



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 30
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	22 October 2025
Centre ID:	OSV-0007784
Fieldwork ID:	MON-0048181

About the designated centre

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

DC30 is a designated centre operated by Stewarts Care Limited and provides full-time residential services for up to two residents. This designated centre is provides support to two male residents, who are over the age of 18 years. The centre is staffed with both social care workers and care staff to support both residents, with oversight from a person in charge and senior manager. Residents have access to the following clinical services while living in the designated centre; physiotherapy, occupational therapy, psychology, speech and language therapy, mental health supports, social work support and paediatrics/medical review. This designated centre comprises of a four bedroom detached house located in Co. Kildare. Each resident has their own bedroom, downstairs accommodation comprises of a kitchen, living/dining room, utility room and a staff office. Upstairs accommodation has two resident bedrooms, a television room, staff sleepover room and a shared bathroom. One of the bedrooms is en suite. An enclosed garden space is located to the rear of the centre and a separate outside recreation room.

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
Wednesday 22 October 2025	10:30hrs to 16:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to review the safeguarding arrangements in the centre. Residents living in the centre were in receipt of a good standard of care and support which was upholding their rights. Ten regulations were explored as part of this thematic safeguarding inspection and there was a very high level of compliance identified.

The inspector used observations, in addition to a review of documentation, and conversations with staff to form judgements on the residents' quality of life. The inspection was conducted over a single day and was facilitated by the person in charge.

The centre comprised of a two-storey house located in a housing estate close to a busy town in county Kildare. The centre had the capacity for a maximum of two residents, at the time of the inspection there were two residents living in the centre full-time.

The inspector saw that the designated centre was generally very clean and well-maintained. The residents shared a sitting room, a kitchen, a dining room, two bathrooms, a utility room and a large back garden. The house also had an outdoor room with comfortable furniture and a foos-ball table for both residents to use if they so wish.

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

The inspector spoke with the person in charge, programme manager and staff on duty on the day of inspection. They all spoke about both residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring residents needs were met to a high standard at all times.

The person in charge spoke highly of the standard of care provided to both residents and had no concerns regarding the safeguarding or well-being of anyone living in the designated centre.

It was clear to the inspector that the residents were placed at the heart of this service and that their opinions were considered in respect of the delivery of all care and support, and in the day to day running of the service.

Both residents were observed throughout the course of the inspection receiving a good quality, person-centred service that was meeting their needs. Observations carried out by the inspector and documentation reviewed provided suitable evidence

to support this.

Residents were supported to make choices and decisions about their day-to-day activities. When the inspector arrived both residents were getting ready to go out together to the cinema. This planned outing was the choice of both residents and in line with their daily planners. On return from the cinema later on in the day, one of the residents indicated that they wished to go out again and this was facilitated by a staff member on duty.

Throughout the inspection, the two residents were observed getting along very well with one another. It was evident to the inspector that they had formed strong bonds of friendship.

The atmosphere of the centre was noted to be calm and relaxed. Staff communicated with residents in a gentle manner and clearly knew residents' individual preferences in respect of their care and support.

The service was operated through a human rights-based approach to care and support, and both residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report will describe the governance and management arrangements in the centre and how these were effective in ensuring there were appropriate safeguarding practices in the centre, as well as a description of the quality and safety of care of residents, with a particular focus on safeguarding.

Capacity and capability

Safeguarding is a critical responsibility for providers in designated centres. All residents have the right to safety and to live free from harm, which is essential for delivering high-quality health and social care. Residents should be able to trust the provider, person in charge, and the staff to help them feel secure. Therefore, effective safeguarding depends on collaboration among individuals and services to ensure that residents are treated with dignity and respect, and are empowered to make decisions about their own lives.

This section of the report describes the governance and management arrangements for the centre. This inspection found that the designated centre was being overseen in a manner that supported the active participation of the residents living in the service.

The designated centre was adequately resourced to support the residents. 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 management of the service had ensured that resources were utilised in a

manner which filled any gaps in the roster and ensured continuity of care for the residents.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them. Residents and staff members were seen to have positive relationships which were effective in promoting residents' rights and ensuring their safety. Staff were observed to be available to residents should they require any support and to make choices.

Staff members spoken with understood their roles and responsibilities. They had clear reporting lines and were aware of the policies and procedures to be followed, in particular in respect of safeguarding. Staff members had access to supervision to support them to effectively exercise their personal and professional accountability in delivering safe care and support. Staff members also had access to ongoing training in the prevention, detection and reporting of abuse.

The provider had systems in place to gather information about the quality and safety of the service.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre.

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

The inspector examined the planned and actual staff rosters for September and October 2025. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

The inspector saw that residents were very familiar with staff members and that there were positive relationships between residents and staff. Staff members were familiar with residents' preferences, their assessed needs, and the important relationships in their lives.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

The inspector reviewed the staff training records maintained by the person in charge and found that it was effective in regularly monitoring staff training. All staff had completed a variety of training courses, ensuring they had the necessary knowledge and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults.

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

A formal schedule of staff supervision and performance management was in place. The inspector reviewed staff supervision schedule and found that they were in receipt of supervision as per the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

Both the provider and the person in charge had implemented comprehensive management structures that effectively promoted safeguarding across the service. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

There were a suite of audits implemented at local level, and at provider level, to identify any risks to the quality and safety of care and to drive service improvement. Local audits were completed in areas such as medication management, fire safety, finance and health and safety.

Provider level audits included six-monthly unannounced visits and an annual review of the quality and safety of care. The audits were seen to be comprehensive and clearly detailed service level needs. Action plans were progressed across audits which showed that they were effective in driving service improvement.

There were effective arrangements for staff to raise concerns. In addition to the staff supervision and support arrangements, staff also attended regular team

meetings which provided an opportunity for them to raise any concerns about the quality and safety of care and support provided to residents.

The inspector reviewed the records of these and saw that they covered important areas such as residents' needs, safeguarding and residents rights. There was good staff attendance at these meetings. A staff member spoken with told the inspector that they felt well-supported in their role.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. Safeguarding involves a proactive approach, recognising safeguarding concerns, and implementing measures to protect individuals from harm. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Residents were protected from abuse and where a concern arose for a resident's safety the staff team and management took timely and proportionate measures to protect the residents involved. Residents living in this centre were treated with dignity and respect. They were empowered to exercise choice and control in their daily lives and their choices and decisions were respected.

The design and layout of the premises ensured that both residents could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair. There were some minor maintenance issues were identified by the person in charge and they had already been reported to the provider's maintenance department.

Both of the residents required support with communication. The inspector saw that staff members were familiar with residents' communications and supported their communication needs respectfully.

The inspector found that appropriate safeguarding 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.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. There was a comprehensive assessment of need in place for both residents, which identified their health care, personal and social care needs. These assessments were used to inform

detailed plans of care.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviours of concern.

The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individualised specific risk assessments were also in place for each resident.

Residents were also supported to develop knowledge and skills for self-care and protection. Areas of vulnerability were identified and individual safeguards were put in place. Individual risk assessments, to protect residents from identified areas of vulnerability, were seen to be proportionate and person-centred. They clearly reflected the wishes and preferences of the resident.

Residents were empowered to have choice and control in their daily lives and a sensible balance was achieved between balancing the choices made by residents and risks associated with these decisions.

Overall, both residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 10: Communication

The inspector found that the residents were supported by staff who understood their communication needs and could respond appropriately.

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

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

Residents had access to relevant communication media including personal mobile phones, televisions and streaming services.

Important information, such as the schedule of activities for the week were displayed in an easy to read format. This supported residents to understand and engage with the information provided.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Judgment: Compliant

Regulation 17: Premises

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

They 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.

Each resident had their own bedroom which was personalised to reflect their tastes. Photographs of the residents were displayed in communal areas and the decor of the sitting rooms reflected the residents' interests.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy and standard operating procedure in place, which was reviewed by the inspector. The provider had ensured that the policy included all necessary information in accordance with regulatory requirements. The policy which had been reviewed within the past three years as required by the Regulations.

Safeguarding risks were identified, assessed, and necessary measures and actions were in place to control and mitigate risks. In line with the risk management policy, there was a risk register in place which detailed potential risks in the centre as well as the measures in place to reduce or eliminate them.

The inspector reviewed the risk register and saw that risk assessments were regularly reviewed and updated. The risk assessments were comprehensive and the control measures were person-centred.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the provider had arranged to meet the safeguarding needs of each resident and the person in charge had ensured that safeguarding needs were part of all residents' assessments of need and of their review thereafter.

Comprehensive care plans were created in a person-centred way, outlining residents' preferences and needs for their care and support.

The inspector reviewed both residents' assessments and plans. The plans included those on personal, health, and social care needs, communication supports, personal care, safety and supervision and social development.

The person in charge had ensured that written personal care plans had been prepared to guide staff in supporting residents in this area in a manner that respected their dignity and bodily integrity.

The inspector saw evidence that residents were able to take part in activities and goals of their own choosing. For example residents attended local parks, the library, dining out, shopping and attending mass in the locality to listen to the church choir.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with managing behaviour had access to multidisciplinary professionals including psychiatry and psychology. Behaviour support plans were in place on residents' files. These were reviewed and updated regularly. Staff were informed of the recommendations in place to assist residents in this area.

The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. There were no restrictive practices in place on the day of the inspection.

Judgment: Compliant

Regulation 8: Protection

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. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice.

Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar

with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Residents also had intimate care plans which detailed their needs and preferences in respect of care being provided in this area. .

Risk assessments were implemented where there were concerns regarding safeguarding for residents. The control measures were seen to be proportionate and person-centred and reflected residents' preferences and their consent to certain protective measures.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development.

The inspector saw that staff interactions with residents were in a manner which upheld residents' dignity and provided residents with choice and control. Staff were seen offering residents choices, responding to residents needs and requests by providing direct assistance in a manner which respected residents' right to dignity and privacy.

Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

Each resident had access to facilities for occupation and recreation with opportunities to participate in their local community in accordance with their wishes.

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	
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 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant