

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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adults Services Designated Centre 38
Name of provider:	Stewarts Care DAC
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	23 September 2025
Centre ID:	OSV-0008960
Fieldwork ID:	MON-0046800

## About the designated centre

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

Stewarts Care Adults Services Designated Centre 38 is a designated centre operated by Stewarts Care DAC intended to provide long stay residential care and support for no more than four female residents with varying support needs. The residents that live in the centre present with severe and profound levels of intellectual disability. The centre is comprised of four single occupancy resident bedrooms, a living room, a dining room, a kitchen, a multi purpose room and a large bathroom. The designated centre is managed by a person in charge and a team of nursing staff, social care workers and healthcare assistants.

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

Number of residents on the date of inspection:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 23 September 2025	09:00hrs to 16:00hrs	Kieran McCullagh	Lead
Tuesday 23 September 2025	09:00hrs to 16:00hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre, which had been newly registered in March 2025. Overall, inspectors found this centre was well-resourced and the residents were provided with person-centred care based on their assessed needs. One improvement was required in the storage management of controlled medication.

This inspection was completed over one day by two inspectors and was facilitated by the person in charge. Inspectors used observations, conversations and interactions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

Inspectors found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce". Inspectors found that this was a service that was person-centred while also ensuring that residents received the care and support they required.

The centre comprised of a large detached one-storey house in a tranquil and rural location in North County Dublin. The house comprised of four individual bedrooms, two of which were en-suite, an open plan sitting-kitchen-dining room, and a multipurpose room. The house was surrounded by large well-maintained gardens and grounds with an outdoor seating area for residents to use if they so wished. The kitchen-dining-sitting room was very spacious, comfortable, and decorated to a high standard. There were large glass doors which led out on to a spacious garden. During the inspection, residents were observed relaxing and looking out at the fruit trees and vegetable patch.

Inspectors observed that residents' bedrooms were laid out in a way that was personal to them. The bedrooms were sufficiently spacious to accommodate the mobility aids that some residents required. Family pictures were displayed in bedrooms along with items of interest to each resident. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

The centre was close to local amenities and services including shops, restaurants and public transport. It was home to four residents and the inspectors had the opportunity to meet all four residents during the inspection. Residents had lived together for many years and had moved from the provider's campus setting to this centre in May 2025. The person in charge spoke about the positive change the move had on the residents' lives. For example, one resident was now getting involved in helping staff prepare meals in the centre, whereas, in their previous home, meals were delivered to the centre from a centralised kitchen. Staff also spoke about how much the residents were enjoying doing the grocery shop for the

centre each week which was not something they would have had an opportunity to do in their previous home.

Residents were being supported to integrate into their new community. Some residents had become members of their local churches and regularly attended services on weekends. Residents were also becoming familiar with local public transport options and were taking public transport to complete trips to local shopping centres. On the day of the inspection, residents were out of the centre in the afternoon, with all residents choosing to go out for lunch. Residents were not attending formal day services but were rather enjoying a slower pace to life and engaging in activities of their own choice during the day.

Upon arrival at the centre, the inspectors were greeted by the person in charge and the staff team. When one of the inspectors arrived, they met the person in charge and one of the residents out in the garden, where the person in charge was supporting the resident to go for a walk, as per the resident's wishes. Residents were being supported with their breakfast routine on the morning of the inspection. Staff were observed to be aware of the residents' identified feeding, eating, drinking and swallowing (FEDS) and nutrition care plans. Residents relaxed in the various seating areas in the centre until they went for lunch.

Residents in the centre communicated in their own unique styles. The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. Residents did not use verbal communications as their main form of communication and this meant the inspectors were unable to receive verbal feedback from them about their lives in the centre and the care and support they received.

Over the course of the inspection, the inspectors observed staff supporting the residents in a professional, person-centred and caring manner at all times. Residents appeared to be relaxed and happy in the company of staff. Residents appeared to be happy in their new home and there were pictures displayed in the centre and in residents' bedrooms of happy events they had had, since moving to the centre. This included a house warming party that family members, friends and staff had attended and residents' birthday parties.

Staff that the inspectors spoke with were very knowledgeable of the residents' needs and the supports in place to meet those needs. Some staff members had worked with the residents in their previous home and spoke of the positive changes for the residents since moving to their new home. This included residents being closer to families and improvements in some residents' healthcare. For example, following discussions with key staff members and a review of documentation, it was evidenced that some residents had improved appetites and were gaining weight as per their dietitian recommendations. Staff spoken with, clearly knew the residents well and their preferred activities.

Overall, inspectors found that residents received a good quality service in this centre. The residents were settling well into their new community and enjoying their

new home. The staff team knew the residents very well and demonstrated a human rights-based approach to the care provided.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

Overall, the management structure in place in this centre was delivering a safe, quality service to the residents at the time of this inspection. The provider ensured that there were competent and experienced staff on duty to meet the residents' assessed needs.

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 centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The person in charge met the requirements of Regulation 14 and was supported in their role by a shift leader.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. Inspectors observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, inspectors saw residents being supported to participate in a variety of home and community-based activities of their own choosing.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. It was observed during the inspection that staff were implementing learning from training in supporting residents.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre.

A sample of contracts of care demonstrated that they contained the terms under which the residents lived in the centre, and were signed by the residents' representatives.

The provider had a statement of purpose in place that clearly described the services offered and met the regulatory requirements as set out under Schedule 1.

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 14: Persons in charge

The designated centre was managed by a capable person in charge who was supported by the provider and had the qualifications, knowledge, and skills to support the assessed needs of the residents. The person in charge was employed on a full-time basis in the organisation and was a qualified nurse with experience working in and managing disability services.

The person in charge was very familiar with the needs of residents and was effective in managing the designated centre. They were engaged in the governance, operational management, and administration of the centre on a regular and consistent basis.

At the time of this inspection, the person in charge was also responsible for another designated centre under this provider. There were clear procedures in place to delegate day-to-day governance oversight which ensured the delivery of safe quality of care to residents. When the person in charge was not present in the centre, there was an identified shift lead.

The person in charge was aware of their legal remit under the regulations. They supported their staff team through team meetings and regular supervision meetings.

Judgment: Compliant

#### Regulation 15: Staffing

The inspectors found that the centre had sufficient staff in place to meet the needs of the residents. The staff team in the centre was led by the person in charge and consisted of staff nurses and care staff. There were four staff on duty during the day and two waking staff at night. The person in charge advised that on the day of the inspection that the centre had its full staffing compliment and there were no vacancies in the staff team.

There were planned and actual rosters in place in the centre. A review of the roster of the month of August 2025 demonstrated that the provider and person in charge had ensured that planned staffing levels were maintained in the centre during this period. The roster reviewed, included the start and end time of the shifts and the full name of the staff member during the day and night shifts.



Team meetings were facilitated on a monthly basis. There was a set agenda for the meetings which included safeguarding, protocols, policies and procedures, area-specific training and resident updates.

One inspector reviewed the staff files of four staff members working in the centre. They contained all the requirements of Schedule 2. For example, all four staff members had been vetted by An Garda Síochána.

Judgment: Compliant

### Regulation 16: Training and staff development

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. One inspector completed a detailed review of the training records, which confirmed that all staff had completed a broad spectrum of essential courses, equipping them with the crucial knowledge and skills required to support all residents effectively. This training encompassed mandatory training modules in critical areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults, thereby demonstrating robust compliance with regulatory requirements.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as human rights, total communication, Phenylketonuria (PKU), manual handling, safe administration of medicines, infection prevention control (IPC), and Children First.

Consistent with the provider's policy, all staff members were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the person in charge, was reviewed and found to ensure that all staff were in receipt of quarterly formal supervision and ongoing informal supports tailored to their roles.

One inspector's review of one staff member's supervision record confirmed that supervision meetings included a review of continuous professional development and provided a platform for staff to voice concerns.

Judgment: Compliant

### Regulation 23: Governance and management

The provider and the person in charge had ensured that the centre was adequately resourced to deliver effective and person-centred care to the residents. They ensured that they had a good quality of life in their new home. Residents had been supported to transition to the centre and to integrate to their new community. The

provider had proven arrangements in place to assure themselves that a safe and high-quality service was being provided to 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 person in charge was supported in their role by a programme manager. The staff team was very knowledgeable about the support needs of the residents and some members had worked with the residents in their previous home. Residents had access to a vehicle to access the community and the person in charge had worked on increasing the number of drivers among the staff team. During an audit conducted by the provider in July, a finding had identified that there were only two drivers among the staff team. On the day of the inspection, there were six drivers on the staff team.

Of the other actions identified during this audit, the person in charge had completed all actions at the time of the inspection. The provider and person in charge carried out a suite of audits since the residents had moved to the centre. This included audits relating to infection prevention control, fire safety, finance, keyworker meetings and medications.

Audits reviewed by one inspector were comprehensive, and where appropriate, were carried out by a professional in the relevant field. The audits contained actions, where required, and the inspector observed evidence of these being completed. For example, the medications audit had recommended that the temperature of the room in which the residents' medicines were stored be checked daily. A staff nurse in the centre showed the inspector where a checklist had been developed for this and the evidence of the staff completing this checklist since the day the recommendation was received.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

As stated earlier, the residents had moved into this centre in May 2025 from a campus-based setting. The residents were supported to transition to their new home and were also supported to maintain contact with their previous home and friends they previously lived with.

One of the inspectors reviewed contracts of care for two residents. These were updated to reflect the residents' new address and contained the care and support that would be provided in the centre. The provider had also supported the residents with an easy-to-read guide relating to the contracts of care.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider submitted a statement of purpose that clearly described the services offered and met the regulatory requirements as set out under Schedule 1.

One inspector reviewed the statement of purpose and found that it clearly outlined the care model and the support provided to residents, as well as the day-to-day operations of the designated centre. The statement of purpose was made accessible to the inspector during the inspection and was also made available to residents and their representatives in a format that suited their communication needs and preferences.

Additionally, a walkaround of the designated centre confirmed that the statement of purpose accurately reflected the available facilities, including room sizes and their intended functions.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and quality service in this centre. However, improvements were required relating to the management procedures for the storage of open controlled drugs.

The residents had been well supported to transition to this centre from a campus-based setting and were actively engaged in integrating into their new community. Staff knew the residents well and engaged with them in a respectful and person-centred manner. Residents were supported to live their lives at their pace and in line with their wishes.

This inspection found that all residents were in receipt of quality person-centred care, and were supported to live healthily. For instance, the registered provider had provided appropriate healthcare for each resident.

At the time of this inspection, there were a number of restrictive practices applied in the centre. These were under regular review by the provider's restrictive practice committee. Positive behaviour plans were in place for residents and staff demonstrated a good understanding of the supports the residents required.

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

Residents had access to and opportunities to engage in, activities that aligned with their preferences, interests, and wishes. A wide range of activities were available both within the centre and in the local community, ensuring residents could participate in meaningful and enjoyable experiences.

Residents were supported by a coordinated multidisciplinary team, such as speech and language therapy and dietitian as required. Staff were observed to adhere to therapeutic and modified consistency dietary requirements as set out in FEDS and nutrition care plans.

The provider had militated against the risk of fire by implementing suitable fire prevention and oversight measures. There was a range of appropriate fire precautions in place that were specific to the centre and the resident's needs.

The provider had procedures in place for the safe administration of medicines. Improvement was required in the management procedures for the storage of open controlled medicines. It was noted that the provider took appropriate steps to address this situation on the day of the inspection. However, improvements were still required regarding the provider's management of residents' medicines.

## Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

Inspectors observed throughout the inspection that staff tailored their communication approach to each individual resident, recognising the individual nature of their communication abilities. For example, when residents had minimal or no verbal communication, staff effectively used gestures paired with simple, consistent phrases and non-verbal cues to assist them.

Residents with assessed communication needs were provided with up-to-date communication passports and support plans. A review of three residents' support plans by one inspector evidenced that they were routinely monitored by the appropriate multidisciplinary team members. Staff supporting residents on the day of this inspection consistently demonstrated respect for each resident's individual communication style and preferences, as documented in their personal plans.

Overall, inspectors found that residents were cared for by staff who understood their communication needs and could respond accordingly. Residents had access to information that was appropriate to their communication needs. Furthermore, all residents were provided with access to relevant media, including televisions and access to the Internet.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents had access to and opportunities to engage in, activities that aligned with their preferences, interests, and wishes. A wide range of activities was available both within the centre and in the local community, ensuring residents could participate in meaningful and enjoyable experiences.

