



# 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 39
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	26 November 2025
Centre ID:	OSV-0008964
Fieldwork ID:	MON-0047287

## About the designated centre

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

Stewarts Care Adult Services Designated Centre 39 is a designated centre operated by Stewarts Care DAC. The centre consists of three single occupancy residential apartments located in Dublin 20. The service provides full-time residential care and support for three adults with complex needs that require single occupancy living arrangements. Each apartment provides residents with their own private bedroom, a utility space and living room. The centre is staffed by a team of social care workers and healthcare assistants and is managed by a full-time person in charge.

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

Number of residents on the date of inspection:

3

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 26 November 2025	10:00hrs to 15:30hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report sets out the findings of a short notice announced inspection carried out to monitor ongoing regulatory compliance in the designated centre.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The centre had capacity for a maximum of three residents, and at the time of the inspection there were three residents living in the centre full-time. Two of the three residents had recently moved from the provider's congregated setting. On the day of the inspection, residents in this designated centre were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs.

The designated centre was located in a residential area with easy access to public transport, shops and community facilities such as a swimming pool nearby accessed by all residents in this house.

The person in charge accompanied the inspector on an observational walk around of the centre. They were knowledgeable and familiar with the assessed needs of residents. All three properties were well maintained. They were found to be clean, bright, homely, nicely furnished, and appropriate to meet the assessed needs of the residents living there.

Residents were observed receiving a good quality, person-centred service that was meeting their needs. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

The inspector observed the care and support interactions between residents and staff as part of the inspection. During the inspection, the inspector had the opportunity to meet all three residents. Two residents showed the inspector around their respective apartments and told her what it was like to live there. Additionally, the inspector received three Health Information and Quality Authority (HIQA) surveys, filled out by the residents in advance of the inspection. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in general 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. One resident commented that they were very happy with their new home and the staff are very good.

The inspector observed residents' coming and going from their homes during the

day and engaging in activities of their choice. On the day of the inspection, one resident was getting ready to take a trip to Liffey Valley to buy a Christmas Jumper and a smart watch to track activity as part of their goals.

Residents were observed to have choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles. Staff were responsive to residents' requests and assisted residents in a respectful manner.

Overall, staff knew the residents very well. They had a very good understanding of residents' interests, their activity preferences and the individualised supports they needed to structure their time in a personal, meaningful way. For example, one resident enjoyed shopping on a Thursday and another resident liked to go to the cinema on Mondays.

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

The purpose of this inspection was to monitor levels of compliance with the regulations. 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.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. There were effective systems for the management team to communicate and escalate any issues.

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.

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.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

Overall, the inspector found that the centre was well governed and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences.

The inspector saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

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

The person in charge maintained a planned and actual staff rota which was clearly

documented and contained all the required information. The inspector reviewed actual and planned rosters at the centre for October 2025 and the current November 2025 roster.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff had completed mandatory training including fire safety, safeguarding, manual handling, infection prevention and control (IPC).

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

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

### Regulation 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.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

The person in charge was full time and had the relevant experience, skills, and qualifications to effectively manage the centre. They reported to a programme manager who in turn reported to a director of care. There were adequate systems for the management team to communicate and escalate issues. Furthermore, there were effective arrangements for staff to raise concerns such as regular supervision and team meetings.

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 a vehicle for transport.

Judgment: Compliant

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

The registered provider had ensured that each resident had a signed contract of care detailing the terms and conditions of the tenancy, including the services provided for the support, care and welfare of the resident and the fees charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met 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.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of service for the residents who lived 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.

Residents had moved together from a congregated setting, as part of the providers wider decongregation plan. Familiar staff supported the residents move to their new home and this supported all the residents transition to the new setting.

Each of the residents had their own apartment which was decorated in line with their individual preferences. As a result, efforts had been made to make each apartment homely and individualised, for example, nice photos and pictures were displayed, and there was comfortable and well maintained furniture.

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 that 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 multidisciplinary 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. Warm interactions between residents and staff members caring for them were observed throughout the duration of the inspection. 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.

Residents that required support with their behaviour had positive behaviour support plans in place. One residents transition to their new home had been particularly successful, with staff reporting that there had been a significant reduction in behavioural incidents and therefore demonstrating an overall improvement to their quality of life.

Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met.

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

The inspector saw that residents had opportunities to participate in activities which were meaningful to them and in line with their will and preferences, and there was a person centred approach to care and support.

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

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

## Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Residents' files contained communication care plans where required, and a communication profile which detailed how best to support the resident.

Staff spoken with were informed of residents' communication needs and described

how they supported residents' communication.

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

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

### Regulation 13: General welfare and development

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

Each resident was consulted on their transition plan and on what activities they wished to engage with and are supported to engage in local events and activities should they wish to do so.

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities. Throughout the transition period each resident's access to services was maintained.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The design and layout of each apartment ensured that each resident 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.

Each of the residents apartments had been personalised to the individual resident's tastes, with photos of family members and friends and activities they enjoy and was a suitable size and layout for the resident's individual needs.

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

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fire 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 exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

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

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, health care, nutrition and feeding and safeguarding, as per residents' assessed needs.

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, two positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

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 use at time of inspection.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

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 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant