



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 7
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	16 October 2025
Centre ID:	OSV-0005861
Fieldwork ID:	MON-0048164

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 7 is a designated centre operated by Stewarts Care DAC. The designated centre is made up of four separate community based homes in Dublin. The service provides long stay residential support for up to 12 male and female residents with intellectual disabilities and varying support needs. The centre is managed by a full-time person in charge, and staffed by a team of social care workers and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 October 2025	08:50hrs to 18:00hrs	Michael Muldowney	Lead
Thursday 16 October 2025	09:40hrs to 13:00hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. It focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

Inspectors used observations, conversations with residents and staff, and a review of documentation to form judgments on compliance with the regulations inspected. They found that the centre was operating at a high level of compliance. While improvements were required under two regulations, overall, it was clear that residents were happy and safe in the centre, and in receipt of good quality and person-centred care and support.

The centre accommodated 12 residents in four community-based homes in county Dublin. The houses were all conveniently located to many services and amenities, including shops and public transport. There were also vehicles available for residents to travel beyond their local community and surrounding areas. Inspectors visited all four houses. The residents were found to have active lives, and engaged in different activities on the day of the inspection, including attending day services, going to the gym, meeting family, swimming and attending medical appointments. Some residents travelled independently, while others were supported by staff.

The houses were seen to be comfortable, homely and warm. Residents had their own bedrooms that were personalised to their own tastes and preferences. There was sufficient communal spaces including bathrooms, sitting rooms, and kitchen and dining spaces. There were also nice gardens for residents to enjoy outdoor space. Residents told inspectors that they were happy with the premises and the facilities. Inspectors observed that there were no environmental restrictions in the centre, and residents freely accessed their homes and the facilities; for example, some residents were seen preparing meals. However, a potential rights restriction was identified in one house, and this matter was discussed with the senior management team during the inspection. The premises and restrictive practices are discussed further in the quality and safety section of the report.

Inspectors spoke with eight residents and three residents' representatives during the inspection. Overall, they all gave very positive feedback on what it is like to live in the centre. Inspectors did not have the opportunity to meet one resident who was temporarily residing in another of the provider's centre while recovering from surgery.

Residents told inspectors that they liked living in the centre. They said that they knew the staff working in their home, and that they were kind. They said staff helped them with their household chores, and that they liked the food they cooked. Some residents also liked to cook their own meals, and said that they had their favourite meals often. Residents said that they got on with housemates, and were

happy with the facilities and space in their homes. They felt safe and had no worries; but said that they could speak with staff if they had. Some residents also told inspectors, that the provider's executive management team had visited the centre earlier in the year, and that they enjoyed speaking with them.

Residents said that they had choice and control in their lives, and were not restricted in their movements. They told inspectors that they had key worker meetings where they were supported to plan and achieve personal goals such as going on trips and holidays. They also spoke the activities they enjoyed, such as swimming, attending mass, going to the gym, spending time with family and friends, art, dining out, and relaxing at home by listening to music. Some residents were also looking forward to voting in the upcoming presidential elections.

Inspectors spoke with three residents' family members. They were very positive regarding the quality of care provided in the centre. They complimented the staff team and spoke of the open and transparent communication between the staff team and the family members. They said that they were consulted with and supported to maintain their relationships with their loved ones. They described how the residents had a very good quality of life and were supported to achieve their goals and to have meaningful days.

Inspector met and spoke with different members of staff during the inspection, including the programme manager, director of residential services, social care workers and healthcare assistants. The person in charge was not on duty during the inspection.

Staff spoke kindly about residents and demonstrated a good understanding of their individual personalities and needs. They said that residents' needs were met in the centre, and that they received good quality and safe care; for example, residents could access multidisciplinary team services and there were sufficient staffing levels. They told inspectors about how residents were consulted with and supported to exercise choice in their lives; for example, individualised communication care plans were in place and followed by staff. Inspectors also observed that residents were understood by staff and staff promptly responded to them. In one house, the number of residents had recently reduced, and staff said that this was contributing to a reduction in incidents and safeguarding concerns. Inspectors also found that staff were well informed on the procedures for reporting safeguarding concerns.

It was clear that the provider and person in charge had implemented good arrangements to support residents to make choices and decisions, and consulted with them about their care and support, and on the operation of the centre. Residents attended key worker and house meetings where they planned their individual goals, activities, and discussed important topics such as safeguarding and human rights principles. Residents' goals were meaningful to them and there was good evidence of progression and achievement. The provider had also consulted with residents and their families as part of the recent annual review. Their feedback was positive, and indicated that residents felt safe, listened to, and could make decisions in their lives.

Overall, this inspection found that residents were happy, safe, and received good quality care and support. Some improvements were required to bring the centre into full compliance and ensure that potential restrictions on residents' rights were identified and appropriately managed.

Capacity and capability

There were good governance and management systems in place to ensure that the service provided to residents was safe, consistent, appropriate to their needs, and generally operated in line with a human rights-based approach.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in the management of the centre by social care workers. They reported to a programme manager and a director of services, and there were effective arrangements for the management team to communicate. The programme manager demonstrated an excellent understanding of the residents' individual personalities and needs, and of the service to be provided in the centre.

In addition to the person in charge and social care workers, the skill-mix primarily comprised healthcare assistants. There was one vacancy; however, it was well managed to reduce any adverse impact on residents. Inspectors reviewed recent rotas in two houses, and found that appropriate staffing levels were maintained. There were effective arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision.

Staff were required to complete training as part of their professional development. The training logs viewed by the inspectors showed that staff had completed their necessary training programmes.

In addition to the supervision arrangements, staff could attend regular team meetings which provided an additional opportunity for them to raise any concerns. Inspectors reviewed a sample of September to October 2025 meeting records in three houses. They noted discussions on safeguarding, incidents, updates on residents' needs, complaints, risk management, audits, restrictive practices and staff supervision.

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

Regulation 15: Staffing

The staff skill-mix at the time of the inspection comprised the person in charge, social care workers, and healthcare assistants. The provider had determined that this was appropriate to the residents' needs.

Residents gave good feedback on the staffing arrangements. They said that knew all of the staff, and that there was enough staff on duty. Inspectors observed a warm rapport between residents and staff, and staff were kind in their interactions; for example, staff were observed providing gentle encouragement and assurances. Inspectors also found that staff spoken with had an excellent understanding of the residents' personalities and needs, and spoke about them fondly and with respect.

There was one vacancy, however, it was well managed to reduce any adverse impact on residents with a small number of regular relief staff used. Inspectors also found that staffing was arranged to facilitate residents' interests; for example, relief staff were recently used to support a resident to attend an exercise programme.

The person in charge maintained planned and actual rotas. Inspectors reviewed a sample of the September and October 2025 rotas in three houses, and found that minor improvements were needed in one house to ensure that the staffing arrangements were accurately detailed. However, inspectors were assured that sufficient staffing levels were maintained.

Schedule 2 files were not reviewed as part of 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. Staff training records showed that staff had completed training in relevant areas, such as fire safety, safeguarding residents from abuse, managing behaviours of concern, administration of medication, manual handling, and infection prevention and control. Staff had also completed supplementary training that was contributing to the provider's human rights-based approach to care and support. For example, staff had completed human rights and decision-making training.

There were effective arrangements for the support and supervision of staff. The person in charge and social care leaders provided informal supervision, and formal supervision meetings were scheduled in line with the provider's policy. Inspectors viewed the supervision records for five staff. They showed that the staff had received supervision at regular intervals. The supervision records noted that topics to promote a safe and quality service provided to residents, such as safeguarding reporting, key worker responsibilities, planning meaningful activities, and human

rights principles were discussed. Staff spoken with told inspectors that felt supported in their roles and that they could easily raise concerns with the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The provider had resourced the centre to deliver appropriate and effective care and support that met residents' needs and upheld their human rights. For example, staff were available to facilitate residents' choices and preferences, residents could access multidisciplinary team services, and there were vehicles for residents to access their community and beyond.

The management structure compromised the person in charge, a programme manager, and a director of residential services. There were effective informal and formal systems for the management team to communicate. The person in charge also attended regular meetings with other managers to discuss common interest topics for shared learning. The person in charge was supported in their role by three social care workers who assisted in the oversight of the service. The social care workers' duties included overseeing residents' day-to-day activities, supervising staff, organising rotas and meetings, and carrying out audits. The provider had recognised that the remit of the person in charge was significant, and planned to reduce their remit from four houses to three.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider carried out annual reviews, which consulted with residents, and detailed unannounced visit reports. Additional audits were carried out in areas such as residents' finances, care plans, meaningful activities, health and safety, medication management and infection prevention and control. The audits were found to be comprehensive, and where required, identified areas for ongoing quality improvement.

Judgment: Compliant

Quality and safety

Residents' safety and welfare was maintained by a high standard of human rights-based care and support. Residents were safe, and gave good feedback on the services provided to them. Overall, it was clear that residents were receiving a person-centred service that supported them to make decisions and exercise choice in their lives. However, improvements were required to ensure that potential restrictive practices were identified as such and appropriately managed.

Residents had a good quality of life, and were supported to access and engage in various activities that were in line with their interests, capacities, and needs. They liked to spend time with families and friends, dine out, shop, swim, play sports, walking, sport, sensory activities, theatre, and go on day trips and holidays. Some residents also attended the provider's day services.

There were good arrangements to ensure that residents were consulted about their lives and the running of the centre. They attended house and individual key worker meetings where they discussed common agenda items, such as safeguarding and human rights; and planned personal goals.

Residents' care needs had been assessed and associated care plans had been prepared. The plans were readily available to guide staff practice, and noted input from multidisciplinary services as relevant. Inspectors also found that residents received good support to communicate in their individual means, and observed that they were listened to and understood by staff.

The provider had effective arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. Staff and residents were also reminded of safeguarding matters during team and house meetings. Staff spoken with were familiar with the safeguarding arrangements. Inspectors also found that safeguarding concerns were being appropriately responded to and actions were taken to protect residents.

There were good risk management systems. Risks assessments identified control measures to manage hazards and risks in the centre. However, inspectors found that a potential risk was not subject to a documented risk assessment, and two risk assessments required review to ensure that the control measures were clearly described.

Inspectors were also told that one resident could not be left alone in their home and that at times this impacted on other residents' opportunities for social activities; however, this had not been subject to a risk assessment. These matters required further review and assessment to ensure that any restrictions on residents were managed and escalated in line with the provider's risk management policy.

The premises comprises four two-storey houses which are close to many amenities and services. The houses comprises residents' bedrooms, and communal spaces, including sitting rooms, dining facilities, bathrooms, and large gardens. The houses were seen to be bright, homely, comfortable, clean, nicely decorated, and well equipped. Residents told the inspectors that they liked their homes. In one house, there was a clear plastic screen over a television. Staff told the inspector that the screen was not required, and made arrangements for it to be removed.

Inspectors observed residents freely using their homes, and were told that the centre promoted a restraint-free environment; for example, a physical restraint had been reviewed and removed since the last inspection. However, inspectors identified a potential rights restriction in one house. This required more assessment from the provider to ensure that it was applied in line with the provider's policy.

Regulation 10: Communication

The provider had ensured that residents were assisted and supported to communicate in accordance with their needs.

Residents communicated using different means including spoken words, manual signs and visual aids such as pictures. Inspectors reviewed residents' communication care plans and the associated supports. The plans were readily available to guide staff practice, and provided detail on the supports that residents needed to maintain their autonomy in communication.

Inspectors observed that residents were understood by staff; for example, staff appropriately responded to a resident using manual signs. Some staff had also completed additional training in using manual signs and planned to share their learning with the staff team to further enhance the quality of the support provided to residents.

The provider had ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet. Some residents used their own phones and tablets to keep in contact with friends and family, and stream entertainment.

Judgment: Compliant

Regulation 17: Premises

The premises comprises four separate two-storey houses. The houses were appropriate to the number and assessed needs of the current residents.

The houses were seen to be clean, warm, bright, and comfortable. They were also very homely; for example, residents' photos were displayed and some of the houses were decorated for Halloween. Some residents also had pets which added to the homeliness of the environment. Residents had their own bedrooms, some with en-suite facilities that were decorated and personalised to their tastes. There was sufficient communal space including bathrooms, kitchens and living rooms. The facilities were well equipped and appeared to be in good working order. Each house also had a nice garden which provided inviting outdoor spaces. One house had a sensory room with special lights, a water feature and other sensory equipment.

Residents told inspectors that they liked their homes, and were satisfied with their bedrooms and the facilities.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed to inform written care plans. Inspectors reviewed a sample of five residents' assessments and associated care plans. Two resident's assessments of need were overdue review, but were scheduled to be completed in the coming weeks.

The residents' plan were readily available to guide staff on the interventions for providing effective care and support to the residents, and reflected input from a wide range of multidisciplinary team services. The plans clearly detailed residents' interests, likes and dislikes, and preferences in respect of their care. This ensured that residents were in receipt of care that respected their choices.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received good support to manage their behaviours of concern, and generally was promoting a restraint-free environment. However, inspectors found that not all potential restrictions had been identified by the provider, and this matter required improvement to ensure that residents' rights were not impinged upon.

Staff had completed positive behaviours support training to support them in responding appropriately to behaviours of concern. Written positive behaviours support plans had also been prepared to inform their practices. Inspectors reviewed five resident's positive behaviour support plans. The plans had been prepared with input from staff and the provider's multidisciplinary team. They were readily available, and provided detailed proactive and reactive strategies. One plan was found to be due review.

Inspectors were told that there were no restrictive practices or interventions used in the centre. However, from speaking with staff in one house, it was found that there was a potential rights restriction that posed a risk to the privacy of a resident. Additionally, a risk assessment in another house referred to another potential restriction related to a resident travelling in a vehicle. These matters required further assessment from the provider to ensure that it were managed in line with the provider's policy and consultation with the residents concerned.

