These issues were being escalated to the provider's maintenance department.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider has prepared a residents' guide. The guide was up to date, available in the centre to residents, and included the required information such as the terms and conditions relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the arrangements for the investigation and learning from

adverse incidents involving residents required improvement.

The inspector reviewed the management of one adverse incident involving a resident in May 2024 (the resident had sustained an injury that required hospitalisation and surgery). The provider had commissioned a formal review of the incident to commence in June 2024. However, at the time of the inspection, the review was still ongoing. This required attention from the provider to ensure that adverse incidents were reviewed in a reasonable time frame to identify potential actions to improve the quality and safety of the service provided to residents in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Generally, the registered provider had implemented effective fire safety precautions in the centre. However, some improvements were required.

There was fire detection and fighting equipment, and emergency lights throughout the centre. The inspector released a sample of the fire doors, including the kitchen and bedroom doors, and observed that they closed properly. The staff completed regular checks of the equipment (and the fire safety systems), and a fire safety audit had been carried out in May 2025. The audit identified areas for improvement such as maintenance to fire doors, and these works were underway.

However, the provider had previously identified that the fire alarm and emergency lighting system required upgrading. The recent servicing records also highlighted issues with the emergency lights. The inspector was informed there was no plan to carry out the upgrades as the provider planned for both resident to move to community-based home by the end of the year, and has not yet determined the future use of the premises. The decision not to proceed with the upgrades requires risk assessing by the provider.

The person in charge had prepared up-to-date individual evacuation plans which outlined the supports required by residents to evacuate the centre. The inspector also observed fire evacuation aids readily available in the centre. Staff had completed fire safety training, and fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the plans. However, the evacuation times recorded in recent drills was inconsistent and the person in charge told the inspector that while residents could be evacuated in a short time, some of the fire drill records indicated a longer time. This matter required clarification from the provider. Additionally, while there was a fire safety risk assessment, it did not identify a safe evacuation time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

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

The inspector reviewed the residents' assessments and personal care plans. The plans included positive behaviour, nutrition, mobility, safety, social goals, intimate care, and health care plans. They were found to be up to date, and readily available to guide staff on the care and support residents required. They also important information on the residents' interests, preferences and personalities. The plans reflected multidisciplinary team input as relevant, and the health care plans were overseen by the nurse working in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received support to manage their behaviours of concern. The inspector reviewed one resident's positive behaviour support plan. The plan was up to date and had been prepared by the provider's behaviour specialists. Staff had also completed behaviour support training to inform their practices and understanding of positive behaviour support. Staff spoken with were knowledgeable on the strategies outlined in the plan, and told the inspector that the plan was effective.

The inspector reviewed the arrangements for one restrictive practice, and found that it was being implemented in line with the provider's restrictive practice policy. The rationale for the restriction was clear and it had been discussed at the resident's key worker meeting. Use of the restriction had been risk assessed and approved by the provider's restrictive practice committee, and the person in charge had prepared a daily log to record its use.

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. The provider's safeguarding manager had also completed a safeguarding audit of the centre in

June 2025 to review the systems in place.

There had been two safeguarding concerns reported in 2025. The inspector found that they had been appropriately reported and managed to promote the residents' safety.

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 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 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 29 OSV-0005845

Inspection ID: MON-0038615

Date of inspection: 17/06/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:	
<ol style="list-style-type: none">1. Full review and update of all residents' communication plans to include all relevant documents and information to be completed before end of Dec 2025 with support of SLT team.2. All staff to complete Total Communication and Lamh Training to be completed before end of Q1 2026.3. All communication documents to be discussed with all staff at staff supervisions, service user meetings and staff monthly meeting. To commence with immediate effect.4. All documents to be easily accessible for all staff working in the home.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development:	
<ol style="list-style-type: none">1. Full review of all individual activity plans to be completed by service provider before end Aug 2025.2. Key worker training has been developed and has commenced role out to Person in Charges and Social Care Workers. This will be made available to all staff working in the designated center. All staff will complete same before end Dec 2025. This will support staff to improve in planning and recording of residents activities.3. Weekly internal audits and monthly quality review of all activities have commenced.4. Monthly management oversight meetings will be held with a focus on resident wellbeing, rights, and quality of care in the home with Person in Charge and Senior Management team.5. Unannounced in-home visits by the senior management team will commence in Aug 2025 with focus on activities	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. Formal provider review of incident in June 2024 has been completed. 2. All actions and recommendations from review will be addressed with team and Person in Charge by Programme Manager – all actions to be addressed by end Q3 2025. 3. Moving forward all formal system analysis reviews will be given highest priority by Care Management Team and Risk Department, to be completed within 6 months of any serious incident. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Residents are expected to de-congregate from the home before end of Q4 2025. Plans for emergency lighting and fire upgrade works for building of Designated Centre to be reviewed with Director of Care and Fire Officer at Care Management Meeting in Aug 2025. 2. Fire Safety risk assessment to be reviewed by Fire Officer and Person in Charge to reflect safe evacuation time. Fire drills to be completed following update. To be completed before end Aug 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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/03/2026
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/12/2025
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental	Substantially Compliant	Yellow	31/12/2025

	needs.			
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/12/2025
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2025
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/08/2025
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/08/2025

