Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Riverside Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Unannounced
Date of inspection:	01 April 2026
Centre ID:	OSV-0003600
Fieldwork ID:	MON-0050034

About the designated centre

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

Riverside Residential is a designated centre operated by St. Michael's House. This community based residential centre is located in Dublin. The centre provides residential support to adults with an intellectual disability. Residents with additional physical or sensory support needs can also be accommodated in the centre. The house is a bungalow set on a small campus with one other residential service, two day services and a leisure centre. The house contains seven single bedrooms one of which is used for staff. There is a kitchen and dining area, a living area and a separate sitting room available for residents. Local amenities within the area includes shops, restaurants, and hotels. There is transport available for residents use. The centre is managed by a person in charge and staffed by a team of social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 1 April 2026	09:20hrs to 17:30hrs	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 endeavouring to ensure that each resident's health, 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. However, due to staff shortages, which was impacting on the continuity of care provided to residents, as well as high levels safeguarding incidents occurring in the centre, residents' were experiencing negative outcomes in their home environment on an ongoing basis. These matters are addressed in detail under Regulation 15 : Staffing and Regulation 8 : Protection.

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 senior service manager, who is one of the centre's personal participating in management (PPIM), attended the feedback meeting, via video call, at the end of the inspection.

Three of the residents living in the centre primarily engaged through verbal conversations. Where three residents used a non-verbal form of communication, prompts and cues to support engagements between the resident and inspector were used. In addition, where appropriate, the person in charge and staff advocated on behalf of the residents. One of the residents who used non-verbal communication was assisted through an electronic device that speaks for them through clicking buttons with eye gaze. While, the resident chose not to engage with the inspector on the day, the inspector found that staff were knowledgeable about the aid and described to the inspector how the aid supported the resident to communicate. This is discussed in detail under Regulation 10: Communication.

On arrival at the centre, the inspector met with one resident who was waiting for a doctor to call see them before they headed off to their day service. The staff told the inspector that the resident was quiet anxious about the doctor's visit. The inspector introduced themselves to the resident and showed them a 'nice to meet you' document. The document included easy-to-read information about the inspector, why they were visiting the residents' home and overall, what the inspection entailed. This document was in place to support residents understand the inspection process, but also to support residents in relation to unexpected visitors in their home. The staff member also went through the information with the resident. The resident seemed to understand however, due to their anxieties the inspector

decided to meet with the resident later in the day when they were feeling less anxious. The inspector observed how the staff was able to communicate with the resident and reassure them about the pending doctor's visit in an attempt to alleviate their anxieties.

During this period a staff member arrived to the front door to advise that the centre's bus, which was taking two residents to their day service, had broken down on the way out of the campus. There had also been an issue with the centre's vehicle the previous week and it had been repaired however, the same issue had arisen again. Staff supported two residents to disembark from the bus and brought them to their rooms. Initially this situation meant that the residents could not attend their day service. The inspector was informed that a taxi service was not suitable for either resident; one resident found it difficult to be with unfamiliar people and the other resident used a wheelchair bed which taxis could not accommodate. However, within a short period, the day service had organised their own transport to pick up the residents. The inspector heard one of the residents vocalising loudly and a staff member explained that this was how the resident expressed their happiness at the news that their day service plan was going ahead. During the day, the person in charge made arrangements for the centre's vehicle to be brought back to the garage.

The inspector observed all residents at different times of the day, the inspector was provided opportunity to meet four of the six residents. On the day, two of the residents chose not to meet with the inspector. Residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. Residents were supported to engage and participate in their community and in their home in a way that was meaningful and promoted their independence. A sample of some of the activities include; local day service, college courses, volunteer group meetings as well as enjoying activities in the their community such as eating out, going to religious services, to the cinema, bowling, going to the local hairdressers, attending concerts and overnight holidays. Residents also participated in a meaningful way in their home through engaging in household chores such as recycling, laundry, shopping, helping with the post and other office administration jobs such as shredding and archiving.

One of the residents who was taking a day off from their day service met with the inspector in the morning time. The showed the inspector their bedroom and their games room which was in the room across from their bedroom. In their bedroom the resident proudly showed off all their medals, some which were on display and some stored away. They told the inspector that a number of the medals were achieved through their health goal which included a walk each day of the week. They also mentioned that they were eating healthy foods as part of the goal. In the games room, the resident pointed out their snooker table, computer game and television and a large comfortable armchair. The resident expressed their happiness at spending time in the room with staff. The inspector was informed that the resident preferred spending time with staff rather than other residents in the house.

The inspector observed another resident relaxing in the staff room, lying on the couch looking at colourful lights and listening to music. The resident used non-

verbal communication. Staff told the inspector that the resident liked to take part in some sensory activities before going to their day service. The resident appeared relaxed and comfortable taking in the sounds and lights.

During an observational walk around of the centre, the inspector observed one of the residents on their computer in their bedroom. The computer was placed on the resident's wheelchair lap tray to allow ease of access for the resident. The resident said they were happy to speak with the inspector. The resident used verbal communication however, staff provided some cues and prompts throughout the conversation to support the engagement.

The resident said they did not want to live in the designated centre. They said they wanted to live in an apartment on their own. Earlier in the morning, the person in charge had advised the inspector about the resident's wishes. They advised the inspector that the resident was on a waiting list for local authority housing and on the provider's referral list for alternative accommodation. In the meantime, the resident was being supported to learn independent skills to support them in the event they moved.

The resident showed the inspector lots of photographs of them enjoying activities with staff and their family. They had recently been to a large concert hall to see a live football entertainment show. They told the inspector that they had really enjoyed it. The also told the inspector that they were currently attending a college course, however, they were on mid-term break. They had a plan to meet up with a friend for lunch who normally met them after college. The resident said that they and their friend were part of an volunteer environmental group. The provider was supporting the resident to live as independently as they were capable of. The resident showed the inspector the remote control which allowed them to open and close their bedroom door. They said they mainly kept the door closed however, when they wanted staff, they could open the door with the remote, and call for staff.

In general, when speaking with residents they named at least one resident who they liked living with. The inspector saw that some residents went on holidays together. On the day the inspector observed two residents enjoying their evening meal at the table together while another resident relaxed in the sitting room next to them. However, the inspector was made aware of compatibility issues in the centre between some residents. Some of the compatibilities related to the environment, for example, some residents liked a quiet and low arousal environment while another resident expressed themselves through loud vocalisations. In addition, some residents had expressed their preference to stay in their own room during times when one resident was presenting in low mood. This is discussed in detail under regulation 8 : Protection.

Overall, the inspector observed the premise to be clean and tidy. However, throughout the premises a number of walls in communal and private areas were observed to be scuffed with peeling and chipped paint on the lower area of the walls.

The hallway included a framed photograph of each resident which provided a warm and welcoming entrance. There was a notice board that included easy to ready complaints information and a staff photographic day and night roster. This was to support residents see who was on duty on any given day.

The inspector observed that each resident's bedroom was personal to them and contained family photographs, pictures, soft furnishing, religious artefacts and memorabilia that was important to them. There was ample storage in each room for residents' clothing but also for their personal belongings such as jewellery, medals, make-up, ornaments, and soft toys, but to mention a few.

The inspector observed in one resident's bedroom a poster version of their 'All about me' plan. It included photographs of people in their life that were important to them, as well as pictures of their likes and dislikes and their goals in progress and achieved. In another resident's room, elements of their personal plan was included on their electronic picture frame, with an array of photographs of the resident and their family members as well as photographs of them enjoying holidays away and activities that were meaningful to them.

The communal areas in the house were observed as open and bright and provided ample space for residents to move around and feel comfortable. There was a large sitting room with couches, a large television and chez-long which the inspector was informed one resident particularly enjoyed relaxing on. There was also a storage unit that contained DVDs and board games as well as sensory equipment such as a lights projector. The kitchen and dining area was open plan and provided a large table for resident to sit at during meal times. The inspector observed residents sitting at the table enjoying their afternoon meal. There were feeding eating and drinking guidelines in place for residents' meals, which included a level of staff supervision during meal times. The inspector observed staff ensure that the supervision was discrete which allowed for a relaxing and enjoyable meal time. Due to the amount of support required at mealtimes, residents meals were staggered to provide sufficient care and support for each resident.

The inspector saw that all toilet and shower facilities were clean and tidy. Residents living in this designated centre required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. Bathrooms were supplied and fitted with various assistive aids and overhead tracking hoists were also available. Residents were provided with aids and appliances that supported their personal hygiene and intimate care needs.

The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. The inspector reviewed feedback that had been submitted by families as part of the annual report consultation process. Overall the feedback was complementary of the services provided and separately families had submitted positive comments about the care and support provided to their families.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where household tasks, community activities, and menu choices were discussed. There was a meal planner poster in the kitchen with meals that had been chosen by the residents. One of the residents informed the inspector that each resident chose a meal per day and that they had chosen Thursday's meal. The told the inspector that if they did not like a meal that someone else had picked, that they were provided with another option.

Residents were supported by a team of nurses, social care workers and direct support workers who were managed by the person in charge. 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. On observing staff interacting and engaging with residents who expressed themselves through non-verbal communication, it was clear that staff could interpret what was being communicated. However, due to staff vacancies, there was a high usage of agency and relief staff in the centre. This was not in line with some of the residents needs and impacted on the continuity of care provided to residents. In addition, two residents assessed needs noted that unfamiliar staff was likely to result in negative outcomes for them, which then potentially impacted on other residents. This is discussed in detail under Regulation 15:Staffing.

In summary, the inspector found that the person in charge and staff team were striving to ensure 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. There were systems in place that were endeavouring to ensure that residents were in receipt of good quality care and support. However, these were being impacted due to the current staffing arrangements in place and well as compatibility issues.

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 person in charge worked full-time and divide their working hours between this

designated centre an one other. They were supported by a staff member with managerial responsibilities.

The provider was endeavouring to ensure that there were sufficient suitably qualified and experienced staff on duty to meet residents' current assessed needs. However, due to staff vacancies and current staffing arrangements, the provider was failing to ensure the continuity of care for residents. This was also impacting on some residents' assessed needs, where familiar staff were important in reducing the risk of behaviours that challenge.

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. For the most part, the provider had completed all required actions from the last inspection of the centre, however, the timeliness to complete the upkeep and repair work, to some areas of the centre, was not satisfactory and was potentially impacting on the health and safety of residents and staff.

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 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 was responsible for two designated centres. They divided their role between this centre and one other. They were supported by a staff member with managerial responsibilities. This structure supported the person in charge to ensure the effective governance, operational management and administration of the designated centres concerned.

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 was striving to ensure that they were met in practice.

There was evidence to demonstrate that the person charge was competent, with appropriate qualifications, skills and sufficient practice and management experience, to oversee the residential service and meet its stated purpose, aims and objectives.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the person in charge had ensured there were sufficient staff with the appropriate skills, qualifications and experience to meet the assessed needs of residents on a day to day basis. However, the vacancies in the centre were impacting on continuity of care and overall, resulting in negative outcomes for residents.

There was one whole time equivalent vacancy for a social care worker and one long-term sick leave that was leading to gaps on the roster. The provider was in the process of recruiting for a social care leader, however, two recent recruitment drives had proved unsuccessful. To support the assessed needs of the residents, the provider was using their own resources, to cover 3.3 WTE staffing requirements. While this was a positive interim initiative by the provider, it meant that they could not recruit for these specific roles, which in turn meant that the vacancies had to be covered by relief or agency staff.

On review of the roster the inspector observed that a core team of relief and two to three agency staff were block-booked on a monthly basis. However, due to unforeseeable staffing issues, there were more relief and agency staff employed outside this arrangement. For example, on reviewed of the roster, the inspector saw that during January to March 2026, at least five to six additional agency staff were employed on a monthly basis.

Overall, the staffing issues were failing to ensure continuity of care was provided to residents. This meant that attachments were disrupted and support and maintenance of relationships could not be promoted at all times. The staffing arrangements in place was also impacting negatively on some residents' behaviours and anxieties. For example, one resident found it difficult to be around unfamiliar staff and would vocalise loudly during times an unfamiliar staff was present. This situation, then impacted negatively on other residents, whose needs and preference required a low arousal and quiet environment. While the person in charge was endeavouring to ensure this particular resident was supported by core staff team members, this could not always be guaranteed.

The inspector also observe that the staff roster required improvement so that it was maintained appropriately. For example, the inspector observed that there were no

surnames included on the roster for a number of relief and agency staff. In addition, the layout of the roster was unclear as to who were the core, relief and agency staff.

Judgment: Not compliant

Regulation 16: Training and staff development

One-to- one supervision meetings, that support staff in their role when providing care and support to residents, were 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.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

From reviewing the training records for the staff team, the inspector found that staff had undertaken a number of training courses, some of which included the following:

- Safeguarding vulnerable adults
- Manual handling
- Fire safety
- Feeding eating and drinking (FEDS)
- Positive behaviour supports
- Safe medication management
- Infection prevention and control
- Food safety
- First aid
- Manual handling

Overall this training provided staff with the skill and knowledge required to support residents in line with their assessed needs. Staff who spoke with the inspector demonstrated good understanding of the resident's needs and were knowledgeable of the procedures which related to the general welfare and protection of residents.

Judgment: Compliant

Regulation 21: Records

Information and documents obtained in respect of staff employed at the designated centre were provided with a sample of six staff records and were reviewed in full. The records each contained all the required information in line with Schedule 2. All

eight records showed that all staff had been through the appropriate vetting procedures, all of which had occurred within the last three years.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, 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 governance and management systems in place were endeavouring to ensure that service delivery was safe and effective through the on-going audit and monitoring of its performance.

The registered provider had carried out an annual review of the quality and safety of care and support provided in the centre during January 2025 and January 2026. The review demonstrated that residents, family members and staff had all been consulted and provided feedback regarding the service. In addition, the provider had completed unannounced six-monthly visits to the centre in October 2025 and March 2026. These visits were completed to review quality and safety of care and support provided to residents in the centre and to implement improvements where required. An action plan with timelines was in place for the person in charge to follow up on any of the issues that had been identified. At the same time the provider completed a service manager financial tool to review individual (one resident per visit) and general finance checks to ensure the effectiveness of the systems and the safety of residents finances. In addition, one resident's person plan was randomly chosen and an audit on support documentation in the resident's assessment of needs was completed. This was a way for the provider to be assured of the effectiveness of personal plan reviews and ensure all documents were maintained appropriately and up to date.

The person in charge completed monthly data reports which were used at management meetings between the person in charge and service manager to review issues arising and actions required. The inspector reviewed the monthly data report for March 2026 and saw that it provided comprehensive oversight of all areas of service provision. For example, some of the areas reviewed by the report included safeguarding referrals, trust in care investigations, incident report forms, complaints and complements, staff requirements, staff training, monitoring of residents' goal progress, quality and safety checks, money audits, fire drills and environmental risks, but to mention a few.

The person in charge ensured that staff team meetings took place on a regular basis to provide staff an opportunity for reflection and shared learning. Safeguarding was a standing item on the agenda as well as complaints, health and safety, food safety,

risk assessments, infection prevention and control, medication management, policy of the month, training, residents weekly plans and meaningful activities and update on each of the residents support needs.

Overall, the provider had ensured that the majority of actions completed since last inspection in 2024. For example, the four policies and procedures that were not in date, had been reviewed and updated. There had been upkeep and repair improvements to better ensure the infection prevention and control measures in place and a number of staff had been employed in 2025 and 2026. However, not all actions had been completed in full. In particular, areas of the house that was observed to have chipped and peeling paint required upkeep and repair. However, this item remained outstanding and on the day of the inspection, there was no commencement date in place. The senior manager and person in charge had escalated the issue a number of times to the provider and the technical maintenance team however, no adequate response had been received. Overall the poor timeliness of completing this action meant that there was a potential health risk to residents safety; as these areas could not be cleaned effectively, there was a higher risk of spread of infectious decease.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and saw that it outlined the service provided and met the requirements of the regulations.

The statement of purpose described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their family and representatives.

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

On day, person in charge amended the documents to ensure that the whole time equivalent (WTE) hours listed for person in charge accurately showed that they were full-time and worked 0.5 WTE hours in this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that the person in charge had ensured that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and 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 inspectors found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been behavioural or safeguarding incidents, the incidents and learning from the incidents, had been discussed at staff team meetings which provided shared learning and mitigated the risks of recurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the centre that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. The inspector observed an easy-read poster displayed on the centre's front hall notice board regarding the complaints procedure and details of the complaint officers.

On review of staff meeting minutes, the inspector saw that complaints were a standing item on the agenda.

The centres annual review of the centre noted that there had been no complaints logged during 2025 and as of the day of the inspection there was no open complaints. However, there had been a number of positive comments about the service provided and in particular, where one family thanked the person in charge and staff on the care and support they provided to their family member during their family members three and half weeks stay in hospital.

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.

Overall, each resident's 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 have meaningful participation in their community. Overall, care and support provided to residents was of good quality however, improvements were needed to ensure that residents felt safe in their home at all times.

The person in charge and staff were endeavouring to facilitate a supportive environment which enabled residents to feel safe and protected from all forms of abuse. The person in charge was ensuring that where there had been safeguarding incidents that they had been appropriately screened, investigated and notified to the appropriate organisations. However, there had been a steady increase in the number of safeguarding incidents occur in the centre over the last nine months and there was a high risk of further incidents occurring.

The inspector found that due to compatibility issues, both personal and environmental, alongside the current staffing arrangements, the ongoing trend of safeguarding incidents in the centre was likely to continue. This was having negative impacts for residents in their home and was not ensuring their right to live in a home that provided an environment that was suitable to their needs or preferences. This is discussed in detail under Regulation 8: Protection.

The physical environment of designated centre was clean and tidy and for the most part, in good decorative and structural repair throughout. The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. There had been improvements to the upkeep and repair of the centre since the last inspection which had brought improvement to the effectiveness of the infection prevention and control measures in place. However, some further improvements were required and in particular, relating to the condition of the centre's hallway and resident bedroom walls.

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. On observing staff engagement with residents, the inspector saw that staff understood what residents were expressing.

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents received appropriate person-centred care and had appropriate access to a medical practitioner of their choice to support their health and wellbeing.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where

behaviour support practices were being used, they were clearly documented and reviewed by the appropriate professionals on a regular basis.

There were restrictive practices in use in the centre. Where applied, the restrictive practices were documented and subject to review by the organisation's positive approvals management group.

Regulation 10: Communication

The residents living in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with each of their needs and wishes. Overall, the inspector found that the person in charge was ensuring that residents received information in a way that they understood. Information was provided to residents verbally but also through easy-to-read format, pictures, photographs, social stories and specific communication aids. Resident were provided an assessment of their communication needs and where appropriate a communication support plan and passport was put in place.

Throughout the inspection, the inspector observed a number of different communication systems that were in line with residents' needs and preferences. For example, there was a notice board in the dining room that communicated to residents in visual format of their menu choices for the week as well as the staff working in the centre that day. There was easy-tread information, such as the complaints procedures and well as sections of residents personal plan (about me) in easy to read or poster style format. Residents were also provided with photo albums, framed electronic photograph and computers to support them communicate and be communicated with.

Residents were supported to communicate their needs and wishes in relation to their care and support in a format that best suited their unique communication styles. For example, one resident used a communication aid that spoke for the resident through clicking buttons with eye gaze The staff told the inspector that the devise was used to support the resident communicate with staff, friends and peers. It was programmed with the resident's likes and dislikes as well as important information about the resident and everyday conversations. The devise was also paired with the resident's smart TV, Sky box which meant that the resident could chose and watch programmes independently.

On observing staff interact with residents, it was clear they understood what residents were communicating to them. On speaking with staff they were knowledgeable in residents' communication needs. Where a resident was provided with an electronic communication devise, staff spoken to were aware of how to set it up. They told the inspector that the organisation that supplied and updated it, would provide demonstrations and guidance for staff. In addition, they said the resident was very knowledgeable about the devise and at times would show staff themselves. Furthermore, the person in charge advised the inspector that the

resident had agreed to give a presentation to another service to demonstrate how the devise worked.

Judgment: Compliant

Regulation 17: Premises

The premises was based on a campus where there was one other designated centre, a recreational facility and day service.

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. The design and layout of the premises ensured that each resident could enjoy living in an accessible, 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 large spacious open plan kitchen and dining room as well as a bright and large sitting room. During the walk-around of the centre, one of the residents showed the inspection their own activity room which included a number of activities that met their interest, such as a pool table and computer games.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, certificate of achievements, medals, paintings and memorabilia that were of interest to them. The inspector observed that one of the residents, who showed the inspector their bedroom, seemed proud and happy with the décor of their room and in particular, their array of memorabilia that was important to them.

The provider had made significant improvements to the upkeep of the premises since the last inspection which had a positive impact on residents' lives and in particular, in relation to their safety (infection prevention and control related). New flooring had been laid in all communal areas of the house and in one resident's bedroom.

However, during the walk-around of the centre, the inspector observed the follow areas required improvement;

- a number of the walls in hall areas and residents' bedrooms appeared grubby with marks. The wall were also observed to be chipped in the lower areas which was impacting on the effectiveness of cleaning these areas. This posed a potential risk to the infection prevention and control measures in place in the centre
- on the day of the inspection, the inspector observed leak and water damage in the staff room and en-suite. The person in charge showed the inspector an

email which demonstrated funding had been approved to replace flooring in both rooms and that the flooring contractor had been contacted however, as of the day of the inspection, no commencement date was in place
- externally, some upkeep to back garden area was needed. The pathway leading from the back to the front of the house required upkeep as there was large tuffs of grass between each slab on the pathway. This meant that it was difficult for wheelchairs to easily move along the pathway, which was also one of the fire evacuation routes. In addition, for ambulant residents, it posed a potential trip hazard.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy to read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The last inspection found the risk management policy to be out of date, however, on observing the policy on the day of the inspection, the inspector saw that it was in date with next review due on June 2026.

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 was endeavouring to ensure appropriate control measures were in place to reduce or mitigate any potential risks. While some of the measures relating to staff shortage and safeguarding require further review, this is addressed under Regulation 8 and 15.

For example; where there were potential safeguarding risks in the centre, there were measures in place to that were striving to reduce the risk. Some of the

measures included; all safeguarding incidents were followed up in line with the safeguarding policy and reported to the designated officer, staff were provided safeguarding training, where appropriate, residents were provided with safeguarding plans and the person in charge ensures all staff implement safeguarding plans. Safeguarding notification were completed and submitted to the Office of the Chief Inspector of Social Services the (Chief Inspector), safeguarding concerns were regularly reviewed, where appropriate risk assessment and positive behaviour support plans were in place for residents. The risk assessment also referred the reader to four individual resident safeguarding plans relating to the risk of verbal and physical abuse.

Where there were risks related to staff shortages, some of the measures in place to try mitigate the associated risks included, the organisation's human resource department carried out recruitment drives to back-fill shortages, senior manager reviewed service delivery and staff shortage daily, unfunded staff highlighted to the provider's funder, familiar relief and agency staff were block booked, when only one staff member was on duty and there was no other driver, transport run's were reduced.

Where there were potential fire associated risks, there were measure in place to reduce the risks. For example, some of the measures included, emergency exits signed, management contacted maintenance if there were any issue with exit/egress, vehicles set down area was kept clear at all times, wheelchair ramps and wide doorways were in place, keep external pathway were kept free from obstruction.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed training schedules which demonstrated 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.

There were cleaning schedules in place, which were supporting the ongoing maintenance of a clean and safe environment for residents. There were cleaning schedules and a checklist for residents mobility equipment. On review of the schedules and observation of the premise the inspector found there was high adherence levels to the schedules and checklists.

In addition, good practices were in place for IPC including laundry management and a color-coded mop system. There was also good practices in place where water

outlets were not in frequent use, for example, appropriate flushing checks were in place for the shower in the staff room en-suite.

The provider ensured that there was appropriate monitoring of the IPC systems in place. For example, the monthly data report included an IPC checklist which reviewed all the measures in place for their effectiveness. The centre's outbreak contingency plan was reviewed and updated in February 2026. Risk assessments were in place for infection prevention and control specific risks and provided appropriate measures to mitigate risk.

Overall, there had been a number of improvements since the last inspection, in particular there were now appropriate kits in place to clean bodily fluids, there were specific laundry equipment in place for soiled linen and new flooring had been installed in communal areas as well as one resident's bedroom. However, some further improvements were needed on this inspection to ensure all measures in place were effective at all times and ensured the safety of residents, in terms of the spread of healthcare associated infections.

For example; paint works, which were due to be completed since the last inspection had not been completed. The lower areas of walls were chipped in areas of the hall and some door frames. This meant that these areas could not be cleaned effectively.

In addition, in the laundry room, the sluice sink required a deep clean as heavy lime scale around sink and drain board observed and black marks around plughole.

The washing machines were sitting on a raised step in the laundry room however, the inspector observed some upkeep and repair was required to the front part of the step, so it could be cleaned effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the registered provider had ensured that there was effective fire safety management systems in the centre that ensured the safety of residents in the event of a fire. There had been improvements to the fire precautions since the last inspection, with all external doors fitted with thumb locks replacing key locks.

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

Staff completed daily, monthly and quarterly fire checks. The emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required time frame. The fire alarm in the centre had been serviced on a quarterly

basis with the most recent service in March 2026. The fire extinguishers had also been serviced in March 2026.

The person in charge had prepared fire evacuation plans and resident personal evacuation plans. These were in place for staff to follow in the event of an evacuation. The plans provided clear guidance to staff to ensure a timely evacuation in the case of fire. In addition, there was a fire risk assessment in place with appropriate measures to mitigate the risk of a fire and this had been reviewed in March 2026.

Daytime and night time fire drills, to test the effectiveness of the fire evacuation plans, had been carried out. On review of the drill records, the inspector saw that no issues were identified and residents were evacuated in a timely manner. To support some resident mobility needs ski sheets and beds were in place.

The provider had ensured the centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment.

The person in charge completed monthly and quarterly fire checks of the precautions to ensure their effectiveness and to keep residents safe in the event of a fire. There was a local unit fire office checklist in place that had been completed in 2025. Areas considered in the checklist included escape routes, fire alarms, lighting, fire equipment and fire drills.

The inspector observed that fire exits were easily accessible, kept clear, and well sign posted and all routes leading from the exits were observed to be clear. However, the route from the back of the house, a pathway through a grassed area, required some upkeep to ensure easy access when using the path. This has been addressed under Regulation 17.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of three residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs.

There were support plans for various aspects of each resident's life, including, physical and intimate care supports, general health and rights. This ensured that the supports put in place maximised residents' personal development in accordance to their wishes, individual needs and choices.

The plans were regularly reviewed and residents, and where appropriate their family members, were consulted in the planning and review process of their personal

plans. Multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives.

Residents were provided with accessible formats of their plan. This had been an improvement since the last inspection. The inspector observed a number of different form of accessible personal plans that were in line with residents individual communication needs and preferences.

For example one person's 'all about me' part of their plan was in a poster version and was hung up on their wall, it included photographs of people who were important to them, their likes and preferences, it also included photographs of planned and achieved goals. Another resident showed their accessible version through both a photograph album and their computer. There were picture of recent goals achieved such as attending a live football chat show at a large concert hall. The resident showed the inspector how they researched and booked tickets on line for the event. In addition, for another resident, elements of their plan was displayed on an electronic frame that showed a number of photographs of the resident and their family and friends enjoying activities in the community, some of which were part of their community related goals.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available to residents having regard to their personal plan. Plans were regularly reviewed in line with the residents' assessed needs and required supports. Overall, care plans were reviewed regularly and up-to-date.

The designated centre provided a range of specialised supports to residents. Access to these supports was through an assessment and referral process utilising a multidisciplinary clinical support team (MDT). On review of residents' support plans the inspector saw that regular clinical support was provided in the centre and access to specialist clinicians and consultants as was provided as required.

The inspector saw that where one resident required a procedure a referral had been made the treatment was organised in the hospital for the resident. At the time, due to a deterioration in the resident, they were required to stay in the hospital for over three and a half weeks. through conversations with the person in charge and staff and a review of documents the inspector saw that the resident was supported by the staff team and person in charge throughout this staff. On a daily basis, the resident was visited in the hospital, in addition, where the resident did not want hospital staff to support them, for example with personal care or change of catheter, the person in charge and staff team would provide assistance. this support meant that the resident was less anxious and upset during their stay in the hospital. The

inspector saw a thank you letter from the resident family, relaying their gratitude for all the support and kindness they had shown the resident during this time.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). For the most part, and where appropriate, residents were supported to register for health screenings. Some residents had been supported to attend the National breast check screening checks. Where this was difficult for one resident, due to their physical needs, accommodations were made so that they could be provided the check in a way that met their needs and was more comfortable for them.

Residents were supported to live a healthy lifestyle as much as they were capable of. One resident spoke to the inspector about their daily exercise programme as well as their healthy eating plan. The resident seemed proud of their achievement to date and showed the inspector some of the medals they had achieved as part of their daily walking plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge took a positive approach to behaviours that challenge. Where appropriate residents were provided with a positive behaviour support plan. The inspectors saw, from a review of three plans, that they were up-to-date and provided satisfactory guidance to staff in supporting residents' manage their behaviour. The plans included appropriate clinical oversight, both in the development and review of the plan and plans promoted proactive and preventive strategies.

In addition, where residents' behaviours changed, the person in charge ensured an individual care review meeting (ICM) took place. These meetings included the author of the behaviour plan, psychologist, psychiatry, day service and the person in charge. These meetings reviewed the measures in place and made recommendations for further measures. For example, where a resident's behaviour had changed in early 2026, two ICM meetings took place in February and March 2026, with recommendations made to medication, staff support and day service attendance.

The person in charge ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspectors observed positive communications and interactions throughout the inspection between residents and staff.

In line with the organisation’s policy, the provider had a very clear restrictive practice assessment process in place. All restrictive practices were risk assessed.

Where applied, the restrictive practices were clearly documented and were subject to approval and review by the organisation's positive approach monitoring group.

Judgment: Compliant

Regulation 8: Protection

The provider had failed to ensure that all residents were safe at all times and protected from abuse.

