Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	16 Sion Hill Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	28 April 2026
Centre ID:	OSV-0002094
Fieldwork ID:	MON-0045479

About the designated centre

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

16 Sion Hill Road is a designated centre operated by ChildVision CLG. This designated centre provides a residential service for vision impaired young adults, both male and female, including young adults who are vision impaired with additional disabilities. The primary and main aim of a residential placement in the centre is to facilitate access to appropriate education provision and to prepare for and transition to a later life lives as independently as possible within each young person's capacity. 16 Sion Hill Road provides social care and support consistent with maximising the young person's educational attainment and holistic development. The centre provides a nurturing environment prefaced on promoting positive social interactions and on a culture of dignity, respect and acceptance. The centre provides meaningful opportunities to exercise choice and to contribute to community living, and support in achieving self-identified individual goals and personal ambitions utilising personal plans to monitor and evaluate progress. The centre is located in a mature residential area, close to amenities and public transport. The premises consists of a two-storey house. It has four bedrooms for residents (one of which is a shared bedroom for two people), a very large bathroom with a separate laundry area, and communal areas including a kitchen, a sitting room, and a dining room. Residents have access to a garden at the rear and side of the house. The centre has capacity for five residents. The centre is managed by a full-time person in charge, and the staff skill-mix comprises social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 April 2026	10:00hrs to 17:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over the course of one day to monitor the designated centre's level of compliance with the regulations and in particular, to ensure residents living in the centre were provided with the services in accordance to the centre's statement of purpose.

The inspector found that the provider and person in charge were ensuring that each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where each of the resident's needs, wishes and preferences were taken into account. There were high levels of compliance with the regulations found on the day of the inspection. However, some improvements were required to the centre's statement of purpose, premises and fire precautions. These matters are addressed in detail under Regulations 3: Statement of Purpose, 17: Premises and 28: Fire precautions.

The inspector used conversations with residents, key staff and the person in charge alongside observations and a review of documentation to inform judgments on the residents' quality of life. The inspection was facilitated by the person in charge for the duration of the inspection. The Director of social care, who is one of the centre's personal participating in management (PPIM), called to the centre in the morning to speak with the inspector and again later in the evening to attend the inspection feedback meeting.

At the time of this inspection, there were four residents living in the centre and the inspector was provided with the opportunity to meet with three of the residents on the day. The inspector did not meet one of the residents as they were on holiday with their family at the time.

Residents living in the centre used verbal communication and they were also supported through large print, picture format and Braille (a tactile writing system). Overall, residents who spoke with the inspector provided positive feedback about the care and support they received from the service.

The residents lived in the centre during the academic term from September to June while they were attending an education or training course. Depending on the length of the course, the resident could live in the centre from one to four years. One of the residents was attending a national university, one resident was completing their final year in secondary school and two residents were attending the organisation's pathway programme.

On the afternoon of the inspection, when residents arrived home from their courses, two of them sat with the inspector in the sitting room to have a chat and relay their views of the care and support provided to them. The two residents expressed how

much they liked living in the centre. They particularly liked their bedrooms and told the inspector that they liked having their own space.

One resident talked enthusiastically about the college course they were attending. They said that they were hoping to move to the college's student accommodation next year. The resident told the inspector that they had learned a lot of independent skills while living in the designated centre. They talked about completing a 'home alone' course which provided them with the skill and knowledge on how to be safe in the house on their own. In particular, the course included how to evacuate the house safety in the case of a fire outbreak.

When asked about the staff working in the centre, one resident told the inspector that they really liked the staff and they could speak to them about their education course or other things that were happening in their life. On observing staff engaging with residents, the inspector saw kind and caring interaction and on many occasions, jovial interactions.

Residents were supported to achieve their goals and in particular, those that promoted their independence. One resident talked to the inspector about one of their goals which involved making a cake, including shopping for the ingredients. The resident was smiling and appeared happy while communicating the tasks they had to complete. The inspector observed the resident seemed proud when relaying how others had complimented the cake they had made.

Residents talked to the inspector about how they accessed information that was provided in the centre, or that was about them. For example, details contained within their personal plans, information on notice boards or procedures, such as the organisation's complaints' procedures. One resident advised that they could read information. Another resident said they used computer applications, aural emails and Braille to access the information. One resident informed the inspector that they typed out some of the notices regarding the weekly menu and household chores in a number of formats. For example, they typed up the weekly menu both in Braille and large print font and put it on display in the kitchen. This meant that each resident was able to access the information in a way that was in line with their assessed needs and preference.

Another resident spoke to the inspector about their current education course. The said that they had received a distinction for one of the course modules that day. They appeared really pleased with the outcome. The resident advised the inspector that they were due to graduate soon and expressed their excitement about this and said they were looking forward to the celebrations. They also informed the inspector that they were leaving the house in two months' time and would be attending a new education and training course in September.

Overall, the two residents views of the service provided was very positive and in particular, about their bedroom, staff support and meals provided. They also advised the inspector that they knew who to go to if they were upset or had a concern or complaint about anything. Residents said that they thought the garden out the back of the house needed to be improved. They said they would like to be able to use the

garden to walk around and take time out to sit in it and have it as an additional space to enjoy. They said that currently, with the layout and presentation of the garden space, that this option was not really available to them.

Later in the afternoon, the inspector was provided an opportunity to meet with another resident. They were spending time in the kitchen enjoying a jovial conversation with their staff member. The resident talked to the inspector about some of the dishes they liked to prepare and cook for themselves and staff. They listed a number of dishes that were traditional to their country of origin.

From time to time, the resident struggled to find the English words to explain what they wanted to say. Staff supported the resident during this time and provided subtle and gentle prompts to support the resident find the appropriate word and continue their conversation. The inspector also observed the resident use their mobile telephone as an aid. For example, when talking about the traditional dishes they cooked, the resident typed the name of the dish on their mobile telephone and then showed the inspector a picture of it.

The resident also talked to the inspector about their country's language and translated a number of phrases and greetings into English language. The resident told the inspector that they were teaching students, who were on the same programme as them, how to speak their native language. The resident appeared proud to be doing this and overall proud of their heritage. The inspector observed how staff supported the resident and encouraged and promoted the resident's interest in their countries culture and heritage.

Overall, the inspector observed the centre to be welcoming, homely, clean and tidy and for the most part, in good upkeep and repair. The centre consisted of a two-storey house. There were four bedrooms for residents, one of which had the option to be used as a shared bedroom for two residents however, at the time of the inspection no residents were sharing the room. There was a large bathroom with a separate laundry area, and communal areas including a kitchen, a sitting room, and a dining room.

The inspector observed that residents' bedrooms were laid out in line with their individual likes and preferences and that their choices were respected. Some of the residents' bedroom were observed to be minimal in style while other rooms included more décor and soft furnishing and memorabilia.

On speaking with one resident, who seemed to prefer a minimalist style and layout to their room, they informed the inspector that they were supported by their staff to buy items for their room. The resident chose one large colourful picture which they placed on the wall over their bed. When speaking with the inspector about it, the resident seemed happy that they had picked out and bought the picture themselves. The inspector observed another bedroom where the resident preferred to have a lot of items and decorations in their room. The walls contained some of the resident's own art work, a large beanbag, flowers hanging on the wall, a desk and chair as well as a lot of memorabilia that was personal to them.

Areas of the house were provided with small aids to support residents' independence when in that room or when using facilities in the room. For example, while in the resident's kitchen, the inspector observed a number of the kitchen appliances, such as microwave, to have coloured small stickers on their buttons or switches. The inspector was informed by the person in charge that the stickers were used to support residents identify the appliances on/off buttons or provide direction to other buttons or switches on the appliance. There was also a special equipment on the cooker top to guide residents on where to safety place a saucepan. In addition, for safety, a one-cup hot water appliance was in place instead of a kettle. The inspector was informed that the appliance lessened the potential risk of any injury that a large kettle of water might pose, due to the residents' assessed needs.

The inspector observed a large table in the dining room for residents to enjoy their meals at. There were glass doors leading out into the garden area. The room also included desk for residents to study, special equipment that lit up or enlarged print as well as a Braille type-writer, all of which were available to residents if they wanted to use them.

The sitting room included a large television which the inspector was told was rarely used except for sometimes when football matches were on. The person in charge advised that one of the residents liked to listen to the sports games on the television however, they often went to the local pub to listen to the matches when they were on. There was a piano keyboard in the room which one of the residents enjoyed playing. The person in charge advised the inspector that the resident was attending weekly classes and often performed at local concerts.

There was a large garden space that lead out from both the dining room and the kitchen. The area was mainly grass, trees and a number of shrubs surrounded by small layered brick walls. There was an area of the garden surface covered in cement where there had previously been a building (garage). The inspector observed that area of the ground to be uneven and posed a potential trip hazard for residents when in the garden. Overall, the garden needed some improvements to ensure that it provided a welcoming and safe space for residents to enjoy during times of good weather.

Residents were encouraged and supported around active decision making and social inclusion. Residents met as a group to choose their menu plan for the week. One of the residents told the inspector on the day, that if they changed their mind and preferred something different to eat, that they did not have to stick with what was on the meal planner. There was also a list of household chores placed in the kitchen which residents completed each week. The inspector was informed that this was a way of promoting the residents independent living skills. On observing the list, the inspector saw that residents were assigned a number of specific tasks to complete each week. Residents told the inspector that the assigned tasks were changed around monthly so that everyone became familiar with them all and develop and build their skills in each area.

Residents were supported by a team of social care workers who were managed by the person in charge. The roster demonstrated that two staff were available to

support residents during the day and night-time. On speaking with staff on the day, the inspector found that they were aware and knowledgeable in the support needs of residents as well as each of the residents' likes and preferences. Staff spoke enthusiastically about promoting the residents' independent living skills and ensuring they enjoyed their time living in the centre.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

However, some improvements were needed, for example, in areas relating to centre's statement of purpose, the premises and fire precautions. These are discussed further in the next two sections of the report which 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

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who were knowledgeable about the support needs of residents living in the centre.

The provider had ensured that there were sufficient suitably qualified and experienced staff on duty to meet residents' current assessed needs.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support provided in the centre, which included consultation with residents, their families and representatives.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The provider had completed a statement of purpose for the designated centre. However, on review of the statement, the inspector found that one section of the statement was not fully reflective of the current service being provided in the centre and warranted review.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The person in charge commenced their role in this designated centre in December 2025. They were employed to work in this centre only. The local monitoring systems and structures supported the person in charge ensure the effective governance, operational management and administration of the designated centre.

On review of a number of audits in place the inspector saw that the person in charge had followed up on actions in a prompt and efficient manner. For example, on review of the actions from the recent unannounced six monthly visit, the inspector saw that most actions had been completed.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role. The person in charge was familiar with residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Compliant

Regulation 15: Staffing

The current staffing arrangements were made up of a person in charge and social care workers. Two staff supported residents during the day time with two staff working sleepover shifts. The person in charge had a regular presence in the centre.

A review of a sample of rosters for the months of March to May 2026 demonstrated that rosters were maintained appropriately. The rosters also indicated that there were sufficient staff on duty to meet the needs of residents on a daily basis.

There had been a recent review of the centre's rosters in November 2025. The roster now worked on a five week rolling basis (rather than a previous week to week basis). This change meant that the designated centre no longer closed during education term breaks and was now open all year round.

To support the change, the provider recruited a team of relief staff to cover leave during out the year. On review of the sample rosters, the inspector saw that where staff had taken leave, this was covered by a member of the relief team and that the same two to three relief staff members were employed. In addition, where relief staff were employed they always worked alongside a core member of the staff team. This ensured continuity of care which lead to the development and maintenance of relationships between residents and their staff.

From speaking with the management and staff, the inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

Judgment: Compliant

Regulation 16: Training and staff development

One to one supervision and performance management meetings, that support staff in their role when providing care and support to residents, was being completed in line with the organisation's policy. Staff who spoke with the inspector, advised that they found the meetings to be beneficial to their practice.

All staff training, including refresher training, was found to be up-to-date. The person in charge had a robust system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

From reviewing the training matrix for the staff team, the inspector saw that it included the dates that staff training was completed and dates the next training was due. The inspector found that, for most part, staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the residents.

An example of some of the training staff had undertaken include the following:

- Safeguarding vulnerable adults
- Manual handling
- Fire safety
- Human Rights training
- Positive behaviour supports

- Safe medication management
- Infection prevention and control (IPC)
- Food safety
- Assisted decision making
- Manual handling
- Epilepsy
- Autism

In 2020, the staff team were provided a one off training course relating to Autism. The inspector found that a review of the frequency of this training would likely enhance staff knowledge and better support them in their role when meeting residents' assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

The provider had completed an annual report in December 2025 of the quality and safety of care and support provided in the designated centre during the year and there was evidence to demonstrate that the residents and their families were consulted about the review.

The provider was also carrying out unannounced visits of the centre on a six monthly basis that reviewed the quality of care and support provided to residents living in the centre. The most recent reviews had taken place in May 2025 and January 2026. On observing January's action plan, the inspector saw that the person in charge had completed most of the actions on plan.

In addition, to the annual and six monthly reviews there was a comprehensive local auditing system in place in the centre to evaluate and improve the provision of service and to achieve better outcomes for residents. The person in charge had completed a health and safety audit of the centre in January 2026. The audit reviewed areas such as the cleanliness and safety of areas of the premises as well as electrical fittings, fire safety measures and lighting. Where there were actions needed, these were followed up promptly to ensure the health and safety of residents and staff.

Infection prevention and control audits, a review of notifications and accident and incidents were completed on a quarterly basis with all the first quarter audits completed in January 2026. Furthermore, there was a care support and safeguarding audit tool in place which had been completed in early April 2026. A

sample of the areas reviewed in the audit included, residents personal plans, healthcare management and safeguarding, including training, policy and staff knowledge.

Staff team meetings were taking place on regular basis and provided staff with an opportunity for planning as well as reflection and shared learning. Decisions were made and followed on by actions and timeframes to be completed. The person in charge informed the inspector that the maintenance manager sat in on the staff meetings every six weeks where upkeep and repair items were discussed and planned.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had a policy on admission, entry, transition, transfer, discharge and exit in place in the centre. All applications for a residential place in the organisation were, in the first instance, processed through the provider's multi-disciplinary assessment service. On review of the admission records and information from a recently admitted resident, the inspector found that there was good adherence to the policy.

A resident who had commenced living in the centre in September 2025 was provided with a transition plan to support the move in to the centre in a way that was safe and supported their assessed needs.

The inspector saw that the resident and their family were supported to visit the centre in advance of moving into the premises. In addition, information about the service was sent to the resident in a communication format that they understood. Furthermore, the information was also translated into a language that the resident and their family could understand. In advance of moving in to the centre an assessment of the resident's needs was completed. Support plans were currently in place to meet those needs.

There were contracts of care in place for all residents. The inspector reviewed three contracts of care in place for residents. Contracts of care were written in plain language, and terms and conditions were clear and transparent. In line with the residents assessed needs and to ensure the contract was in a format that met their assessed communication needs and preferences, contracts of care were provided through email that allowed an aural version of document.

Judgment: Compliant

Regulation 3: Statement of purpose

For the most part, the designated centre's statement of purpose, which was dated December 2025, and reviewed in March 2026, outlined the service provided and described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room function.

However, the inspector found that there was a section in the statement of purpose was not fully reflective of the service provided in the centre all year round. As such the statement of purpose had not set out the information as per Schedule 1. For example, the statement included plans for a residential summer programme for children during the months of July and August 2026. As the programme was not in line with the centre's registration or current function, it required removing. The management team were advised on the day, that further regulatory action was required by the provider if they wanted to programme to be considered.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and overall, within the required time frames as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. On review of team meeting minutes and through speaking with the person in charge, the inspector found that where there had been incidents, the incident and learning from the incident, had been discussed at staff team meetings and associated risk assessment were regularly reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy. The complaints procedure was available in an easy-to-read format and accessible to residents. The inspector was informed by the person in charge that the complaint procedure was emailed to all residents so that they could have an aural copy on file.

A copy of the procedure alongside information on advocacy was located on a notice board in the dining room, which was a communal space in the centre. Information on the designated officer and advocacy services was also included on the notice board. From speaking with staff and a review of records, the inspector saw that the complaints procedures were regularly discussed with residents to promote awareness and understanding of the procedures. On speaking with residents on the day, two of the residents advised the inspector that they knew who to talk to if they had an issue or complaint that needed resolving.

The inspector was informed on the day, that there were no open complaints.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who live in the designated centre.

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Residents were supported and encouraged to live as independent lives as they were capable of. Overall, care and support provided to residents was of good quality however, some improvements were needed to the external part of the premise and one of the fire safety systems in place. This was to ensure potential risks were addressed and appropriate measures were in place to keep residents safe at all times.

The physical environment of designated centre was clean and tidy and in good decorative and structural repair throughout the internal sections of the house. The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. However, a review of the layout of the back garden was needed. This was to ensure residents were provided with an outside space that was safe and in line with their preferences.

The inspectors found that the systems in place for the prevention and detection of fire were observed to be satisfactory. There was suitable fire safety equipment in place and systems in place to ensure it was serviced and maintained. Local fire safety checks took place regularly and were recorded and fire drills were taking

place at suitable intervals. Fire drills were taking place on a regular basis so that residents knew how to evacuation in the event of a fire, however, not all scenarios had been considered, for example, a night time evacuation/simulated evacuation had not taken place with the four current residents. This mean that the provider could not be fully assured that residents could be evacuated at night in the event of a fire. Subsequent to the inspection, a record of a night-time fire drill was submitted to the inspector and assurances were provided.

The provider and person in charge were endeavouring to ensure that every effort was made to allow residents communicate in a way that was in line with their needs and preferences.

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. Residents were supported to partake in activities they liked in an enjoyable but safe way.

The provider and person in charge promoted the rights of residents in a variety of ways including, choice and control, decision-making, accessibility, cultural background and nature of their disability.

Regulation 10: Communication

Overall, the inspector found that residents received information in a way that they understood. Information was provided to residents verbally as well as easy-to-read format, emails (aural), photographs and Braille.

The notice board in the dining room and kitchen included information that was relevant and important to residents. For example, there was large font typed and Braille format of weekly meal plans that included meal choice from residents. There was also large font typed and Braille format of a list of monthly household chores that residents liked to complete.

There was a poster of the designated officer, advocacy information as well as an easy-to-read complaints procedure's poster. A copy of these were also emailed to each of the residents so that they could access them in aural format. This ensured, in so far a practical, that residents knew who to speak to if they wanted to make a complaint or had a concern.

Each resident was provided with an admissions assessment as well as an assessment of needs relating to their communication needs and where appropriate communication supports plans were put in place. The plans guided staff on how to best understand and communicate with residents in line with the outcome of the assessments' symbolic established level.

Overall, the inspector found that there were good systems in place to support residents communicate and be communicated with in a format that was in line with their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Overall, the inspector found that the physical environment of the house was observed to be clean and for the most part, in good decorative and structural repair however, some upkeep was required to the external area of the designated centre.

For example, in the back garden of the house there were large trees, shrubs and a grassed area that required some upkeep. The inspector observed that the garden appeared uninviting and that were no facilities for residents to sit out in and relax during times of good weather. On asking two of the residents what they would like improved in the house, they both told the inspector that they would like a nicer garden so they could have a nice outside space to enjoy.

There was also a large cemented area in the back garden that was observed as uneven with cracks and raised sections. Due to the assessed needs of the residents, the inspector found that the area posed a potential trip hazard when residents were in this area.

The design and layout of the internal spaces ensured that each resident could enjoy living in a comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. There was a spacious dining room that provided a large dining table for residents to eat their meals together if they wished. The room also included a study area for residents as well as a specific tea and coffee area. Residents were also provided with a sitting room with comfortable seating areas and provided an option for residents to listen to sports programmes on the television or take time out to practice music on their keyboard.

The kitchen included specific tactile aids and supports which enabled the residents access facilities and equipment in the kitchen in a safe way. These also promoted the residents' independence when preparing and making food or drinks.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms, some residents preferred to have minimal items in their bedroom, which was in line with their likes and preference, and their preference was respected.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured that the designated centre had a risk management policy in place and that the policy met the requirements as set out in the regulations.

Where there were identified risks in the centre, as well as risks that were specific to residents' individual health, safety and personal support needs the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example;

Where there were potential safeguarding risk relating to traveling in the community for residents who were visually impaired, there were measures in place to reduce the risk. For example, some of the measures included, residents provided with mobility and orientation training, use of mobile telephone when traveling and resident to wear high visible bands and jackets in dark evenings.

Where there were risks related to safeguarding, some of the measures in place included safeguarding training provided to all staff, external monitor (advocate), safeguarding policies and procedures in place, all staff complete Garda vetting, double cover and high staff to resident ratio. There was also a separate risk assessment and measures in place for ensuring resident were safeguarded while using the internet.

Where there were potential risks of residents spilling tea on themselves or others, there were measure in place to reduce the risks. For example, some of the measures included, programme in place for using the 'one cup' machine. Pour milk in tea to cool before bringing it to table and use a larger mug so less chance of tea spilling over the edge.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed training schedules that demonstrated that, staff had completed specific training in relation to infection, prevention and control (IPC) and overall, refresher training was up-to-date.

Staff spoken with were knowledgeable regarding their roles and responsibilities pertaining to IPC. Staff were informed of the local operating procedures for the management of centre specific IPC risks.

The inspector observed that, the centre was visibly clean on the day of the inspection. In addition, good practices were in place for IPC including laundry management and a color-coded mop system.

There were enhanced cleaning schedules in place, which were supporting the ongoing maintenance of a clean and safe environment for residents. On review of the cleaning schedules, and on observing the environment and facilities, the inspector saw that there was high adherence to the schedules. Risk assessments were in place for IPC specific risks and provided appropriate measures to mitigate risk.

Upkeep and repair work to the floor on an upstairs bedroom resulted in a safer environment for residents to sleep in. Infection prevention and control measures in this area was now effective.

Where there were a number of water outlets not in use, such as en-suite showers, the person in charge ensured there was a weekly flushing checklist in places. In addition, an external service was employed to carry out tests on the water on an annual basis. These systems ensured the safety of residents against the potential risk of any possible infectious deceases associated unused water outlets.

Judgment: Compliant

Regulation 28: Fire precautions

For the most part, the registered provider had effective fire safety management systems in the centre that ensured the safety of residents in the event of a fire.

On review of the centre's fire safety folder, the inspector saw that emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required time frame.

Staff completed daily, monthly and quarterly fire checks of the precautions in place to ensure their effectiveness in keeping residents safe in the event of a fire.

All staff had completed fire safety training and were knowledgeable in how to support residents evacuate the premises, in the event of a fire.

The person in charge had prepared fire evacuation plans and resident personal evacuation plans for staff to follow in the event of an evacuation. These were reviewed for their effectiveness during fire drills and reviews.

Since September 2025 to date, ten fire drills had been completed with four residents and two staff, which included different scenarios as well as different times during the day. On review of the drills, the inspector saw that, while one resident found the sound of the fire drill difficult, all residents evacuated on each occasion promptly.

However, on day of the inspection, there was no records in place to demonstrate that a fire drill or simulated fire drill had been completed of a night-time scenario. This meant that the provider could not be assured that the maximum amount of (current) residents and the minimum amount of staff could be safely evacuation from the house during the night. As such, there was a potential risk to the safety of residents in the event of a fire outbreak during the night.

The person in charge organised for the night time fire drill to take place at 10pm the night of the inspection. They subsequently submitted a copy of the record to the inspector the next morning and another one the following week. The inspector saw that both records showed that all residents evacuated promptly when the alarm was sounded.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were provided with a multi-disciplinary assessment prior to admission to the designated centre, which, where appropriate, included assessment in functional vision, technical Skills functioning, orientation and mobility, medical, assistive technology, speech and language and occupational therapy.

There was a system in place to review the assessment on an annual basis with the residents, social care staff and where appropriate their family and relevant professional. However, where changes occurred in residents lives within the year, the assessment was reviewed at that time.

