



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

## Issued by the Chief Inspector

|                            |                     |
|----------------------------|---------------------|
| Name of designated centre: | Castlelyons         |
| Name of provider:          | Peamount Healthcare |
| Address of centre:         | Co. Dublin          |
| Type of inspection:        | Unannounced         |
| Date of inspection:        | 22 April 2026       |
| Centre ID:                 | OSV-0003504         |
| Fieldwork ID:              | MON-0048479         |

## About the designated centre

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

This designated centre comprises three houses and an apartment which are all located one site in a suburban area of West County Dublin. It provides 24 hour residential support services for up to 10 persons with intellectual and or physical disabilities. The staff team includes a person in charge, social care workers, staff nurses and care assistants.

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

|                                                |   |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 8 |
|------------------------------------------------|---|

## 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 22 April 2026 | 10:45hrs to 19:00hrs | Julie Pryce | Lead    |
| Wednesday 22 April 2026 | 10:45hrs to 19:00hrs | Karen Leen  | Support |

## What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards. The inspection was conducted by two inspectors over the course of one day and was facilitated by the person in charge (PIC).

To gather an impression of what it was like to live in the centre, the inspectors met residents, observed daily routines, spent time discussing residents' specific needs and preferences with staff and the PIC, and completed a documentation review in relation to the care and support provided to residents. There were eight residents living in the centre on the day of the inspection, and the inspectors met each of them throughout the day.

While residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences, the inspectors found that there were areas which required significant improvement.

For example, inspectors found that the provider had contradictory contracts of care and agreements in place for residents which failed to appropriately outline the additional fees which residents were subject to paying while living in the designated centre. Inspectors found that the provider had tenancy agreements in place for residents which stated that residents were required to pay monthly rent, with the agreement stating that residents would be given light, heating and hot water. Conflicting contracts of care were also in place for residents which outlined that residents were subject to paying monthly rent, utility, waste disposal charges and groceries. This is further discussed under Regulation 24 Admissions and contract for the provision of services of this report.

In addition, while residents' healthcare was well managed, and changing needs were responded to in a timely manner, there were 'do not attempt resuscitation' (DNAR) orders in place for some residents that did not include a clear rationale and were not completed in accordance with the provider's policy. There was insufficient evidence that residents had been consulted or consented to these orders, as further discussed under Regulation 6: Healthcare.

Following the introductory meeting with the PIC one of the inspectors conducted a 'walk around' of the centre. In the first house the inspector met a resident who was staying at home that day. The resident was happy to show the inspector their room, and showed the inspector some of their personal items. They were clearly comfortable and 'at home' in their house. During the course of the conversation the resident explained that they had felt unwell, and told the inspector some of their symptoms. They said that they were waiting for their general practitioner (GP) to

visit. They told the inspector that they had told the PIC about feeling unwell, and said that they would always go to the PIC if they had any problems.

The inspector discussed the issue with the PIC, and found that the PIC had immediately referred the resident to their GP, and later in the morning inspectors observed the GP's attendance at the designated centre to assess the resident. As further discussed under Regulation 6: Healthcare of this report, it was evident that referrals were made in a timely manner where residents had changing needs.

It was also evident that any issues raised by residents were responded to immediately, for example, a resident had raised a safeguarding issue with the PIC on the morning of the inspection. The PIC had responded immediately to this issue, and the appropriate actions including reporting and recording had been undertaken by the PIC prior to the arrival of the inspectors on this unannounced inspection.

One resident told the inspector that they had been concerned about strange phone calls, and had spoken to the PIC about it to make sure they weren't being scammed online. They explained that the PIC had checked everything for them, and given them advice about being safe online.

The inspector found that designated centre was laid out in accordance with the assessed needs of residents, including those who had mobility issues, and that the houses were homely and well maintained. Those residents who were happy to show the inspectors their private rooms pointed out their personal belongings and photographs, and told the inspector that they were happy in their home. In particular residents spoke about enjoying the company of their fellow residents.

For example, a resident who arrived home later in the day had been shopping, and was facilitated by staff to put away their purchases where they chose. They were keen to show the inspector their room which had been modified with a wider door to facilitate access in their wheelchair. They spoke fondly about the other residents and said that they particularly enjoyed living in a shared house. During the conversation between the inspector and resident in their room, another resident arrived home, and came in to proudly show their friend the art work that they had done that day.