Judgment: Substantially compliant

Regulation 8: Protection

The provider and person in charge had implemented effective systems to safeguard residents from abuse. The safeguarding systems were underpinned by a written adult safeguarding policy.

Staff had completed safeguarding training to support them in the prevention, detection, and appropriate response to safeguarding concerns. Safeguarding topics, such as the provider's safeguarding message of the month and reporting systems, were also discussed at staff team meetings. Inspectors found that staff spoken with were familiar with the procedures for recording and reporting any safeguarding concerns.

Inspectors reviewed three safeguarding concerns notified to the Chief Inspector in 2025. The concerns had been reported to the relevant parties and safeguarding plans had been prepared with measures to protect residents from potential abuse. Actions were also taken to support residents to develop skills and understanding for self-protection. Safeguarding topics, including rights and advocacy, were discussed with residents during house meetings to aid their understanding on the matter. Residents spoken with told inspectors that they felt safe in the centre and could raise concerns if they had any.

Inspectors reviewed two resident's intimate care plans. They were up to date, comprehensive and detailed the residents' preferences to guide staff in delivering appropriate and person-centred care that respected the residents' dignity.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge were ensuring that the centre operated in a manner that respected and promoted residents' rights. Residents gave good feedback on what it is like to live in the centre and on the care and support they received. Residents were supported to understand and exercise their rights, listened to, and had control and choice over how they lived their lives. For example:

- Residents told the inspectors that they could make choices and had control over lives, and did not feel restricted.
- Residents could exercise their right to vote; some planned on voting in the upcoming presidential elections.
- Residents had key workers who helped them plan personal goals. The inspectors reviewed a sample of key worker meeting minutes from June to August. The minutes noted discussions on residents' goals such as going on holidays. The meetings also provided an opportunity for residents to discuss

the support they received. For example, a resident was consulted with about the support they received to manage their finances.

- Residents attended house meetings where they discussed common agenda items and participated in the organisation of the centre. Inspectors reviewed a sample of the September 2025 meeting minutes. They noted discussions on menu planning, staffing, safeguarding, advocacy, the provider's complaints procedure, and human rights principles.
- Residents were provided with education to promote their independence; for example, one resident completed independent living education modules and another resident was learning how to make their own meals.
- Staff had completed human rights training to help inform their practices and understanding of residents' rights.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had prepared a written risk management policy which outlined the arrangements for the identification, assessment and management of risks. The policy also noted the benefits and importance of positive risk taking to enhance residents' quality of life.

The centre's risk register was found to be comprehensive in respect of the risks that presented in the centre. Individual risk assessments had also been prepared with outlined control measures to reduce and mitigate the risks. However, the measures outlined in two resident's specific risk assessment were not found to be not in place, such as certain restrictions, procedures and routines. The risk assessments required review to update the information and ensure that it was clear and accurate.

Inspectors were also told that one resident could not be left alone in their home and that at times this impacted on other residents' opportunities for social activities; however, this had not been subject to a risk assessment to establish the actual risks presenting and control measures that could reduce or eliminate the risk. These matters required further review and assessment to ensure that any restrictions on residents were managed and escalated in line with the provider's risk management policy.

Judgment: Substantially 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 26: Risk management procedures	Substantially compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 7 OSV-0005861

Inspection ID: MON-0048164

Date of inspection: 16/10/2025

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Since the inspection, the potential restrictive practice involving night-time checks on a resident in one of the DC homes has been discontinued, as there is no identified or assessed need for this practice. This update was communicated to staff during a team meeting held on 22 November 2025. In addition, the risk assessment relating to transport and the bus seating plan has been withdrawn, as it is no longer required. This assessment had been implemented during a period when an active safeguarding concern existed within the home; however, as this is no longer the case, the risk assessment has been appropriately discontinued.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The measures outlined in the two residents' individual risk assessments that were found not to be in place during the inspection included: restrictions such as locking sharps and knives, as well as procedures like the smoking protocol agreement, which was not being implemented. Following the inspection, all relevant risk assessments were reviewed to ensure they accurately reflect current practices within the DC. As it was established that sharps and knives do not need to be locked, the associated risk assessment has been discontinued and this change has been communicated to staff through a team meeting held on 1st November 2025. Similarly, the smoking protocol	

agreement has been removed from the existing smoking risk assessment, as the current control measures are sufficient and no additional measures are required.

Since the inspection, a new risk assessment has been implemented, incorporating additional control measures to ensure that all residents' rights are fully respected, particularly in relation to social activities and outings. Staff have been informed through a team meeting held on 1st November 2025 that resources such as the Community On-Call Manager and the buddy system within the DC are available to provide extra staff support when needed.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	22/11/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	22/11/2025
Regulation 07(5)(b)	The person in charge shall ensure that, where	Substantially Compliant	Yellow	22/11/2025

	a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	22/11/2025