



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 41 |
| Name of provider: | Stewarts Care DAC |
| Address of centre: | Meath |
| Type of inspection: | Announced |
| Date of inspection: | 24 February 2026 |
| Centre ID: | OSV-0009026 |
| Fieldwork ID: | MON-0047638 |

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 41 provides residential services to four adults with moderate to profound intellectual disabilities and other assessed needs, including autism and physical disabilities. It is situated in Co. Meath and is a four bedroom detached house. The house is designed to ensure that each resident has their own bedroom. Three residents share communal facilities including a kitchen and sitting room. One resident has their one individual apartment contained within the main house. The centre is staffed by a team comprised of a social care worker, a nurse and healthcare assistants.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

I

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 24 February 2026 | 12:15hrs to 18:30hrs | Jennifer Deasy | Lead |

What residents told us and what inspectors observed

This was an announced inspection scheduled as part of the routine regulatory monitoring of the centre. The inspector had the opportunity to meet with three of the residents who lived in the centre and to speak with the family members of two of the residents. One of the residents was in hospital on the day of inspection and so the inspector did not meet with this resident.

Conversations with residents, family members and staff members, along with a review of documentation was used to inform decision making in respect of the quality and safety of care. Overall, this inspection found a very high level of compliance with the Regulations. The residents were seen to be living in a clean and comfortable home and were supported by a consistent staff team who knew their individual needs and preferences well. The centre was effectively meeting the residents' assessed needs. Minor improvements were identified in respect of the oversight of restrictive practices and in monitoring the impact of residents' needs and behaviours on each other, in case there was any potential negative impact.

This is a newly registered designated centre which aims to provide care and support to four adults with an intellectual disability and/or autism or physical disability. The centre is located in Co. Meath in a rural setting, and is a short distance from nearby villages and towns. There are two dedicated transport vehicles which provide transport for the residents to their activities and community. The centre is a single storey building. It was seen to be well-presented and maintained both externally and internally and was designed with accessibility in mind. Three of the residents share the main part of the building, which was large and spacious; and a fourth resident lives in an apartment which is connected to the main building via an internal door.

Inside the main building, the inspector saw that there was a spacious kitchen and dining room, a sitting room, a utility, a large accessible bathroom, a multi-purpose room and three individual bedrooms. The main bathroom and one of the bedrooms were equipped with assistive tools such as ceiling tracking hoists and shower trolleys in order to support the residents who had mobility needs. The apartment contained a kitchen and living area, a bedroom and an en-suite bathroom. All areas of the designated centre were clean, warm and homely. Art and photographs decorated the walls. The furniture and fittings were comfortable and well-maintained. The centre's multi-purpose room was fitted out with sensory equipment and provided an additional space for residents to enjoy.

The inspector was greeted by the person in charge on arrival and met three staff and a resident who were in the centre at the time. The resident was sitting at the kitchen table and was engaging with their preferred sensory materials. They appeared relaxed and comfortable in the presence of staff. This resident did not communicate through speech. The inspector saw that staff members were

responsive to the resident's vocalisations and used other modes of communicating throughout the day including objects of reference. One of the staff members on duty told the inspector that they were going to assist the resident with shopping later in the afternoon. This resident did not yet have a day service but the person in charge was exploring day service options at the time of inspection.

Two residents returned from day services and community based activities in the late afternoon. One of the residents chose their dinner from a choice of two home-cooked meals. Their dinner looked and smelled appetising. The resident was encouraged to assist with preparing for their meal and with cleaning up afterwards. This resident communicated through speech and writing and told the inspector that they were happy in their home and that they liked their bedroom, the staff team and the food. They knew who to talk to if they had a problem. The resident told the inspector of some of the activities that they enjoyed including listening to music, watching football and going to the local pub.

Although the pace of the evening was seen to be relaxed, and residents seemed to be comfortable, the inspector observed that one resident's needs, at times, impacted on another resident's freedom within the main part of the centre. For example, one resident became distressed by noise when the inspector and the other resident were speaking at the kitchen table. For this reason, the other resident was encouraged to go in to the sitting room to meet with the inspector. On a second incident, one of the residents required support from staff due to a healthcare need and the other resident was asked to leave the room while staff members assisted the first resident. While this was understandable given the needs of the resident, it was not clear that the potential impact of residents' needs on each others' right to access their home had been fully considered.

A third resident, who lived in the apartment connected to the main building, greeted the inspector by smiling and holding their hand. The inspector sat with them for a while but the resident was engaged in their preferred activities and chose not to otherwise engage with the inspector, as was their choice. A staff member, working with this resident, showed the inspector the communication tools which were available to assist the resident to make choices and to have autonomy in their daily life.

The family members of two of the residents spoke with the inspector over the phone on the day of inspection. Both family members described how difficult it had been for them in supporting their loved one to move into residential care; however, family members both described how the process had gone well and overall spoke positively of the care and support that their loved ones were in receipt of. Family members described some "teething problems" on the initial transition, for example around laundry management and communication, but they both said that the person in charge was very receptive and listened to their concerns. They spoke positively of the staff team and felt that their loved ones were safe and well looked after.

The next two sections of the report will describe the governance and management arrangements of the centre and how effective these were in ensuring the quality and safety of the service.

Capacity and capability

This section of the report describes the management arrangements of the service. This inspection found that there were effective leadership, governance and management arrangements in place and clear lines of accountability. Residents were being supported by a familiar staff team who were suitably trained and performance managed. Leaders in the service understood the needs of the residents and this was reflected in the consideration given to the transition plans which were implemented when admissions were planned.

There was an internal management structure in the service which was appropriate to the size and purpose of the residential service. The staff team reported to a social care worker who, in turn, reported to the person in charge. Staff members spoken with were informed of the management arrangements and of how to escalate concerns or risks to the provider level. Information governance arrangements were in place in order for the provider to monitor the service's compliance with legislation and regulation and to promote best practice.

There were sufficient numbers of staff employed with the necessary competencies to meet the needs of the residents living in the service. There was continuity of staff to ensure that attachments were not disrupted and to promote the maintenance of relationships. Staff members were performance managed and understood their roles and responsibilities. Written records of staff supervisions were maintained. Staff also had access to a training and development programme to ensure that staff maintained their competence in all relevant areas.

Admissions to the centre were planned and placements were based on written agreements with the service provider. Each resident had an opportunity to visit the service before admission and to meet with staff members to discuss the transition plan.

There was a statement of purpose for the service which clearly described the model of care and support delivered. A minor change was required to the floor plans on this statement of purpose in order to accurately reflect the floor plans submitted to the Chief Inspector on the application for registration.

Regulation 15: Staffing

The centre was staffed by healthcare workers, staff nurses and a social care worker. This skill mix was found to be effective in meeting the residents' assessed health and social care needs. Planned and actual rosters were maintained in the centre. The inspector reviewed the rosters across a three week period in February and looked at four dates in detail. Staffing levels were maintained across all of these four dates in a manner which was in line with the statement of purpose.

Care and support was provided by a consistent and stable staff team who knew the residents' needs and preferences well. Some staff members had moved with residents to the designated centre from their previous residential (respite) placements. The inspector saw that gaps in the roster were filled by regular staff completing overtime and by a small number of the provider's relief staff. This was effective in ensuring continuity of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in this centre had access to a programme of training to ensure that they had the required competencies to fulfill their duties. A training matrix showed that there was a very high level of compliance with mandatory training. For example, all staff were up to date with training in fire safety, managing behaviour that is challenging, safeguarding and infection prevention and control (IPC). Staff had also completed supplementary training in areas such as human rights.

Staff members were supervised and performance managed. Monthly staff meetings were held. The inspector reviewed the records from the December 2025 and January 2026 staff meetings. These meetings covered pertinent topics such as safeguarding, training needs, and residents' care plans.

Staff members also received quarterly individual supervision from the management team. The inspector reviewed the records from the last two supervision sessions for two staff. These were seen to be used as an effective tool to performance manage staff and to ensure they were informed of their professional responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre which allocated lines of authority and accountability. The staff team reported to a social care leader who provided oversight of the centre on an everyday basis. The social care leader reported to a person in charge who had oversight of this designated centre and

another one which was located in a nearby town. The person in charge divided their time between the two centres and ensured that they were physically present in the centre on a consistent basis in order to oversee the quality and safety of care.

The person in charge ensured that there were systems in place to performance manage staff and to ensure that they were informed of their roles and responsibilities. Staff members spoken with told the inspector that the managers of the service were readily available to them and that they felt well supported in their roles.

There was a series of local and provider level audits in place which supported effective oversight of the centre from the provider. The provider level audits included infection prevention and control (IPC), fire safety and an unannounced six monthly visit. These audits were reviewed by the inspector. They were seen to be comprehensive and clearly identified deficits and areas for improvement. Action plans were implemented in order to address deficits and these actions were seen to be completed or in progress. This demonstrated that the provider's audits were effective in driving service improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All of the residents had transitioned to the designated centre on a phased basis since the centre was registered in 2025. The inspector saw that these transitions were planned in a careful manner and that there was consultation with the residents and their representatives as part of the transition plan. Residents also had an opportunity to visit the centre on multiple occasions as part of the transition process.

The inspector reviewed two of the residents' contracts of care which were available on their file. These details the terms and conditions relating to the tenancy and the fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre. This was reviewed by the inspector and was seen to contain all of the information as required by the Regulations including, for example, information on the services provided for in the centre and the staffing arrangements. However, it was seen that the floor plans in the statement of purpose, while an accurate reflection of the centre at the time of

inspection, were slightly different to the floor plans submitted to the Chief Inspector for registration. The provider was informed that an application to vary the footprint of the centre was required in order to amend this discrepancy.

Judgment: Substantially compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. This inspection found that residents were living in a homely and safe service which was effectively meeting their assessed needs. Residents' privacy, welfare and dignity was being promoted. Residents were being provided with information in a format which met their communication needs, and this was enabling them to develop relationships within the community. The person in charge was endeavouring to ensure that residents were living in as restraint free an environment as possible in order to uphold their human rights. A review was required to the implementation of night checks to ensure that these were not impacting on residents' privacy by night, and to ensure that residents' assessed needs were not impacting on each other's freedom within their home.

The designated centre was seen to be homely and accessible and promoted the privacy and dignity of each resident. The living environment was stimulating and provided opportunities for rest and recreation. Bedrooms were decorated in accordance with residents' preferences and were equipped with adequate storage for residents' personal belongings. There were sufficient bathrooms which were designed to meet the needs of the residents. Food preparation areas were clean and suitable to their purpose. Suitable fire management systems were also in place in the centre.

Residents were being facilitated to integrate in to their community. The staff team were proactively identifying opportunities for residents to participate in their wider community and be involved in local social networks. Residents were also supported to maintain their friendships and relationships with their family and friends prior to their admission. The centre had two dedicated transport vehicles which were utilised to enable residents to maintain these relationships.

Residents each had a personal plan which outlined the services and supports to be provided to them in order to achieve a good quality of life and to realise their goals. Staff members were informed of residents' personal plans and were seen to implement strategies in order to meet their assessed needs. For example, the inspector saw that staff members used recommended communication supports to provide information to residents in an accessible format and assist them to make decisions about their day.

The residential service had limited the use of restrictive procedures and had mechanisms to ensure that these procedures were reduced or removed when no longer required. There was, however, a practice of completing night checks on all residents and this had not yet been identified as a potential rights restriction.

Residents had choice and control in respect of their meals, their activities of daily living and they were being supported to work out a structure to their day that best suited their needs and preferences. It was observed, however, that on two occasions one resident's needs impacted on the rights of another resident to be present in a communal part of the centre. This required review by the provider to ensure that residents' individual needs were not impacting negatively on other residents' rights.

Regulation 10: Communication

Many of the residents living in this centre presented with assessed communication needs. The inspector saw, on a review of two of the residents' files, that they had an up-to-date communication profile and care plan in place. These care plans were informed by a relevant multidisciplinary professional and clearly detailed the supports required to assist residents with their communication.

The inspector saw that the communication supports were readily available in the environment of the centre and found, in speaking with staff, that they were knowledgeable regarding these. For example, one resident required a visual schedule to assist them with planning their day. The staff member on duty demonstrated to the inspector how this was used and showed her the additional photographs and pictures of activities and choices available to assist the resident with decision making. The inspector also saw staff members using communication supports, such as objects of reference, to assist the residents with their daily activities.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector was told, by staff members, family members and one of the residents, that the residents had settled well in to their new home and that their wellbeing and general welfare was being promoted.