Another resident told the inspector that they loved living in their home, and they were observed to be moving about their home in a comfortable way. They were happy to show the inspector their room, and spoke about forthcoming activities that they were looking forward to.

Residents were supported to maintain their independence in various ways, for example; one resident who had diabetes managed their own blood sugar recordings and informed their supporting staff of their results for recording.

Inspectors spoke to a resident who was the sole occupant of one of the houses. They informed the inspectors that they liked living alone and they wanted to continue to live alone. The resident said that the staff 'were great'. They like to relax in their room and watch old movies. The resident discussed that they liked to shop and buy new clothes regularly. During the course of the conversation the resident

pointed to a staff who was supporting them and told the inspector, that 'they paid the bills'. The resident then repeated that all the staff pay my bills. Staff working with the resident discussed that when the resident discussed that staff paid the bills their understanding was the resident meant that support staff paid the bills on their behalf with the residents finances.

On visiting another house in the centre, one inspector had the opportunity to meet with one resident who had just finished their lunch. The resident told the inspector that they had gone through a period of poor health and that they have been staying at home more to rest. The resident told the inspector that they liked their home and the people that they lived with. They said that the staff were very helpful and kind. The resident spoke about liking to look their best and that staff helped them each day when getting ready for the day.

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

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective for the most part. However, residents' contracts of care required significant review.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents, although the number of staff on duty at night time required review to ensure safe staffing levels.

## Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. They were knowledgeable about the support needs of residents, and about their role and responsibilities in relation to the regulations.

They demonstrated a detailed knowledge about the care and support needs of each resident, and it was evident that they responded in a timely manner to any changing

needs of residents. In particular, each resident who was asked by inspectors who they would go to if they had any concerns responded that they would go to the PIC, and it was evident that on the morning of this inspection, before the inspectors arrived, that a resident had gone to the PIC with a concern, and they had immediately and effectively responded to the issue.

Throughout the inspection the PIC answered all questions posed to them by the inspectors knowledgeably, and any documents requested were immediately located and presented.

Judgment: Compliant

### Regulation 15: Staffing

There was a competent staff team and an appropriate skills mix in place to meet the needs of residents, although further review of the staffing supports at night was required.

There was a registered nurse and three health care assistants on duty each day, and the PIC was supernumerary to this roster. In addition, one resident had an additional support package of an hour each day. There were two waking staff on duty at night, and as discussed under Regulation 26: Risk management procedures, the staff based themselves in the houses where continual supervision was required.

However, there had been no changing needs analysis completed, and it was not clear that a thorough analysis of the staffing numbers at night had been undertaken. The inspectors were not assured that the levels of staff at night were adequate to manage the risks associated with accidents and incidents involving residents, or in the safe evacuation of residents in the event of an emergency at night.

A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, and where residents had 'care packages' these were fulfilled by staff who were known to the residents.

A sample of three staff files was reviewed by the inspector, and most of the information required by the regulations was in place, including Garda vetting. Where two references are required for each staff member, these references were missing from one staff file on the day of the inspection, but were submitted the following day.

The inspector spoke to four staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspectors reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, infection prevention and control and managing behaviour that is challenging.

The person in charge ensured that one-to-one supervision meetings, which support staff in their role when providing care and support to residents, were scheduled for all staff. Staff spoken to during the course of the inspection told the inspectors that they felt supported in their role. This was reflected through supervision notes. The person in charge was to identify additional training for staff to further enhance their skill base.

Staff meetings were held regularly in the designated centre and the inspectors found that these meetings were reflective of the changing needs identified for residents in the centre and training supports in place in order to further enhance staff practice in areas such as falls prevention and residents changing needs and supports.

The person in charge had completed a training needs analysis for staff in the centre due to the identified change in residents aging health. The person in charge had also completed a risk management course in order to guide staff and support residents.

Judgment: Compliant

### Regulation 23: Governance and management

The inspection found that there was a clearly defined management structure in place, however, improvement was required in relation to review of findings from provider led six-monthly unannounced audits and in relation to the completion of compliance plans. The findings of this will be discussed in Regulation 24: admissions and contract for the provision of services.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas for review and had checks in place to ensure the provision of service delivered to residents was of a good standard.

The person in charge had a suite of audits for the centre which included audits of medication management, risk management, tracking and monitoring of residents' goals and health and safety. The inspectors reviewed staff meetings from September 2025 to March 2026 and found that the information gathered from audits were discussed at each staff meeting.

The provider and person in charge had completed an annual review for 2025. Inspectors found that the review had incorporated the views of residents and their representative. The provider had completed six-monthly unannounced visits to the centre. The inspectors reviewed the visits completed in July 2025 and January 2026. The inspectors found that the provider also used these visits to document the views of residents in the centre.

Through a review of changing needs in the centre, the provider had identified the requirement for additional staffing in the centre. At the time of the inspection, a business case had been submitted to the providers' funder. In order to support residents, the person in charge had increased morning support hours for one resident with required supports through an external agency.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the person in charge. In addition, seven residents spoken to throughout the course of the inspection informed the inspectors that if they had a concern they would consult with the person in charge.

Judgment: Compliant

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

The inspectors found that the provider had failed to provide contracts of care to residents which outlined the details of the service provided and the fees which residents were subject to. In addition, the inspectors found that the provider had tenancy agreements and contracts of care in place which contradicted what residents were required to pay for in their home. Inspectors found as a result of this conflicting information residents had not been appropriately informed of the additional charges they were subject to in addition to rent payments.

The inspectors found that the provider had a tenancy agreement in place for residents which was signed by residents where possible in the centre. The tenancy handbook outlined to residents the services that they would be provided with if living in the centre. The tenancy agreement stated that these services included lighting, heating, hot water and alarm system. However, in addition to residents signing and agreeing to tenancy agreements, the provider had contracts of care in place. These contracts outlined that as well as paying rent in their home, residents were responsible for paying utility bills, waste collection and grocery shopping. Residents' rent payment was subject to support from social protection payments. On

the day of the inspection the provider could not inform inspectors of the additional grants applied to residents accounts to support with bill payment and ensure residents had enough money left each month to spend on items outside of the aforementioned bills and rent. This information was submitted on behalf of the provider following the inspection process.

Residents contracts of care and assessment documents in place could not inform residents as to monthly costs of living in the centre as each month bills would differ depending on electricity or heating use. Inspectors found that this resulted in residents not being able to make informed decisions in relation to signing and agreeing to contracts of care.

Furthermore, when a resident had made the decision to live alone in one of the houses of the designated centre, they were required to pay all bills associated to that house. For one resident who had made the choice to live alone when a peer member had moved out, the inspectors found one multidisciplinary team meeting and one meeting between the person in charge and took place with the resident which discussed living alone. The inspectors found that the multidisciplinary team meeting did not detail to the resident the increase in payment. On review of the multidisciplinary meeting minutes inspectors found it consisted of the person in charge, key worker, physiotherapist, dietician and activities coordinator. There was no member of the social work department or a qualified person to explain the increase in financial cost to the resident and how this may impact the amount of money they have to spend weekly or their savings.

Inspectors found that for the resident who was living alone their bills for the month of February 2026 amounted to €767 for utility and waste disposal, €175 on grocery bills and rent of €364 totally €1,278. On review of the residents account inspectors found that they were receiving €336 a month from social protection, this amount differed for residents. In addition, the inspectors found in October 2025 one resident had paid €280 towards a painter.

As previously highlighted residents were in receipt of social protection payments on a monthly basis. The provider had committed to submitting information in relation to all grants available to residents in the centre. The registered provider for the designated centre falls under Section 38 agency which is a voluntary organisation funded to provide health and personal service under the Health Act 2004. Residents within the centre had not been reviewed by the provider for alternative financial supports or contributions which the provider could avail of under their funding bodies structure to support residents long-stay residential support services. Such contributions are income-assessed and valuate what residents retain for personal spending post payment of contribution. The contribution for residents includes the payment of utilities for residents.

It was apparent that residents were not all happy with the arrangements relating to their finances. For example, the inspectors reviewed documentation of a meeting held between three residents in one house in the centre in June 2025, in this meeting the residents stated that they would like to find cheaper companies to provide their gas, electric and waste collection charges. On the day of the inspection

the person in charge and person participating in management discussed that on review residents were availing of the lowest cost companies. Inspectors found that a complaint in relation to the charges was not logged on behalf of residents despite their expression of dissatisfaction. Inspectors reviewed the finance record for three residents in the designated centre who split their bills in the house they shared. The inspectors found that between January and March 2025 the bills for the three residents had amounted to gas €2,142, electricity €420 and waste collection €300, each bill was split between the three residents.

In addition, the inspectors reviewed the providers six monthly unannounced visit to the designated centre. This audit completed in July 2025 highlighted that one resident had stated that "overnight holidays are not financially feasible". The inspectors did not see evidence that this statement made by the resident was reviewed by the provider or actioned to support the resident.

Inspectors reviewed residents' care plans and found that support staff could not complete all sections of the money management supports with residents. The section which highlighted what residents would have left each week after paying for bills could not be completed due to fluctuating cost of bills.

Judgment: Not compliant

### Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

### Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner, however the practices in relation to DNAR orders posed a significant risk to residents.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency during the day, there were no assurances around fire safety overnight.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Residents were safeguarded from all forms of abuse, and residents new who to approach if they had any concerns.

Residents indicated that they were happy in their home and it was evident that they had a good quality of life. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

## Regulation 10: Communication

Most residents communicated verbally, and the inspectors observed them communicating easily with staff throughout the inspection. The inspectors also had conversations with them about various aspects of their daily lives. However, easy to read information had been prepared to assist their understanding, for example in relation to their healthcare needs.

In addition, each resident had a 'communication passport' in place which outlined the ways in which each of them might communicate non-verbally, for example the presentation of a resident which might indicate that they were uncomfortable or unsure.

In particular, where one resident did not always communicate verbally there was information about how they would communicate their feelings, for example they might bang the table when they were happy, or make gestures. There was also information about the best ways for staff to communicate with them, including certain signs or gestures.

All this information had been made available to residents in an accessible version, and the inspectors were assured that there was effective communication with each resident.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to cooking and food preparation, independent management of money and the risks associated with a diagnosis of diabetes. This latter risk management plan included information relating to the independence of a resident in managing their own blood sugar monitoring, although as discussed under Regulation 6: Healthcare, the associated care plan had not been updated to reflect this.

It was, however, apparent that risk management plans were updated following any incidents of concern. For example, where a resident had a minor injury from meal preparation, the risk management plan had been reviewed, and control measures had been put in place. The inspectors saw that there was an anti-tip kettle in place, and that there was a modified worktop in place to allow easy access for wheelchair users.

Another newly identified risk related to a resident leaving their house unaccompanied, and had resulted in an injury to the resident. The risk management plan had been updated to include control measures including a bed alarm to alert staff if the resident left their room at night, and the required supervision of staff in that house. While the wording of the control measure in relation to staff supervision was not phrased in a way that definitively required staff supervision, the PIC explained that the control measures were actually in place, and undertook to rephrase the described control measure to reflect the actual practice.

General risks were identified, and each of these also had detailed management plans, including fire safety, the risks associated with safeguarding, falls risks and the risk associated with choking.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspectors reviewed fire drills occurring in the centre over an 18 month period and found that the drills carried out by either the person in charge and support team

or the providers nominated external fire consultant did not incorporate the lowest number of staff in the centre for the highest number of residents in the centre.

The inspectors found that fire drills were not adequately calculating the time it was taking staff to evacuate residents particularly during a night time scenario. In addition, one of the staff members who spoke to the inspectors, while knowledgeable about their role in fire safety, had not been involved in a fire drill in the designated centre.

On review of residents personal emergency evacuation plans (PEEPS) and residents' fire evacuation risk assessments, inspectors found discrepancies in relation to the requirement of evacuation aids. For example, one residents risk assessment stated that they required the use of a ski sheet when evacuating at night time while the PEEP documented the resident was evacuated by rolling the bed out of the house.

The inspectors found that staff were knowledgeable in relation to the fire procedures in place in the designated centre and had received appropriate training and refresher training as required. In addition, the inspectors found that staff were aware of changing needs of residents as they presented in the centre and additional supports that may be required.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a detailed personal plan in place which was based on a detailed assessment of need and was reviewed regularly as required.

The personal plans covered all aspects of care and support, and included sections on social and community supports, intimate care, communication and safe eating and drinking. Each resident had a 'recreational therapeutic programme' in place which detailed information about the activities that each resident enjoyed, both at home and in the community.

Residents had regular 'key-worker' sessions where these issues were discussed, and residents were supported to set goals for themselves if they chose to. One resident had chosen not to engage in this process, and this choice was respected.

Goals for residents included planning for trips away, or managing weight, and these goals had been broken down into smaller steps to support their achievement. All the residents who discussed their activities with the inspectors indicated that they led a full a meaningful life.

There was, however, some conflicting information in some of the care plans. For example, one resident was independent in checking their blood sugar, and only needed staff support to keep the record. The risk assessment relating to this independent activity was accurate, but the section in the care plan still mentioned

the requirement for the registered nurse to complete this task. This conflict in information had the potential to impact the resident's independence as all staff may not be aware the resident could carry out this task themselves.

Furthermore, there were significant discrepancies in the end of life care plans for some residents, in particular in relation to DNAR orders, and this is discussed in more detail under Regulation 6: Healthcare.

Judgment: Substantially compliant

## Regulation 6: Health care

Healthcare needs were well managed for the most part, and any changing needs were responded to in a timely manner. For example, a resident had reported some new symptoms to the PIC, and the GP arrived at the centre to examine them during the day.

Residents had good supports from various members of the multi-disciplinary team including physiotherapy, occupational therapy, neurology and the clinical nurse specialist in the care of older persons. There were clear records of the appointments of all these allied healthcare professionals, and their recommendations were incorporated into the residents' care plans.

There were care plans for all the residents' assessed needs, including medical conditions and mental health supports. The implementation of the care plans was recorded, and there were records of fluid balance, food intake and physiotherapy exercises. There were also daily notes kept for each resident, both on their daily activities and in the form of clinical notes.

However, the inspectors were concerned about the DNAR orders in place for two residents. One resident had been supported by staff to complete a 'think ahead plan' which was an end of life care plan in which the resident had recorded their preferences, for example in relation to spirituality. This document did not refer to a DNAR order. There was a 'resuscitation, treatment and transfer' form dated 22 July 2024 which had a box ticked to indicate that the resident had agreed to a DNAR order, but this was not signed by the resident, had not been reviewed since the original date and did not include any information as to the exact circumstances under which resuscitation should or should not be attempted.

The other resident who had a DNAR order had three documents on file relating to end of life. There was a medical appointment form dated 3 July 2024 where a medical practitioner had requested 'no CPR' but other forms of treatment to be given. The resident had not signed this form. There was an 'Accessible Planning Tool' which had been completed by the resident with the support of staff, in which the resident had stated 'I don't want doctors or nurses doing things that might be painful' dated 10 July 2024. There was no mention of resuscitation on this form, and

it was not evident that the resident had been fully informed, or involved in a DNAR decision.

The inspectors reviewed the organisation's 'Cardiopulmonary Resuscitation Policy' and found that the policy required detailed documentation of the resident's involvement in decision making, and gave clear guidance as to the required documentation. This policy had not been followed. The discrepancies in the DNAR documentation had the potential to negatively impact the two residents as all staff may not be aware of their resuscitation status and may not know what to do should they reach end of life.

Overall, while everyday healthcare needs were well managed by a competent staff team, the end of life practices posed significant risks to residents.

Judgment: Not compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to.

The inspectors found that the person in charge maintained systems for reviewing safeguarding plans and were aware of the supports required by residents in the centre. In addition, the inspectors had the opportunity to speak to four staff members during the course of the inspection and found them to be knowledgeable of residents support needs. Training in safeguarding vulnerable adults had been completed by all staff.

At the time of the inspection there was three open safeguarding plans in place. The inspectors found that the control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

Judgment: Compliant

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

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

| Regulation Title                                                     | Judgment                |
|----------------------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 14: Persons in charge                                     | Compliant               |
| Regulation 15: Staffing                                              | Substantially compliant |
| Regulation 16: Training and staff development                        | Compliant               |
| Regulation 23: Governance and management                             | Compliant               |
| Regulation 24: Admissions and contract for the provision of services | Not compliant           |
| Regulation 31: Notification of incidents                             | Compliant               |
| <b>Quality and safety</b>                                            |                         |
| Regulation 10: Communication                                         | Compliant               |
| Regulation 26: Risk management procedures                            | Compliant               |
| Regulation 28: Fire precautions                                      | Substantially compliant |
| Regulation 5: Individual assessment and personal plan                | Substantially compliant |
| Regulation 6: Health care                                            | Not compliant           |
| Regulation 8: Protection                                             | Compliant               |

# Compliance Plan for Castlelyons OSV-0003504

Inspection ID: MON-0048479

Date of inspection: 22/04/2026

## 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 15: Staffing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>1.The Person in Charge will conduct a review of staffing supports at night. A changing needs analysis of the residents living in the centre will be completed by the Person in Charge. The Person in Charge will review all trends in incidents and risk assess the current staffing numbers in line with the HSE risk matrix.<br>2.The Person in Charge will ensure there is an up-to-date risk assessment in place for all residents specific to staffing levels at night to manage risks associated with accidents and incidents involving residents.<br>3.The Person in Charge lead a nighttime simulated emergency evacuation drill on 23.04.26. The drill demonstrated a safe evacuation of all residents and staff from the centre in a safe evacuation time which was recorded on the fire drill report. |                         |
| Regulation 24: Admissions and contract for the provision of services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Not Compliant           |
| Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:<br>1.A review of all Tenancy Agreements and Contracts of Care has taken place to ensure it is explicitly clear what residents will and won't be responsible to pay for. These are attached for Regulator review.<br>2.The Person in Charge, in conjunction with the Keyworker, is reviewing all social protection payments, to ensure residents are claiming all grants and income supports they are entitled to.<br>3.The Person in Charge continues to revisit relevant conversations with residents at an agreed time to ensure they are happy with the arrangements while living in the centre,                                                                                                                                                                    |                         |

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| <p>and relevant multidisciplinary team members are involved in this.</p> <p>4.The Person in Charge, CNM1, and Keyworker are reviewing all resident spends to ensure they are availing of the best possible billing options.</p> <p>5.The Person in Charge has reviewed all Regulation 23 audits and followed up on relevant actions.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |
| Regulation 28: Fire precautions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1.The Person in Charge lead a nightttime simulated emergency evacuation drill on 23.04.26. The drill was conducted with the lowest number of staff in the centre for the highest number of residents in the centre. The drill demonstrated a safe evacuation of all residents and staff from the centre in a safe evacuation time which was recorded on the fire drill report.</p> <p>2.The Person in Charge will complete a review of individual staff on the roster and their participation in fire drills. The Person in Charge will keep a schedule and plan fire drills to ensure all staff on the roster have participated in a fire drill in the centre at least once in a calendar year.</p> <p>3.The Person in Charge will review all Personal Emergency Evacuation Plans and risk assessments for residents to ensure there is concise and consistent information related to their safe evacuation from the centre in the event of an emergency.</p> <p>4.The Fire Drill report and Personal Emergency Evacuation Plans will be on the agenda discussed at the centres team meeting in June 2026.</p> <p>5.The Registered Provider is reviewing the fire evacuation processes within the centre to ensure all residents are evacuated safely and within a reasonable timeframe.</p> |                         |
| Regulation 5: Individual assessment and personal plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>1.The Person in Charge and Clinical Nurse Manager will complete a review of all care plans and risk assessments for individual residents to ensure that the information in both are clear and concise, without any conflicting information.</p> <p>2.The Person in Charge and Clinical Nurse Manager will complete a review of all end of life care plans with individual residents to ensure their wishes and are clearly outlined in</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |

the document.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

1. The Person in Charge and Clinical Nurse Manager will complete a review of all end of life care plans with individual residents to ensure their wishes are clearly outlined in the document.
2. The Person in Charge will ensure where a resident has requested a DNAR order, the conversation will be clearly informed and the information documented. The order will be signed by the resident and include information around the exact circumstances under which resuscitation should or should not be attempted. The DNAR order will be reviewed by the G.P every six months as per the services cardiopulmonary resuscitation policy.

## 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      | 30/06/2026               |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. | Not Compliant           | Orange      | 15/07/2026               |
| Regulation 28(3)(d) | The registered provider shall                                                                                                                                                                                                                | Substantially Compliant | Yellow      | 23/04/2026               |

|                     |                                                                                                                                                                                                                                                                                |                         |        |            |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                     | make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.                                                                                                                     |                         |        |            |
| Regulation 05(4)(b) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes. | Substantially Compliant | Yellow | 30/06/2026 |
| Regulation 06(3)    | The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.                                  | Not Compliant           | Orange | 31/07/2026 |