



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

## Issued by the Chief Inspector

|                            |                            |
|----------------------------|----------------------------|
| Name of designated centre: | Vale Lodge                 |
| Name of provider:          | Sunbeam House Services CLG |
| Address of centre:         | Wicklow                    |
| Type of inspection:        | Unannounced                |
| Date of inspection:        | 23 February 2026           |
| Centre ID:                 | OSV-0004458                |
| Fieldwork ID:              | MON-0047955                |

## About the designated centre

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

Vale Lodge is a designated centre operated by Sunbeam House Services CLG. The centre comprises a detached, dormer-style bungalow on its own private grounds. All residents' bedrooms are located on the ground floor and there is a sleep over room for staff. There is a large kitchen dining area, as well as a living room and a garden space for residents to use. Vale Lodge provides care for up to four residents, who are over the age 18 years. Residents are supported by a staff team, on a 24 hour basis. The residents of Vale Lodge do not attend day services, and are supported by staff to use their local community and amenities such as shops, restaurants, cafés and other community based facilities.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 3 |
|--|---|

I

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                       | Times of Inspection     | Inspector        | Role    |
|----------------------------|-------------------------|------------------|---------|
| Monday 23<br>February 2026 | 09:00hrs to<br>16:30hrs | Sarah Barry      | Lead    |
| Monday 23<br>February 2026 | 09:00hrs to<br>16:30hrs | Kieran McCullagh | Support |

## What residents told us and what inspectors observed

This was an unannounced inspection which was carried out as part of the regulatory monitoring of the centre. It took place over one day and was carried out by two inspectors. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspectors observed that residents were being provided with person centred care.

Improvements were required under Regulation 8: Protection and Regulation 29: Medicines and pharmaceutical services.

The designated centre comprised of a large two storey house located on the outskirts of a large town in Co. Wicklow. The house comprised of four resident bedrooms (two of which were ensuite), a staff sleepover room, a bathroom, a staff office, a large kitchen/dining room, a sitting room and a sensory room. There was a large garden to the side and rear of the house. The centre was close to local amenities and services including shops and restaurants.

The inspection was facilitated by the centre's person in charge. On arrival to the centre, the inspectors were greeted by a member of the staff team and a resident. Residents were in the process of getting ready for their days, with staff support. At the time of the inspection, the centre was home to three residents.

Overall, the centre was clean and homely. The provider had recently purchased the house and the management team had identified a number of works that the premises required now that the provider was the owner. This included the painting of all internal areas of the home and reviewing the garden area to improve its use for residents.

The inspectors had the opportunity to meet briefly with all three residents living in the designated centre on the day of the inspection. Residents in the centre communicated in their own styles. All three residents indicated that they did not want to engage with the inspectors and this was respected. The inspectors were unable to receive verbal feedback from them about their lives in the centre and the care and support they received.

Over the course of the inspection, the inspectors observed and heard staff supporting the residents in a professional, person-centred and caring manner at all times. Residents appeared to be relaxed and happy in the company of staff. There was a very relaxed, homely atmosphere in the centre. Staff that the inspectors spoke to were very knowledgeable of the residents' needs and the supports in place to meet those needs.

The centre was very busy on the day of the inspection with one resident preparing to be admitted to hospital for a planned procedure. The person in charge and staff team were observed to be preparing the resident for this and also keeping in

contact with the resident's family to provide updates. Two staff members were supporting the resident to the hospital and an additional staff member had been rostered on to provide this support to the resident.

Residents were provided with opportunities to take part in activities which matched their interests and supported to develop and keep personal relationships and links with the wider community in line with their preferences. However, ongoing incompatibility issues in the centre effected residents' choices around who they lived with. This will be discussed under Regulation 8: Protection.

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 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.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. Staff had received additional training to meet the needs of the people using the service.

The centre was managed by a capable person in charge who was very familiar with the needs of residents and was effective in managing the designated centre.

While there was a small number of vacancies on the staff team on the day of the inspection, the management in the centre had ensured that there was continuity of staffing which enabled the building of relationships between staff and the residents they support. Staff knew residents very well and observed to support them in a professional and caring manner.

The provider had implemented management systems to ensure that there was effective governance arrangements in the centre. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

## Regulation 14: Persons in charge

The centre was managed by a capable person in charge who was supported by the provider and had the qualifications, knowledge and skills to support the assessed needs of the residents. They were employed on a full time basis in the organisation. At the time of this inspection, the person in charge and their deputy had responsibility for another designated centre, which was in close proximity to this centre. There were clear procedures in place to delegate day-to-day governance oversight which ensured the delivery of safe quality of care to residents

The person in charge was very familiar with the needs of residents and was effective in managing the designated centre. They were engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the residents. While there were vacancies on the team of one WTE staff member, this was being covered by staff covering additional shifts and familiar staff from other services operated by the provider. For example, for the month of February, two relief staff members covered two shifts. The staff team in the centre was led by the person in charge, their deputy and consisted of nurses, community support workers and health care assistants.

There were planned and actual rosters in place in the centre. A review of the rosters for the months of January and February demonstrated that the provider and person in charge had ensured that planned staffing levels were maintained in the centre during this period.

Team meetings were taking place in the centre on a monthly basis. An inspector review the team meeting minutes for the previous three months. There was a set agenda for the meetings which included residents' needs, positive behaviour support plans and safeguarding.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider and person in charge had effective systems in place to record and monitor staff training. Staff had completed training in a number of areas, to include the following:

- Safeguarding of vulnerable adults
- People handling
- Fire safety
- Occupational First Aid
- Medication management
- Epilepsy and Buccal
- Positive behaviour support

Staff had also completed a range of additional training to meet the needs of the people using the service. These included:

- Oxygen administration training
- Postural support
- Communicating with people with intellectual disabilities
- Managing FEDs
- Assisted Decision Making

Staff supervision was completed three times a year, in line with the provider's policy. One inspector reviewed the supervision records for three staff members. Supervision records demonstrated that there was a set format and a range of topics were discussed. This included training and development, role expectations and support needs.

Judgment: Compliant

## Regulation 23: Governance and management

The provider and the person in charge had ensured that the centre was adequately resourced to deliver effective and person centred care to the residents. There was a full time person in charge in the centre, who was supported by a deputy. Both the person in charge and the deputy were responsible for another centre that was located close to the centre and there was arrangements in place for this.

Staff spoken with felt supported in their roles by the person in charge and the management team in the centre. There were good management systems in place to ensure that the service provided in the centre was safe, consistent, and effectively monitored. The provider and local management team carried out a suite of audits,

including audits on residents' medicines, personal plans, safeguarding, staffing, training, fire, infection prevention and control, risk management, and the premises. Audits reviewed by inspectors were comprehensive, and where required identified actions to drive continuous service improvement.

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 staff team were very knowledgeable about the support needs of the residents and some had worked with the residents for a long time.

There was an annual provider review of the quality and safety of care and support in the centre. Residents had been consulted with in the completion of this annual review. Their representatives had also been given the opportunity to give their feedback.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and quality service in this centre. Improvements were required under Regulation 8: Protection and Regulation 29: Medicines and pharmaceutical services.

While the provider had ensured that the person in charge and staff were vigilant in knowing and reporting the signs of possible abuse, ongoing incompatibility issues in the centre were impacting on residents lived experience in their home. The provider had identified that residents would not chose to live together if they had a choice.

Improvements were required pertaining to the provider's management of residents' medicines. This was specifically required in the management procedures for the storage of open medicines.

Residents were provided with opportunities to take part in activities which matched their interests and supported to develop and keep personal relationships and links with the wider community in line with their preferences.

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

This inspection found that all residents were in receipt of person-centred care, and were supported to live healthy lives. For instance, the registered provider had provided appropriate healthcare for each resident.

There were effective arrangements in place to provide positive behaviour support to residents with assessed needs in this area. Restrictive practices, which were in place in the centre, were regularly monitored and submitted to the Office of the Chief Inspector, in line with legislation.

### Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

Where residents had an identified communication need, there was guidance in place to support staff communicating with the resident. These had been completed by a relevant allied healthcare professional. An inspector reviewed the communication passports in place for one resident. This contained information on how the resident communicated in relation to the people and places that were important to them.

Staff clearly knew the residents' communication styles well. They were observed to engage with residents in line with their support plans.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and be included in their chosen community, in line with their wishes.

Residents engaged in a wide variety of activities, both inside and outside their home. Residents enjoyed going swimming, to the cinema, attending sporting matches, going to concerts, visiting sensory facilities and going out for meals.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was found to be clean, warm and welcoming on the day of the inspection. As noted earlier in the report, the provider had recently purchased the premises, following a long period of leasing it. The provider had identified that now that the sale was complete, there was works to be completed in the house. This included painting the interior and reviewing the outside space to provide further opportunities for residents.

Each resident had their own bedroom. Residents' bedrooms were decorated with their personal items. There were multiple areas in house for residents to relax in, in addition to their bedrooms. The person in charge advised that the residents enjoyed spending time in the sitting room with the fire lighting and time in the sensory room.

The location of the centre allowed some of the residents to access the local town by foot and the centre had one vehicle to facilitate residents' activities.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the safe administration of medicines. However, improvement was required in the management procedures for the storage of open liquid medicines.

Residents had self-medication assessments completed. Residents were fully supported by staff in the administration of medicines. Audits were in place to monitor the effectiveness of the centre's medication management systems.

An inspector reviewed the storage of medicines in the centre. The residents' medicines were observed to be securely stored in the centre. However, the inspector found that all liquid medicines were not labelled with the date of which they were opened. It was therefore not possible to determine if these medicines were being used past the timeframe directed by the manufacturer.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that residents had access to allied healthcare professionals as required. This included general practitioners (GPs), dentist, urology and psychology.

One of the inspectors reviewed the healthcare plans for one resident who had extensive healthcare needs. This review found that their healthcare needs had been identified and that they had good access to a range of allied healthcare professionals. There was healthcare plans in place for each identified healthcare need and these had been completed by a relevant allied healthcare professional, where appropriate. For example, the resident's physiotherapy support plan was created by a senior physiotherapist and their Feeding, Eating, Drinking and

Swallowing (FEDS) plan had been completed by a senior Speech and Language Therapist.

Staff spoken with were very familiar with the residents' healthcare needs. On the day of the inspection, one resident was being supported to attend hospital for a planned procedure. Staff were knowledgeable about the procedure and the reasons the resident was having this procedure.

Judgment: Compliant

### Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Office of the Chief Inspector, as required by the regulations. Restrictive practices in the centre were reviewed by the provider's human rights committee. There was evidence of the provider working to reduce the restrictive practices in the centre. For example, one resident required a restrictive practice in place at night. The service had trialled a less restrictive measure. However, this measure did not adequately control the risk to the resident and the original restrictive practice had been reinstated.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. An inspector reviewed the positive behaviour support plan in place for one resident. This was completed by a relevant allied healthcare professional and had been reviewed in December 2025. It contained proactive and reactive strategies to support the resident with their needs. It also contained guidance for staff in how to respond to the resident when they used certain phrases. Staff were observed to the resident as per the plan.

Staff were supported by the provider's Multidisciplinary Team to meet the residents' needs in this area. The provider's behaviour support specialist was scheduled to attend the centre's next team meeting in March to hold a reflective practice workshop.

Judgment: Compliant

### Regulation 8: Protection

There were two active safeguarding concerns in the centre at the time of this inspection. The provider had identified that there were incompatibility issues between residents and that they would not choose to live together if given the choice.

While the provider had a plan in place for one resident to transition from the centre to another location, this was a long term plan which required a number of other elements. The provider had recognised this and had put measures in place to try and address the issues in the centre. For example, the provider had installed sound panelling in one resident's bedroom to lessen the impact of one resident's behaviour on them.

However, during this inspection a review of daily notes for month of February 2025 evidenced that residents' rights were compromised. For instance, across the month 11 incidents were documented that could adversely affected other residents. One resident, in particular, repeatedly engaged in disruptive behaviours, such as constant toilet flushing, pacing up and down communal corridors, turning on and off lights, shouting, banging doors, and entering other residents' bedrooms. Therefore, while the provider had put safeguarding measures in place, the incompatibility issues were having an impact on the resident.

Where there was a required need, intimate care plans were in place for residents. The inspector reviewed the intimate care plan for one resident which contained guidance for staff to protect their dignity and privacy. This plan had been reviewed and updated in January 2026.

Staff spoken with had a good knowledge of safeguarding procedures and requirements. All staff had completed training in safeguarding of vulnerable adults and Children First.

Judgment: Substantially compliant

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

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

| Regulation Title                                     | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                       |                         |
| Regulation 14: Persons in charge                     | Compliant               |
| Regulation 15: Staffing                              | Compliant               |
| Regulation 16: Training and staff development        | Compliant               |
| Regulation 23: Governance and management             | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 10: Communication                         | Compliant               |
| Regulation 13: General welfare and development       | Compliant               |
| Regulation 17: Premises                              | Compliant               |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 6: Health care                            | Compliant               |
| Regulation 7: Positive behavioural support           | Compliant               |
| Regulation 8: Protection                             | Substantially compliant |

# Compliance Plan for Vale Lodge OSV-0004458

Inspection ID: MON-0047955

Date of inspection: 23/02/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

| Regulation Heading  | Judgment                |
|---|-------------------------|
| Regulation 29: Medicines and pharmaceutical services  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• All liquid medicines without an opening date were immediately removed from use and returned to the pharmacy on 24/02/2026- completed</li> <li>• Feedback from the HIQA inspection was discussed at the Group Supervision meeting on 05/03/2026. Clear guidance was reinforced regarding dating of all liquid medications on opening- completed</li> <li>• A specific check for opening dates on liquid medicines has been added to the monthly medication audit to ensure ongoing compliance. Ongoing</li> <li>• A learning notice will be shared and sent to all PICS within the organisation by 31/03/2026.</li> </ul> |                         |
| Regulation 8: Protection  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• Safeguarding support plans are in place for all residents, agreed with the National Safeguarding Office (CHO 6). These plans are reviewed regularly and discussed at monthly Group Supervision meetings- ongoing</li> <li>• All residents have Positive Behaviour Support Plans with oversight from a behavioural</li> </ul>   |                         |

support specialist. Bi weekly check ins conducted by the behavioural support specialist are in place to review and adjust supports as required- Ongoing

- The centre is currently staffed at a 1:1 staffing ratio to ensure individualised support and to actively mitigate safeguarding risks arising from incompatibility between residents- Ongoing.

- The 1:1 support has also reduced the risk of residents accessing each other's bedrooms, minimised disruption within shared living spaces, and ensured closer supervision during periods of increased vulnerability. The effectiveness of this control measure is monitored on an ongoing basis through daily records, safeguarding reviews, and monthly Group Supervision, and remains subject to review in line with residents' needs and risk assessments- Ongoing

- A defined and actively managed transition plan is in place for the resident identified for relocation as a key safeguarding action. The resident is engaging in structured and supported social visits with future co-residents to assess compatibility and reduce transition-related risk. A new property has been secured, and the resident will relocate. Renovation works are required to the new property, a funding proposal has been submitted to external funders. Interim safeguarding controls remain fully in place pending transition. 31/12/2026.

]

## 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 29(4)(a) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. | Substantially Compliant | Yellow      | 24/02/2026               |
| Regulation 08(2)    | The registered provider shall protect residents from all forms of abuse.  | Substantially Compliant | Yellow      | 31/12/2026               |