The inspector was told that efforts were being made to assist the residents to develop meaningful social connections in their new community. One of the residents enjoyed going to the local pub at the weekends for a drink with the support of staff. Two of the residents went to the local church for mass on Sundays and one of the residents had started working in a voluntary capacity for a local community team.

This resident was interested in gaining paid employment and was being supported to join a training programme to develop employment skills.

Other residents completed tasks in the community in line with their interests and abilities. For example, one resident took responsibility for completing the food shopping with the assistance of staff. The inspector saw photographs of this resident going to Christmas parties and other community activities.

Three of the residents were supported to continue to attend the day services that they had attended prior to their admission to the centre. This enabled them to maintain social relationships that were already established. The person in charge was exploring day service options for a fourth resident.

The centre had two vehicles and all staff members were qualified to drive these. This ensured that residents had ready access to community services and facilities.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out in a manner suitable to meet the needs of the residents. It was warm, homely and comfortable. The centre was accessible to all of the residents and there was equipment in place to assist those residents with mobility needs. Each resident had their own bedroom which was decorated in line with their individual tastes. There was sufficient storage for residents' personal belongings. The inspector saw that residents' possessions were cared for and were stored, or displayed, neatly and carefully.

The centre provided a fully accessible bathroom, a kitchen and dining room and a utility room. There was also a comfortable sitting room and a multi-purpose room which was fitted out with sensory equipment. Residents were seen using the kitchen, sitting room and multi purpose room on the day of inspection for relaxation and social purposes.

An apartment, which was connected to the main building by an internal door, provided a self-contained living space for a fourth resident. This was also seen to be clean and well-maintained.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was maintained in the centre. This was reviewed by the inspector. It was seen to contain all of the information as required by the Regulations including the procedure for making complaints and the arrangements for visitors.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire risk management systems in place. The centre was equipped to detect, contain and extinguish fires. Fire doors with automatic door closers were seen throughout the centre. An addressable fire alarm system, emergency lighting and directional signage was also installed. The inspector saw that the alarm system had been serviced recently and was maintained in good working order.

A fire audit completed by the provider's fire prevention officer in January 2026 identified some minor areas for improvement. Actions to address these areas were underway at the time of inspection. The provider's fire policy had been reviewed and updated in February 2024.

Each resident had a personal evacuation plan available which detailed the supports that they required to evacuate. Evacuation aids such as ski pads and wheelchairs were readily available. Regular fire drills were held which showed that residents could be evacuated in a timely manner. All staff members had also received, and were up-to-date with, fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Two of the residents' files which contained their individual assessment of health and social care needs and their associated care plans were reviewed by the inspector. The inspector saw that both residents had a comprehensive assessment of their needs on file. This was informed by the multidisciplinary team, the resident and their representatives as appropriate.

The assessment was used to inform care plans in respect of assessed needs. For example, care plans were available in areas including personal care, feeding eating drinking and swallowing (FEDS) and social development. These care plans clearly reflected residents' preferences in respect of their care. They also detailed measures to protect and uphold residents' privacy and dignity in the provision of intimate care.

One of the residents had a full multidisciplinary team review of their needs completed prior to admission. This report detailed the specific requirements with

regards to the layout of a designated centre in line with that resident's needs. For example, the report recommended that the resident have a downstairs bedroom and level access shower. It also recommended specific sensory supports be available for the resident. The inspector saw that the designated centre was designed and laid out in accordance with these recommendations and that the required sensory supports were in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents in this centre required positive behaviour support. The inspector saw, on a review of two of the residents' files, that they each had an up-to-date positive behaviour support plan which was informed by the multidisciplinary team. These plans took a holistic approach and detailed the residents' communication needs and their preferences for their communication, the environment and their sensory needs. The reports detailed proactive and reactive strategies and provided guidance to staff in supporting the residents. The inspector saw that staff members' engagement and communication with residents on the day of inspection was in line with the recommendations in these plans.

There were a small number of restrictive practices in place in the centre. Some of these were required due to residents' physical needs; for example, one resident required bed rails and a lap belt due to a risk of falls. Other restrictive practices had been implemented within the environment in order to meet residents' behaviour support needs. For example, a keypad lock was installed at the internal doorway that connected the apartment to the main building. However, it had been determined that this keypad was no longer required and was not in use at the time of the inspection. This had been approved by the provider's restrictive practices committee. This demonstrated that the provider was proactively working to ensure that residents were living in as restraint free an environment as possible.

There was one area for improvement in respect of restrictive practices. The inspector was told that night checks were completed with residents; however, it was not detailed why these were required for all residents, and the practice had not been referred to the provider's committee for review and approval.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff in this centre had completed training in a human rights based approach to care. The inspector saw, and was told, that staff members were working to ensure

that residents' rights were upheld and promoted. Staff members spoken with were knowledgeable regarding the FREDA principles. They described the measures that they took to uphold residents' rights and, in particular, their communication rights. The inspector saw that there were materials and visual supports available to assist residents to make choices and decisions.

The inspector observed that staff members spoke with residents in a kind and respectful manner. Individualised care and support was provided and staff members took care to uphold residents' dignity when they receiving personal care or when they required direct intervention in line with their assessed needs. The person in charge was endeavouring to ensure that residents were living in a restraint free environment and had applied to the provider's rights committee to remove two restrictive practices as they were no longer required.

However, on observation in the evening, the inspector saw that one resident's needs impacted on another resident's right to freely access all areas of their home. On two occasions within the space of approximately a 90minute observation, one resident was required to leave a communal area in the home due to the needs of another resident. This required further consideration by the provider to ensure that all residents had freedom in their new home.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Stewarts Care Adult Services Designated Centre 41 OSV-0009026

Inspection ID: MON-0047638

Date of inspection: 24/02/2026

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 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The registered provider has submitted an updated Statement of Purpose that accurately reflects the centre to the Chief Inspector, along with an application to vary the footprint of the centre in order to address this discrepancy. This was completed on 02/03/2026.</p> | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge has ensured that an immediate review was undertaken in the centre to determine the necessity of night-time observations and is ensuring that such observations are guided by a person-centered, rights-based approach and by each resident's assessed needs. The only individual requiring observation at night has been consulted, and the documented rationale is outlined in their intimate care plan in relation to changing incontinence wear due to skin integrity needs. A bedside lamp is used during these interventions to avoid exposure to bright light. Consent was sought from the resident on 16/03/2026 using their communication device, and this has been documented. All staff have completed the four modules of the Applied Human Rights-Based Approach to Health and Social Care and actively uphold residents' rights. Any practices that may impact on residents' rights will be identified and referred for appropriate review and approval by the provider's Restrictive Practice Committee.</p> | |

| | |
|---|-------------------------|
|] | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider has strengthened governance oversight, with clear escalation and review processes in place to ensure any constraints are identified and reviewed regularly. There are two Designated Officers in the DC, and there is a zero-tolerance approach to safeguarding concerns. Regular staff supervision and support are provided in the common areas. The Person in Charge has undertaken a comprehensive review of residents' compatibility during transition, and individual assessments have been completed to ensure each service user's needs, will and preferences are identified, appropriately supported, and subject to ongoing review.</p> <p>The Person in Charge has ensured that in-house, person-centered safeguarding training was delivered by the provider's Safeguarding Manager on 19/03/2026 and a second session is scheduled for 02/04/2026 to further enhance staff knowledge and skills in responding to abuse, ensuring all actions are in line with organizational policy and HIQA regulatory requirements. Three of the shift leaders from the centre have completed "HIQA Regulation in Context" training provided by the registered provider.</p> <p>The Positive Behaviour Support Specialist is actively developing strategies to guide the team in supporting residents to manage behaviors of concern. A daily recording system is in place to capture trends and patterns, which informs a person-centered Positive Behaviour Support Plan. This will be completed by 30/04/2026.</p> | |
|] | |

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 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 02/03/2026 |
| Regulation 07(3) | The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process. | Substantially Compliant | Yellow | 16/03/2026 |
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to | Substantially Compliant | Yellow | 30/04/2026 |

| | | | | |
|--|---|--|--|--|
| | exercise choice and control in his or her daily life. | | | |
|--|---|--|--|--|