Residents personal plans were developed using the information from the multi-disciplinary assessment and with specific input from the resident their family and social care staff.

All residents were provided with a specific 'link person' to support them with to ensure that their personal plan was an accurate reflection of their needs, goals, wishes and aspirations. Residents were supported to choose goals relating to independent living skills, orientation an mobility, assistive technology, educational and/or training, health and medical, social, emotional and recreational, planning for the future and transitions to new services.

Residents were supported by their link person to progress, achieve and celebrate their goals. On speaking with residents on the day, one resident told the inspector that they were near achieving their education goal and were looking forward to their graduation. Another resident expressed their happiness of achieving one of the their

independent living goals of staying at home on their own. The resident said they felt more independent and had plans to move to college accommodation next year.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were good systems were in place to safeguard the residents in their home.

There had been no safeguarding incidents notified to the health information and quality authority since the last inspection of the centre. However, on speaking with the person in charge they were aware that where an incident should occur, that they were required to follow up appropriately and ensure incidents were reviewed, screened, and reported in accordance with national policy and regulatory requirements.

The inspector also noted the following:

Safeguarding was a standing topic on staff team meetings.

The training matrix demonstrated that all staff had been provided training in safeguarding of vulnerable adults as well as children's first training and all was up-to-date.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

Information on how to contact the designated officer, complaints officer and independent advocacy was on display in the centre in the dinning room.

The inspector found, that for the most part, staff understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary. They told the inspector that they would report a concern to the person in charge/designated officer if they had one and were aware of the policies and procedures in place relating to safeguarding.

Residents' were empowered to know how to be safe and be knowledgeable in self-care through regular one to one 'link meetings' with their staff, (link worker). They were also provided home and community safety plans and 'home alone' training courses. Residents told the inspector that they knew who they could go to if they were upset or had an issue they were concerned about.

The provider and person in charge had good oversight of the safeguarding systems in place that ensured the safety of residents. For example, on a quarterly basis, a care support and safeguarding audit was completed by the person in charge. The audit monitored areas such as safeguarding policies and procedures and staff

training in safeguarding. The audit also checked if staff knew how to respond to safeguarding and how to report a concern. It also checked to see if residents knew who the safety officer and designated officer are.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. During some of the conversations with residents, examples were provided of how their rights were promoted in a variety of ways. In addition, through speaking with management and staff, observations and a review of documentation the inspector saw how residents were provided choice and control in their lives and were supported to be active participants in making decisions about their lives and in the running of the centre. For example:

Residents were provided with choice and were part of the decision making about their home that related to their weekly menu plan and household chores and layout and decor of their bedroom.

Residents independence was promoted through different activities that promoted their independent living skills. One resident spoke the inspector about completing a 'home alone' training, which empowered them to be able to safely stay in the house on their own, should they wish to do so.

Residents right to privacy was respected in terms of personal information. All documentation such as residents' personal plans and the information within them were kept securely in the staff office. Residents were had access to this information in a communication format that was in line with their assessed need and preference.

Residents were empowered and supported to attending meaningful education courses that were in line with their assessed need. The courses further promoted residents knowledge and understand of human rights and further promoted residents independence in the local community.

Residents were provided information that related to them as well as information regarding the designated centre in a format that was in line with their assessed needs and that was of preference to them. For example, residents were provided information in large print, email (for aural access) and Braille. For one resident, some of the initial information had been translated in to their first language.

Staff were provided human rights training to inform their practice and to support them deliver a person centred service to each resident living the centre.

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	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
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 16 Sion Hill Road OSV-0002094

Inspection ID: MON-0045479

Date of inspection: 28/04/2026

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
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: A revised statement of purpose has already been submitted supporting an application for a variation in a condition.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: An external contractor has been engaged and working alongside ChildVision's own maintenance team, a realistic date for completion of the remedial works has been agreed by June 29th 2026.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The defect in respect of a night-time fire evacuation drill was rectified in the immediate aftermath of the inspection and the record forwarded to HIQA in respect of this.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	29/06/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/05/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing	Substantially Compliant	Yellow	25/05/2026

	the information set out in Schedule 1.			