Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Suzanne House
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	27 May 2026
Centre ID:	OSV-0001466
Fieldwork ID:	MON-0049878

About the designated centre

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

Suzanne House provides respite care and support for up to four children with an intellectual disability and additional life limiting conditions. Support is provided with the aim to meet the residents' assessed needs while ensuring that they are made as comfortable as possible throughout their stay at the centre. Suzanne House is located in a residential area of a city, and within walking distance to local amenities such as shops and cafés. The designated centre comprises of a large two-storey detached house on its own grounds. The centre comprises four accessible bedrooms of which one has its own en-suite walk-in shower. Residents also have access to a communal bathroom which incorporates an accessible shower and hydro bath. Communal facilities include a kitchen/dining room and sitting room. In addition, the centre provides a conservatory adjacent to the sitting room and an upstairs sensory room which are designed and laid out to meet residents' assessed needs. Residents also have access to an outdoor accessible play area to the rear of the house. Facilities are also provided for visitors to meet their relatives and staff in private if required. Accessibility throughout the centre's premises is further facilitated by a lift to all levels of the house. Residents are supported by a team of nurses and healthcare staff. At night-time, residents' care needs are supported by a waking nurse and healthcare worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 May 2026	10:00hrs to 16:00hrs	Jennifer Deasy	Lead
Wednesday 27 May 2026	10:00hrs to 16:00hrs	Eoin O'Byrne	Support

What residents told us and what inspectors observed

This was an unannounced inspection scheduled as part of the typical regulatory monitoring of the centre. The designated centre is a respite service, providing care and support to up to four children at any one time who have disabilities and complex medical needs. On the day of inspection there were two children and one young person staying there. Inspectors found that the children/young people were in support of a good standard of care which was meeting their assessed needs well. Children and young people were protected from abuse and their wellbeing was being promoted; however, inspectors found that improvements were required to the fire evacuation arrangements for the centre. Additionally, a review of the staffing levels was required to ensure that children/young people were being supported to avail of individualised and meaningful activities during their stays.

The centre is a large detached house in a busy urban area. It is situated on large grounds and provides children/young people with access to a colourful and child-friendly sensory garden and playground. The centre was seen to be welcoming and well-maintained on arrival. Inside the house, there are four ground level bedrooms which are each designed and equipped to meet children's complex medical needs and their physical or mobility needs during their stay. The bedrooms were each themed and were decorated with colourful murals on the walls.

Children and young people also have access to a large sitting room, a conservatory, a kitchen and bathroom on the ground floor. Upstairs, there is a large sensory room and an arts and crafts room. These rooms were all seen to contain the equipment required to enable children/young people to access their environment in a comfortable manner during their stay. For example, many of the rooms had ceiling tracking hoists installed and there was an elevator to support children/young people to access the first floor; however, inspectors identified a potential risk in respect of the fire evacuation arrangements which required review by the provider. Some of the equipment which was in place to evacuate children/young people from the centre had not been tested to determine if it was suitable to meet their physical needs.

All areas of the house that the children/young people used were seen to be very clean and well-maintained. They were decorated in a child-friendly manner and there were plenty of accessible toys and sensory equipment available to the children/young people.

When inspectors arrived they met with the two staff nurses on duty, the person in charge and the household staff. The staff nurses were supporting one child who was awake and was watching a movie. The child appeared very comfortable and relaxed. They were receiving a non-oral feed at the time. The other child and young person were still in bed and inspectors were told that these children had complex medical needs and could be quite tired as a result. Both inspectors had the opportunity to

meet the three children/young people over the course of the day. One inspector spent the majority of the day downstairs observing the delivery of care and the other inspector reviewed documentation with the person in charge.

Overall, inspectors could see that, while the staff were attentive to the children/young people and were clearly meeting the children's assessed nursing needs, it was difficult, due to the staffing levels on the day, for staff to give each child/young person individualised attention to engage in meaningful activities. This was particularly evident during the morning observations. For example, two of the children/young people staying in respite on the day, required two staff members to assist them with their morning routine. This meant that both of the staff on duty were required to get these children up, changed and dressed. While this was going on, the other children watched movies and cartoons and were unsupervised at this time. The inspectors saw that the person in charge periodically came down to check on the children; however, when one child vocalised as the movie had ended, it was the inspector who responded to them as the staff were busy supporting another child.

As two of the children presented with complex medical needs and were very tired on the day, the impact of this was that the morning routine took considerable time, and one child, who had been awake since early in the morning, spent much of the morning watching cartoons before they could be supported to take part in other activities such as baking and colouring. When these activities did take place, they were seen to be fun and engaging and afforded the children opportunities for social interaction.

Given the observations on the morning of the inspection, inspectors asked about the compatibility of the three children from a social and activity perspective. Inspectors were told that one child had been offered the respite placement as a cancellation had arisen and that they typically would not be on respite with other children who had more significant medical needs. Inspectors found that the staffing arrangements for these instances required further consideration to ensure that children were being supported to have a meaningful respite experience which was facilitating them to meet their goals. Notwithstanding this, the pace of the morning was suitable for the two children/young people who had complex needs and who needed time to rest and to engage in quieter activities.

Staff on duty were seen to engage with the children and young people in a kind, respectful and child-friendly manner. Staff knew the children well and were knowledgeable about their routines and their preferences. They were seen to respond to children's verbal and non-verbal communication, consult with children about their care and to seek their consent before completing any interventions.

In the afternoon, once all the children were awake, staff were seen to support the children to engage in baking activities, colouring and offered hand massages. The children seemed very relaxed and comfortable and appeared to enjoy these experiences.

Inspectors spoke with five family members over the phone on the day of inspection. Family members gave very positive feedback on the service and were particularly complimentary of the local management and the staff team. Family members described how they were very happy with the consistency in the staff team in recent years and how this was supporting continuity of care. They reported that the staff team were "meticulous" in ensuring that the children have everything they need to be happy and safe during their stay. One family member told the inspectors that the service is a "complete lifeline" and that their child "comes home the happiest version of herself".

Family members were very happy with the pre-admission process which enabled them to communicate any updates or changes to children's care plans or medications to the staff team. Family members spoke of how the service is well-connected with the children's medical teams and that updates to reports and assessments are automatically sent to the respite house. Family members also described improvements in the service in recent years in respect of the flexibility for different types of feeds including blended PEG feeds and oral feeds or tastes; however, one family member commented that they felt the staffing arrangements could be reviewed to enable children to get out for more day trips where possible.

Inspectors found that the provider had gathered feedback from family members about the quality of the service being offered to their loved ones as part of the annual review for 2025. The feedback was overwhelmingly positive, with some family members stating that "all staff are amazing." Others mentioned that the staff team treated the young people like their own family, and one family member praised the layout and condition of the premises.

The next two sections of the report will describe the governance and management arrangements and their impact on the quality and safety of care.

Capacity and capability

This section of the report describes the management arrangements for the centre and how effective they were in ensuring the quality and safety of the service. This inspection found that there were defined management arrangements with clear roles and responsibilities. However, due to a number of changes in the management arrangements in recent months, there were some gaps identified in respect of audits and oversight of risks. This had resulted in a degree of regulatory drift. Additionally, a review of the staffing arrangements was required to ensure that meaningful activities could be provided to all children throughout their stay.

A new person in charge had been appointed to the centre in recent months. They were supported in their role by clinical nurse managers and also reported to a

director of nursing. The managers were knowledgeable regarding the service and the children's needs and were clearly committed to ensuring a good quality service.

The centre was staffed by a team of staff nurses and one healthcare assistant. This was effective in meeting children/young people's nursing needs. Many of the children presented with complex medical needs and required significant nursing support during their stay. Inspectors saw that many of the children required two staff to assist them with their morning routine. Due to the staffing arrangements on the day, this meant that there was a delay in supporting all children to engage in meaningful activities. This required review by the provider.

Staff members were suitably supervised and performance managed. They also were in receipt of a regular programme of ongoing training to ensure they maintained their competencies.

Regulation 14: Persons in charge

A new person in charge had been appointed to the centre in recent months. They were suitably qualified and experienced. They were employed in a full-time and supernumerary capacity. The person in charge was knowledgeable of their regulatory responsibilities and demonstrated a thorough understanding of the children/young people's needs and a commitment to continuous service improvement. Very positive feedback was received from family members in respect of the local management arrangements.

Judgment: Compliant

Regulation 15: Staffing

Inspectors reviewed the staffing arrangements in place within the centre and found that, while a consistent staffing structure was in place, some improvements were required to ensure staffing levels were fully aligned with the assessed needs of the young people availing of the service at all times.

The service was nurse-led, with a staff nurse on duty at all times. On most days, two staff nurses were rostered for both day and night shifts. The staffing team comprised eight staff nurses and one healthcare assistant, providing continuity of care to the young people.

During the inspection, inspectors observed staff responding appropriately to the healthcare needs of three children/young people while also providing care and support. However, discussions with management and staff indicated that, on occasions when three wheelchair users were availing of the respite service

simultaneously, there were limitations in supporting all young people to access community activities at the same time, due to staffing numbers.

The person in charge provided additional support to staff while present in the centre from Monday to Friday, which enhanced staffing capacity during these times. However, this additional support was not routinely available at weekends.

Inspectors also observed periods during which both staff nurses were required to attend to the needs of one young person. While these situations were managed appropriately, they resulted in reduced direct staff availability for other children/young people for short periods.

The person in charge acknowledged these challenges and demonstrated that additional staffing supports had been planned, including the allocation of extra staff to facilitate community activities such as swimming. A planned roster reflecting these arrangements was provided. The person in charge also outlined that students frequently supported the service, contributing positively to staffing levels, although this support was not in place at the time of inspection.

Overall, while the centre had a stable and appropriately skilled staffing team, improvements were required to ensure that staffing levels consistently supported the full range of children/young people's needs, particularly in relation to community access and periods of increased dependency.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the systems in place to ensure that the staff team received appropriate training and possessed adequate knowledge for their roles. This appraisal indicated that suitable training was being provided to staff members.

The inspector reviewed the training records for the staff team as part of the inspection process. The review identified that staff had completed a comprehensive range of mandatory and role specific training.

Training completed included:

· Fire safety training

· Children First training

· Infection prevention and control training

· First aid training

· Medication management

· Manual handling

· External feeding

· Safeguarding

The inspector also reviewed the supervision records for three staff members one of which was on duty at the time of the inspection. The inspector found that no performance concerns had been identified and that the supervision process was being utilised to promote staff knowledge and skills.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors reviewed the service's governance and management arrangements. There had been a number of changes to the managers of the centre since the last inspection and inspectors found, that while there were now consistent and stable management arrangements, from suitably qualified and experienced professionals, the changes had resulted in some gaps in oversight of risk within the centre.

Day-to-day management was the responsibility of the person in charge, who was supported in their role by two Clinical Nurse Managers (CNM1s) and a staff team comprising staff nurses and a healthcare assistant.

A review of documentation indicated that audits were being conducted regularly by both the staff team and the person in charge. Inspectors reviewed a sample of these audits and found that they covered areas such as fire safety, infection prevention and control, medication management, and the environment. These audits generally identified high levels of compliance.

However, it was noted that fire-safety audits had not identified any deficiencies in Personal Emergency Evacuation Plans (PEEPs). This indicated a gap in the effectiveness of these audit processes and was an area that required some improvement. Additionally, there were gaps in the completion of local infection prevention and control (IPC) audits.

Inspectors found that the provider had completed the required regulatory visits and produced reports on the quality and safety of care provided to young people. The two most recent reports, completed in September 2025 and March 2026, were reviewed and similarly identified high levels of compliance.

The inspectors also found that in recent days, audits of the young people's personal plans had been completed. An inspector reviewed a sample of these audits and

found that improvements were being identified and that action plans had been developed.

In summary, inspectors found that there were suitably management arrangements but that improvements were required to the auditing systems to effectively identify and respond to risks to the safety of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was maintained in the service. This had been updated to reflect the changes to the management systems in the centre. The statement of purpose was reviewed on the day of inspection. it was found to give an accurate description of the services and facilities provided for.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the children and young people who stayed there. Inspectors found that the children/young people attending this respite service were being supported in a manner which was ensuring that their complex nursing needs were being met and which was keeping them safe. Support was provided by staff in a homely and comfortable environment which was upholding children/young people's dignity. There were some areas for improvement in respect of updating care plans and local procedures and a significant review of the fire evacuation arrangements was required. Notwithstanding this, inspectors saw that children/young people were comfortable and well cared for and were told by family members that the children/young people loved staying in the respite service.

The living environment of the centre was designed to meet the needs of children with disabilities. The premises was equipped with aids and appliance to promote the full capabilities of the children during their stay. The living environment was also stimulating and provided opportunities for rest, play and relaxation. Bedrooms were decorated in a child-friendly and age-appropriate manner. Outdoor spaces provided areas for recreation and were safe, secure and well-maintained.

Each child had a personal plan which detailed their needs and outlined the supports required to maximise their quality of life. There was some review needed of some

aspects of the children's care plans and goals to ensure these reflected changes to children's assessed needs.

Children's privacy and dignity were respected and each child was protected from abuse. There were clearly defined procedures for staff to report any concerns regarding children's welfare. Some children required restrictive practices in line with their needs. These were recorded on their personal plans and monitored on an ongoing basis.

The centre was very clean and equipment was maintained in a hygienic manner. Staff were informed of how to manage an outbreak of a transmissible infection; however, the document containing this information required updating.

A review was required of the fire evacuation arrangements. Inspectors were not assured that there was suitable equipment to evacuate young people from the upstairs of the centre in the event of an emergency. Additionally, a night-time simulated drill had not been completed and so it had not been demonstrated that all children could be safely evacuated with the minimal staffing arrangements.

Regulation 17: Premises

The premises of the centre was very homely, clean and well-maintained. It was designed in a child-friendly manner with colourful, child-friendly murals decorating the walls. The sensory garden and the playground were also bright and colourful and a new mural had been recently added to the playground. The playground was equipped with accessible play equipment, suitable for children with physical disabilities.

The centre was designed with accessibility in mind. Suitable equipment to meet children's mobility needs was available in bedrooms and communal rooms. The downstairs rooms were large enough to accommodate mobility equipment. There were floor mats and Acheeva beds available to enable children to change positioning, to stretch out and to engage in play. All furnishings were seen to be very clean and well-maintained.

A large bathroom contained an accessible bath and a shower trolley. Inspectors were told, and saw in care plans, that many of the children enjoyed the bath. A clean utility room provided space to safely launder clothes and linen and a large kitchen provided space to prepare foods and to store feeds. Children were seen using the kitchen to bake on the day of inspection.

A sensory room contained a variety of engaging sensory toys and the conservatory contained accessible play toys including an interactive projector. Children were seen engaging in colouring and crafts in the conservatory in the afternoon.

Judgment: Compliant

Regulation 18: Food and nutrition

Many of the children attending this respite centre received nutrition, hydration and medication by non-oral methods. Inspectors saw that children were assisted to receive non-oral feeds in a hygienic manner which upheld their dignity and privacy. Each child had a care plan which detailed their feeding regimen and which was informed by the relevant multidisciplinary professionals. Staff members spoken with were informed of these care plans.

Some children received oral feeds. An inspector observed a child receiving two oral feeds and saw that this was provided in a respectful manner. A staff member sat with the child, chatted with them and the meal was a pleasant experience. The staff was seen to follow the child's lead in respect of the pace of the oral feed.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors reviewed the service's risk management procedures. It was found that, in the main, risk management procedures were appropriate. But the inspectors had concerns that the provider and the local service management had failed to identify risks regarding the safe evacuation of all young people during their respite stays. This will be discussed in more detail under Regulation 28: Fire Precautions, but the provider's risk management systems should have identified the issues prior to the inspection.

As part of the review of information, an inspector examined records of adverse incidents that had occurred in the centre to date in 2026. These incidents are primarily related to minor injuries and, in some cases, medication practices. Inspectors found that incidents were reviewed by the management team and that learning was identified and implemented where appropriate.

The provider and the person in charge had developed a comprehensive range of risk assessments relating to both individual young people and environmental and operational risks within the designated centre. Inspectors reviewed a sample of individual risk assessments and those relating to the centre.

In relation to the young people, inspectors found that risk assessments were specific to individual needs, included appropriate control measures, and were subject to regular review. Similarly, risk assessments relating to the designated centre were found to be well developed, with suitable control measures in place and evidence of ongoing review.

Overall, inspectors found that the provider had appropriate systems in place to identify, assess, and respond to risk. However, there were concerns about the management of fire-evacuation risks, specifically regarding Personal Emergency Evacuation Plans (PEEPs). These documents needed review and update.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, the practices in the centre were seen to be in line with the Infection prevention and control (IPC) in community settings standards; however, there was a minor improvement required to the centre specific outbreak management plan and to the centre's local IPC audits.

The centre was very clean. A household staff assisted with ensuring the cleanliness of the centre. There were suitable cleaning materials and products which were colour coded. There was guidance for staff on the management of spills and a spills kit was available to staff. A laundry management protocol was in place with guidance on the safe laundering of any soiled linen. There were also protocols to guide staff in the safe disinfection of toys and shared areas such as the bath.

Medical equipment was stored neatly and hygienically. There were ample hand hygiene facilities. Staff members were seen engaging in regular and suitable hand hygiene practices.

There was a schedule of local IPC audits in place; however, inspectors saw that there were gaps in these and that they were not completed as frequently as set out. Inspectors were told that there was a larger quarterly IPC audit which reviewed many of the areas covered in the monthly audits.

The provider had an IPC policy which had been updated in 2026. The service had a local operating procedure to inform staff of the procedure to be followed if a child was required to be sent home due to illness. There was an outbreak plan; however, this did not set out the specific procedure to be followed by staff if they were concerned regarding a potential outbreak of a transmissible infection; however, staff spoken with on the day verbally outlined a procedure to be followed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A review of the fire safety management folder on site indicated that fire drills were occurring regularly, with two drills conducted each month. However, further examination of the records identified a number of concerns.

The available documentation did not demonstrate that any simulated night-time fire drills had been carried out during 2025. The inspector requested evidence of night-time drills; however, this was not provided during the course of the inspection.

There were two rooms located on the first floor used by young people during respite stays. When reviewing fire drill records, the inspector requested evidence that simulated evacuations of young people from the first floor had been completed. The person in charge stated that such drills had taken place but was unable to locate the relevant records during the inspection. The person in charge was given the opportunity to submit this information following the inspection.

The inspector also reviewed seven Personal Emergency Evacuation Plans (PEEPs) for young people availing of the respite service. While PEEPs were in place, significant improvements were required. In four of the plans reviewed, the evacuation strategy in the event of a fire occurring on the first floor did not include arrangements for the physical evacuation of the young people from that floor. Instead, the plans indicated that young people would be moved to the main corridor, where fire containment measures would be relied upon to maintain their safety until the arrival of emergency services.

This approach did not provide assurance that young people could be safely evacuated from the first floor during their respite stay and was deemed inappropriate.

Further review of the Personal Emergency Evacuation Plans PEEPs identified additional inaccuracies and inconsistencies. In one PEEP, it was stated that the young person would be evacuated using a specialised evacuation chair via the emergency exit and stairs located at the side of the building. However, this plan was not suitable, as the assessed needs of the young person indicated that evacuation using this chair was not feasible. As a result, the PEEP did not accurately reflect the evacuation supports required for the young person.

In another PEEP reviewed, the plan referenced the use of a ski sheet for evacuation purposes. However, this was inconsistent with the equipment available on site, as staff should be utilising a ski pad. This discrepancy indicated that the PEEP was not sufficiently accurate or aligned with the actual evacuation procedures and equipment in place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed four of the children's individual assessments and associated care plans on the day of the inspection. It was seen that each child had an individual assessment which clearly detailed their assessed health and social care needs. These assessments were informed by the multidisciplinary team, the child's parents and the child, where appropriate. The assessments and care plans detailed children's preferences in respect of their care and provided guidance to staff on meeting children's needs in a rights-informed manner.

A pre-admission checklist was completed in advance of each child coming to stay in the respite house. Family members spoken with complimented this arrangement as it ensured that staff had the most up-to-date information in respect of their child. The children's care plans were then updated if there were any changes identified as part of this process.

There were some minor gaps identified in respect of the care plans. The provider's own audits had also identified a number of these deficits. For example:

- one nursing care plan was not dated and so it was not possible to verify if this was the most up-to-date version of the plan
- some updated care plans required a parent's signature
- some of the children's care needs had changed in recent months and so their goals were no longer suitable in line with their assessed needs. Children's goals for their respite stay required review to ensure they were meaningful and achievable
- some documents required reprinting as the printed documents were not fully legible

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were comprehensive systems in place to ensure oversight of restrictive practices. Many of the children using the service required mechanical restrictive practices such as lap belts or bed rails in order to ensure their safety due to their physical needs. These restrictive practices had been prescribed by multidisciplinary professionals. They were logged on a restrictive practices register and the frequency of use was monitored. Each restrictive practice was reviewed annually to ensure it was still required or to make changes if not. Parental consent was obtained for the use of restrictive practices while in the service.

Judgment: Compliant

Regulation 8: Protection

Children in this service were protected and were kept safe from abuse. All staff working in the centre were up-to-date with training in Children First and Safeguarding Vulnerable Adults. Staff's Schedule 2 files showed that staff had an up-to-date vetting disclosure from An Garda Siochana. There was information on display about the reporting arrangements for any incidents of abuse, including the arrangements for when managers were not on duty or for out-of-hours. A child safeguarding statement was on display in the centre.

A compatibility matrix was maintained which showed the compatibility of children from a behaviour perspective. This arrangement ensured that children did not intend respite with other children who may present with behaviours which could cause them upset.

Children's files contained up-to-date intimate care plans. These clearly detailed how staff should provide support in a manner which respected children's bodily autonomy and upheld their right to privacy and dignity. Inspectors saw staff took measures to protect children's privacy and dignity during the provision of direct care; for example, staff ensured that bedroom doors were closed and that care was provided at a pace in line with each child's needs and preferences.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Suzanne House OSV-0001466

Inspection ID: MON-0049878

Date of inspection: 27/05/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A review will be completed with regard to the staffing levels and where appropriate a proposal could be submitted to the HSE for additional funding. We do not have a timeframe in relation to the HSE funding proposals. We will commit to the review by 30th June 2026. HSE proposal to be completed if necessary, by 30th June 2026 Timeframe: 30th July 2026 We will continue to still provide a high quality of care in line with the children's current support needs if we do need to reduce occupancy. The CNM2 has reviewed our occupancy for July and August 2026 and it has been reduced as an interim measure. This will be an ongoing review. Timeframe: Completed	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire safety: Fire safety audits have been completed as well as a review of all personals emergency plans (PEEPs). Additional fire drills have been scheduled upstairs and downstairs throughout the year and changes will be made to the relevant PEEPs as needed. The CNM1 will review fire safety regulations and audits in the location but in addition, the CMN2/Person in Charge will also complete their own overarching Fire Audit review. Any concerns will be escalated by both the CMN1 and CNM2 to the relevant coordinator and	

Programme Manager.

Timeframe: Completed

See additional actions under regulation 28. Time Frame: 30.7.26

IPC:

Gaps identified in the local IPC audits have been completed and a scheduled review put in place. The local contingency plan for IPC has also been completed.

Timeframe: Completed

Goals:

All goals have been reviewed in line with children's wishes, as well a goal tracking document implemented.

Timeframe: Completed

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Fire safety:

Fire safety audits have been completed as well as a review of all personals emergency plans (PEEPs). Additional fire drills have been scheduled upstairs and downstairs throughout the year.

The CNM1 will review fire safety regulations and audits in the location but in addition, the CMN2/Person in Charge will also complete their own overarching Fire Audit review. Any concerns will be escalated by both the CMN1 and CNM2 to the relevant coordinator and Programme Manager.

Timeframe: Completed

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
IPC:

Gaps identified in the local IPC audits have been completed and a scheduled review put in place. The local contingency plan for IPC has been completed in relation to the local

procedure, should the child need to be sent home due to illness.

Timeframe: Completed

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire safety:

Fire safety audits have been completed as well as a review of all personals emergency plans (PEEPs). Additional fire drills have been scheduled upstairs and downstairs throughout the year.

The CNM1 will review fire safety regulations and audits in the location but in addition, the CMN2/Person in Charge will also complete their own overarching Fire Audit review. Any concerns will be escalated by both the CMN1 and CNM2 to the relevant coordinator and Programme Manager.

Time Frame: Completed

A review of Fire Safety evacuation equipment and 2 new ski pads will be purchased for the DC.

A fire safety review will be completed within the center by the Health and Safety officer

Timeframe: 30.07.2026

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Personal Plans:

All care plans have been reviewed in line with the needs of the children and actions have been identified and a plan put in place to complete. Time frame: 30.6.2026
Goals:
All goals have been reviewed in line with children's as well a goal tracking document.

Timeframe: Completed

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/07/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/07/2026
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	23/06/2026

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	23/06/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/07/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Not Compliant	Orange	23/06/2026

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	23/06/2026
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	23/06/2026