During the last nine months there had been 30 safeguarding incidents notified to the Chief Inspector. 18 had been notified from June to December 2025 and 12 between January and March 2026. The trend in notifications of safeguarding incidents showed that there was an increase in the last three months and that the incidents were ongoing. This was impacting negatively on the lived experience of residents in their home.

There were compatibility issues between some residents in the designated centre. On review of a resident's positive behaviour support plan, the inspector saw that, during times the resident was presenting with poor mental health, they required an environment of low arousal and quietness. However, there were other residents living in the centre who expressed their views, moods and preferences through loud vocalisations. This meant that the environment could be noisy and upset the resident who required low arousal and quiet. In addition, the inspector was also informed that there was compatibility issues in terms of personality between two residents which could lead to peer to peer verbal and psychological incidents.

Individual case reviews took place for residents on a regular basis to review the effectiveness of the safeguarding measures in place and in an attempt to reduce the risk of further incidents occurring. On review of a resident's individual care review notes for February and March 2026, the inspector saw that the person in charge, day service management, psychology, psychiatry and social worker professionals had attended. They recommended one to one support for the resident in their day service, due to the risks presenting. There was also a recommendation for the resident to take time off from the service due to presenting safeguarding risk. However, there had been no specific recommendations made regarding their residential service.

One of the individual case reviews highlighted that residents living in the centre, said they preferred to stay in their own room when the resident presented in a low mood. Staff also noted that they often had to move residents to their own rooms during times when the resident's mood was low. Despite these meetings and reviews of measures, the inspector found that the incidents remained on-going.

There was a centre based risk assessment regarding the potential risk of peer to peer physical and psychological abuse. The risk assessment also referred to other individual risk assessments where there was a risk of physical, physiological and

verbal abuse between residents. While all assessments included a large number of measures, overall they were not effective in mitigating the risk of ongoing safeguarding incidents.

To support the protection of residents and try reduce the risk of peer to peer safeguarding incidents, residents were provided with safety plans and positive behaviour support plans. There was a lot of guidance in place for staff so that they could support residents manage their behaviour, however, due to the current staffing arrangements and poor continuity of care, the effectiveness of the various support plans could not be assured.

Overall, the inspector found that due to compatibility issues, both personal and environmental, alongside the current staffing arrangements, the ongoing trend of safeguarding incidents in the centre were likely to continue. This was resulting in negative impacts for residents in their home and was not ensuring their right to live in a home that provided an environment that was suitable to their assessed needs.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	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 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Riverside Residential OSV-0003600

Inspection ID: MON-0050034

Date of inspection: 01/04/2026

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A review of the current staffing resources will be undertaken to identify and implement a more sustainable solution and reduce reliance on temporary staffing arrangements. The Person in Charge has had a review of the roster review template with the staff team and surnames, staff grade will be included in roster going forward. The Person in Charge endeavors to use consistent relief and agency staff when planning the roster to cover vacancies, for short notice leave the roster is reviewed to ensure regular and staff that are familiar with the centre are in place.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A new system in the organisation has been introduced 'TrackPlan', this app in real time allocate a job task number as well as provide update on progress to PIC. Outstanding items of chipped and peeling paint and rust on radiator cover in bathroom have been escalated to ensure completion in the given timeframe of end of Q4 2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Leak damage floors have been replaced. The garden works have been forwarded to Technical Service, a job task number was given and completion of works by end of May 2026.	

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Deep clean completed of utility room and sluice sink.
Raise step rubber replacement was given a job task number and completion by mid June 2026.

The work required on walls has been escalated and to be completed by end of Q4 2026.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
A compatibility assessment has been commissioned by the Director of Adult Services this will be completed by Nov 2026.

The next Individual Coordination Meeting has been scheduled for 04/06/2026 to ensure all relevant supports are in place. Multi-Disciplinary Team and core staff will be in attendance at this meeting.

Continued support by the Multi Disciplinary Team for all residents.

A review of times of escalation has been completed; staff have scheduled outings and in house activities for these times. This activity planner is completed on a weekly basis.

Shift leader will delegate support staff on a daily basis in line with the residents Positive Behaviour Support Plan.

Roster review completed to ensure staffing levels are allocated for residents where best supports resident's needs.

Staff to ensure appropriate levels of supervision, allocation of nominated staff will be determined by shift leader in consultation with staff on duty.

Scheduled GP and psychiatry appointment for resident for emotional support.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	01/11/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/05/2026
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	Substantially Compliant	Yellow	01/11/2026

	externally and internally.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/05/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/11/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	01/11/2026