

# 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 12
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	02 September 2025
Centre ID:	OSV-0005849
Fieldwork ID:	MON-0039023

## 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 12 is a designated centre operated by Stewarts Care DAC. This designated centre is a wheelchair accessible bungalow located on the Stewarts' Care Campus in County Dublin. It is intended to provide long-stay residential support for up to six men and women with complex support needs. Each resident has their own private bedroom, and use of a communal living room, sun room, dining room and bathrooms. The centre is staffed with nurses, care staff and one whole-time-equivalent activities staff. These staff are managed by a person in charge. Residents' day services are ran through an activities programme which operates from the home on a seven days a week basis. This is facilitated by the care staff that work in the home.

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

Number of residents on the date of inspection:	4
--	---

## 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 2 September 2025	12:00hrs to 17:30hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre 12. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The centre comprises of a large bungalow located in South Dublin on a large campus setting operated by Stewarts Care DAC. The centre is currently registered to accommodate up to six residents at any time. At the time of inspection there were four residents living in the centre. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links.

The person in charge was present to facilitate the inspection. All residents were aware of the inspection visit and were supported to meet with the inspector. Residents were not able to provide verbal feedback, therefore conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation was used to inform judgments on the implementation of the national standards in this centre.

Furthermore, residents had completed Health Information Quality Authority (HIQA) surveys, in advance of the inspection, 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 inspector was shown around the premises by the person in charge, who was knowledgeable and familiar with the assessed needs of residents. The bungalow was observed to be clean and tidy, warm and provided a comfortable environment to residents. The building had a kitchen, dining room, sitting room, sensory room, sun room, individual bedrooms, a staff office and a number of shared bathrooms.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also had the centre's safety statement, visitors policy and complaints policy.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

The inspector spoke with members of staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich

understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. The inspector observed residents coming and going from their home during the day. Two residents went on a trip to the phoenix park and another resident went swimming. Staff were observed to interact warmly with residents. One resident enjoyed a sing along in the sitting room with staff, while another resident enjoyed some quiet time in the garden. Two of the residents had recently been on a overnight stay to Bray, Co. Wicklow.

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.

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 registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports.

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.

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 a maintenance record of fire-fighting equipment.

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 the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

### 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.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels were in line with the centre's statement of purpose. Residents were in receipt of support from a stable and consistent staff team. The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents.

The inspector reviewed actual and planned rosters at the centre for July and August and the current September 2025 roster. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

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 three staff records 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.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control and fire safety.

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

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.

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, residents' guide, fire safety log, including a record of drills and the testing of equipment. A record of all complaints made by residents or their representatives or staff concerning the operation of the centre was also maintained as per the requirements of the regulations.

On the day of the inspection, records required and requested were made available to the inspectors. The inspector found that records were appropriately maintained. The sample of records reviewed on inspection, reflected practices in place.

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

The governance and management systems in place had ensured care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability.

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. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents. The staff team was led by an appropriately qualified and experienced person in charge. The person in charge worked full-time and was based in the centre. They demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences. The inspector saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities. 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 in the areas of infection prevention control, safeguarding, fire safety, meaningful activities were in place. The provider was also ensuring six-monthly unannounced visits of the centre were taking place as required by the regulations. These audits identified any areas for service improvement and action plans were derived from these.

Residents, staff and family members were all consulted in the annual review. One resident said 'the food needs improving' and another requested more involvement in decision-making. There was evidence that there were improvements regarding choice particularly in relation to food. Residents had access to a menu from the central kitchen but also had access to a fully stocked kitchen should they decide they want something different than what was on offer on any given day.

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 a transport vehicle.

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.

The premises was 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' health care needs were well assessed, and appropriate health care was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

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. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

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. The inspector reviewed two of these passports on the day of the inspection and found that they accurately described both residents' respective communication styles and supported their communication needs.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

Judgment: Compliant

## Regulation 13: General welfare and development

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. Residents were observed engaging in activities of their choice together such as mealtimes and going on outings in the community.

Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

Residents had access to a range of opportunities for recreation and leisure. All residents had their own personalised day service provision and had access to transport and the community when they wanted. They were supported to access activities pertaining to their own likes and interests such as going swimming, the cinema, walking in nature and wide open spaces, going on holidays, watching rowing on the canal and going for picnics.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

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 designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was sufficient communal space, and a nice garden space for residents to enjoy.

Judgment: Compliant

### Regulation 28: Fire precautions

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

There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. 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.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

### Regulation 6: Health care

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

Individual health plans, health promotion and dietary assessments and plans were in place. A review of two of the residents files demonstrated that residents had access to a range of allied health care professionals.

These professionals included psychologists, physiotherapists, occupational therapists, general practitioners and speech and language therapists and hospital consultants in accordance with their 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 two 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.

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 lap belt and a manual handling belt. The restrictive practices in use in the centre which 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant