



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 32
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	13 August 2025
Centre ID:	OSV-0008317
Fieldwork ID:	MON-0038796

About the designated centre

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

Designated Centre 32 is a designated centre operated by Stewarts Care DAC. The centre provides long-stay residential support for no more than two adult male residents with varying support needs. The centre is located in a rural location outside a large town in Co. Kildare. The centre is made up of one community-based single-storey home. Residents are provided with their own private bedroom, a kitchen, separate utility room, a bathroom, a sitting room and a conservatory space. There was a well-maintained enclosed garden to the rear of the centre containing a swing and a trampoline which residents can use as they chose. The centre is staffed by social care workers and healthcare assistants. The centre is managed by a person in charge.

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 13 August 2025	10:00hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre 32. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

The designated centre is located in a rural area in Co. Kildare and is registered to accommodate up to two residents at any time, at the time of inspection there was no vacancies.

On arrival to the designated centre, the inspector was greeted by the person in charge and the programme manager.

The person in charge accompanied the inspector on a walk around of the centre which is a single storey building consisting of a kitchen/dining room, sitting room, sensory room, a shared bathroom, two individual bedrooms and a multipurpose room/staff office. The inspector observed the centre was spacious, well illuminated and could provide residents with a low arousal environment. There was a well maintained enclosed garden to the rear of the centre containing suitable play equipment including a swing, a trampoline and a shed.

During the inspection the inspector had the opportunity to meet one of the residents and three staff on duty. The person in charge and staff described the quality and safety of the service provided in the centre as being very personalised to the residents' individual needs and wishes. 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. Staff spoken with said residents appeared to be happy living in the home.

Residents had busy active lives. On arrival to the centre, both residents were out and about, one resident returned for lunch and then headed out swimming in the afternoon. Staff informed the inspector that the resident had spent some time in the Phoenix park earlier that day. Residents activities included accessing the local community, such as Delta sensory gardens, Clonfert pet farm, the beach, the National stud, going shopping and to the park. Residents also enjoyed trips to Bray and Howth amongst other places.

Residents did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. In advance of the inspection, residents had also completed Health Information Quality Authority (HIQA) surveys, 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.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall wellbeing and welfare was provided to a good standard. The service was operated through a human rights-based approach to care and support, and 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 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 a complaints policy and associated procedures in place as required by the regulations. The inspector reviewed how complaints were managed in the centre and noted there were up-to-date logs maintained.

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.

Regulation 15: Staffing

Staffing levels were in line with the centre's statement of purpose and the needs of its residents. On the day of the inspection, there were no vacancies and residents were in receipt of support from a stable and consistent staff team.

The staffing arrangements in the centre, including staffing levels, skill-mix and qualifications, were effective in meeting residents' assessed needs.

The inspector reviewed actual and planned rosters at the centre for March, April and June 2025. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

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.

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. All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Furthermore, staff were in receipt of additional training in Lámh (an Irish sign language programme) and autism awareness. Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.
Judgment: Compliant
Regulation 19: Directory of residents
A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
On the day of the inspection, records required and requested were made available to the inspectors. A 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, safeguarding incidents and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre. 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

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

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 two vehicles for transport which was assigned for the centre's use only. Residents were observed utilising these vehicles on the day of inspection.

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.

A series of audits were in place including monthly local audits, residents' finances, safeguarding, fire safety, meaningful activities, medication management and maintenance and six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

The inspector reviewed the most recent annual review which contained feedback from residents on the quality and safety of care provided. Residents' views were obtained by staff through key-working and personal plans to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here and were happy with the amount of choice and control in their lives.

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

Regulation 34: Complaints procedure

The provider had a complaints policy in place. This was in easy-to-read format and accessible to all.

There was an up-to-date complaints log and procedure available in the centre. The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

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.

Overall, the house was found to be clean and bright, 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' individual care needs were well assessed, and appropriate supports and access to multi-disciplinary professionals were available to each resident.

There were comprehensive communication plans in place that gave clear guidance

and set out how each person communicated their needs and preferences.

Furthermore, the inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

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. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. There was evidence to demonstrate the risk management policy's implementation in the centre from a review of the risk register, personal risk assessments for residents and incident recording logs. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures, including fire and smoke detection systems and fire fighting equipment.

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 which described their communication style 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.

The inspector saw that visual supports required by residents were readily available in the designated centre. Folders containing pictures to support residents to understand and make decisions in areas such as menu planning were available to all residents.

Both residents had access to appropriate media including; the Internet and television.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations. The centre had been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

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.

However some areas of the centre required upkeep and maintenance.

For example:

- the wooden kick board under the fridge was chipped;
- both residents showers required upgrading;
- flooring throughout various areas in the house, such as the conservatory and kitchen dining area, needed replacing.

The provider had identified all these issues through their own internal audits and the person in charge had reported to maintenance. Funding had been approved to replace the floors.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an effective risk management policy which met the requirements of the Regulations.

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks.

A review of residents' files showed up-to-date individualised risk assessments which in some cases were supported by positive behaviour support plans which detailed proactive and reactive strategies to support residents in managing their behaviour.

Judgment: Compliant

Regulation 28: Fire precautions

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

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The inspector also walked the premises and observed evacuation routes, door closure mechanisms and fire containment features. 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.

Fire safety records, including fire drill details demonstrated that the provider could

safely evacuate residents under day and night time circumstances.

Both residents had personal emergency evacuation plans (PEEPS) in place. They were personalised to meet the individual assessed needs of the resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both of the residents files over the course of the inspection.

They were found to contain an up to date and comprehensive individual assessment of residents' needs. This assessment was informed by the resident, their representatives and relevant multi-disciplinary professionals.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Residents' wellbeing 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 live in their local community.

Care plans were written in a person-centred manner and clearly detailed steps to maintain residents' autonomy and dignity. Staff spoken with were informed regarding these care plans and residents' assessed needs.

The inspector saw that care plans were available in areas including communication, positive behaviour support, social supports, family inclusion, healthcare and safeguarding, as per each residents' 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 both 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 with accompanying wellbeing and mental health support

plans.

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 external front door lock and a safety harness used for transport. The restrictive practices in use in the centre 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.

Furthermore, each resident had a safeguarding care plan in their personal file and there was evidence of education around safeguarding being carried out with the use of easy-to-read documents and social stories.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 32 OSV-0008317

Inspection ID: MON-0038796

Date of inspection: 13/08/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Flooring in conservatory, kitchen and dining area was replaced in August 2025. 2. Showers in home have been reviewed by Technical services team and have been approved for upgrade. To be completed by end of Quarter 1 2026. 3. Minor upgrade works including wooden kick board under fridge, hob guard and painting of radiators have been logged with technical services, approved and will be completed by end of Q4 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2026