Residents had recently moved into this designated centre in May 2025, and were actively involved in community mapping and had already integrated into their local community. For instance, some residents were members of their local church and regularly attended services on weekends. Furthermore, residents frequently utilised local public transportation services to engage in activities of their own choosing. For example, residents went shopping, visited local parks, went to the cinema, and were supported to go out for lunch and dinner.

Residents had recently planned and hosted a housewarming party. Family and friends had all attended, and a collage of pictures was proudly displayed in the hallway of the residents' home. Staff also informed one inspector that residents' were currently planning an overnight break, which was due to take place in the coming months.

A review of residents' digital daily notes maintained on the provider's IT system evidenced that all residents enjoyed a diverse range of daily activities. Residents were also supported to maintain and develop relationships. Residents were free to receive visitors, and were supported to visit their friends and family as they wished.

Judgment: Compliant

## Regulation 17: Premises

The provider ensured that the premises was centrally located in a community with access to local amenities, services and public transport and all residents were encouraged to engage and connect with their local community.

The registered provider ensured the designated centre was designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all residents. The centre was very well-maintained, clean and appropriately decorated.

The provider ensured that the premises fully complied with regulatory requirements as outlined under Schedule 6. For instance, all residents' bedrooms were appropriately sized and designed to meet their individual needs, with ample space and suitable storage facilities. Communal areas of the home were thoughtfully provided to encourage social interactions. A separate and modern designed kitchen

area was equipped with suitable and sufficient cooking facilities and equipment, and all residents had access to adequate laundry amenities to launder their own clothes.

All equipment used by residents was both easily accessible and stored securely. Records reviewed by one inspector evidenced that the equipment was regularly serviced, with items such as high-low beds and hoists undergoing annual servicing by an external specialist.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS and nutrition care plans on file. One inspector reviewed four FEDS care plan and found that there was comprehensive guidance regarding the residents' mealtime requirements including food consistency, equipment and environment, as well as information pertaining to residents' likes and dislikes.

The inspector also reviewed two nutrition care plans which outlined detailed guidance and supports in relation to healthy food options, foods residents should avoid, healthy portion sizes and healthy snack ideas.

Staff spoken with were very knowledgeable regarding residents' care plans and were observed to adhere to the directions from specialist services such as speech and language therapy. One inspector observed residents' breakfast routine on the morning of the inspection. Staff were observed to adhere to therapeutic and modified consistency dietary requirements as set out in FEDS and nutrition care plans. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

The inspector noted a varied range of food and drinks, including fresh and perishable items, stored in the kitchen for residents to select from. All items were stored in a hygienic manner. The kitchen was well equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals, if they so wished.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, inspectors observed break glass alarm points, smoke and heat detectors and emergency lighting. Portable

firefighting equipment was strategically located throughout the centre to cover the risk of fire.

Inspectors noted that escape routes through the centre were clearly indicated. Following a review of servicing records maintained in the centre, one inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, an inspector reviewed all residents' emergency evacuation plans. Each plan had been recently reviewed and detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

One inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the safe administration of medicines. However, improvement was required in the management procedures for the storage of open controlled drugs.

Residents had self-medication assessments completed. Residents were fully supported by staff in the administration of medicines. Audits were in place to monitor the effectiveness of the centre's medication management systems. For example, an external professional had completed an audit in the centre in August 2025. Recommendations from this audit had been actioned by the person in charge.

Staff were observed to follow the centre's policy when taking medications out of the centre to support residents who were heading out for the day. This ensured residents were supported appropriately with their daily medicine administration throughout the day. All staff members, where required, had completed training in the safe administration of medicines.

One inspector reviewed the practices and arrangement for one resident in the centre. The staff member demonstrated a very good knowledge of the resident's medicines and the arrangements in place for the administration of same, in line with the resident's feeding, eating, drinking and swallowing (FEDS) needs. The resident's medicines were observed to be securely stored and labelled clearly with relevant information including expiry dates and opened dates, where appropriate.

However, a controlled medicine which was in active use in the centre was found to be still in use past the time frame directed by the manufacturer. While the medicine was still in date, improvement was required in the provider's systems to ensure medicines were discarded if not used within the time frame given by the manufacturer.

Judgment: Substantially compliant

## Regulation 6: Health care

This inspection found that all residents were in receipt of quality, person-centred care, and were supported to live healthily. For instance, the registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to allied health professionals as required.

One inspector completed a review of two residents' healthcare plans, which evidenced that each resident had access to allied health professionals including access to their general practitioner (GP). Residents were supported and encouraged to attend annual health check-ups, or sooner if required. Where residents' physical needs were changing, the inspector saw that the person in charge had ensured that referrals were made to the appropriate health professional and in a timely manner.

Residents were being supported by a staff team that provided nursing supports by day and night. In addition, residents had access to other allied health professionals such as occupational therapy, physiotherapy, audiology, chiropody and dental appointments. The inspector saw evidence that access to national screening programmes was provided, if appropriate. Support from consultant-led care was also provided, including neurologists and endocrinologists.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Inspectors found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, one inspector reviewed the positive behaviour support plans on file for two residents. The plans outlined strategies and supports that the residents required to manage their needs. The plans promoted proactive and reactive strategies. These plans had been developed by a behaviour specialist. Staff spoken with were very knowledgeable about the needs of the residents and the guidance contained in the plans. For instance, one staff member spoke about the importance of offering a



resident a choice of their preferred activities. Inspectors also observed the person in charge supporting a resident with one of their preferred activities as per their plan on arrival to the centre.

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Chief Inspector of Social Services, as required by the regulations. The restrictive practices had been reviewed by the provider's restrictive practice committee, whose members included relevant allied healthcare professionals and members of the provider's management team.

A log of the use of the restrictive practices was maintained in the centre. One inspector reviewed two of these logs. Staff in the centre documented when the restrictive practice was used. There were protocols in place for all restrictive practices used in the centre. For example, they were appropriately risk assessed and clearly documented and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with the residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff were observed to engage with the residents on the day of the inspection in a person-centred, kind and caring manner. Residents had input into the running of the centre and chose their preferred activities. Resident meetings took place weekly in the centre. One inspector reviewed the records of the meetings for the month of August 2025. Staff discussed activities for the week and meal planning with the residents at these meetings. In addition, each month, a specific human right was discussed with the residents. For example, in August, the "right of the month" was "safeguarding is safe support your way".

Residents were respected and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. One staff member detailed how one of the residents communicated that they did not want to do something or expressed disinterest in a suggested activity. All residents had an allocated keyworker and a key nurse. Intimate care plans were in place where required, to guide staff on supporting residents in a respectful and dignified manner.

The person in charge was exploring options for one resident to have a support person outside of the provider's staff. For example, volunteer options were currently being explored.

All staff had completed training in human rights. Inspectors observed staff engaging in practices that promoted residents' rights throughout the duration of this inspection.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Stewarts Care Adults Services Designated Centre 38 OSV-0008960

Inspection ID: MON-0046800

Date of inspection: 23/09/2025

## 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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Register Provider has ensured that there is a comprehensive Medication Management Policy in place which is implemented across the service with clear guidance on secure storage of controlled drugs and other medications. It also includes guidance on labelling and dating of opened medicines in line with manufactures' in -use timeframes.</p> <p>The Person in Charge has ensured that all staff involved in the safe administration of medication management have received appropriate training and competency assessments and practice is subject to review by the Person in Charge and the Pharmacist.</p> <p>The Person in Charge has ensured that there is a procedure for disposal and return of out of date or discontinued medicines. The Person in Charge will ensure that the centre maintains a robust system of audit and review including weekly medication audits, pharmacist audits and findings are discussed at clinical governance meetings.</p> <p>The Person in Charge will ensure that any medication incidents are reviewed promptly through the organisation's incident management system with learning shared at monthly house meetings and corrective actions implemented.</p> <p>The Person in Charge has ensured that all nursing and care staff responsible for medicine management in the Centre have received a refresher training session with the Person in Charge on management of opened medicines including labelling and recording products in-use timeframes on the 24/09/2025 and 25/09/2025.</p> <p>The person in charge has ensured that the weekly medication audit includes checking open and in-use medicines expiry date and discussing the actions to be completed on handovers. All opened medicines are reviewed routinely during weekly medication audits and any deviations from manufacturer guidance are documented and acted upon immediately to maintain safety and compliance.</p>	

The Person in Charge has ensured that the centre demonstrates safe and accountable medication practices that protect residents and ensure they always receive medications safely and appropriately.

## 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 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 ( S.I. No. 328 of 1988 ), as amended.	Substantially Compliant	Yellow	30/10/2025