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:	Drumcooley
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	16 July 2025
Centre ID:	OSV-0004919
Fieldwork ID:	MON-0046789

About the designated centre

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

Drumcooley is a designated centre operated by Sunbeam House Services CLG and is based in Bray, County Wicklow. The designated centre is full-time residential service for two female residents that present with complex needs. The designated centre is a two storey, two-bedroom detached house located in a residential area. It is designed with specifications, decor and furniture to meet the specific needs of residents that use the service. Each resident has their own bedroom and use of a living room, sitting room and dining room. Residents are provided with a bathroom and changing room. There is also a kitchen, utility room, storage room and toilet downstairs with restrictive access to residents. In the back garden there are two large adult swings and a trampoline. The designated centre is staffed by a team of social care workers and care assistants and is managed by a full-time person in charge who divides their time between this centre and one other. The person in charge is supported in their role by a full time deputy manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 16 July 2025	09:30hrs to 16:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

To meet the residents' assessed support needs and in line with their own will and preference regarding unexpected visitors, residents were informed about the inspection in advance of the inspector calling to their house.

The purpose of this inspection was to monitor compliance with the regulations. As part of the inspection, the inspector also assessed aspects of the provider's implementation of their organisation's improvement plan which was a response to an overview report published in February 2025.

From speaking with the person in charge, staff and residents, as well as a review of documentation and observations on the day, the inspector found that there was sufficient evidence to demonstrate satisfactory levels of progress on the implementation of the provider's organisation improvement plan. In addition, there was good levels of compliance with the regulations found on the day of the inspection which was resulting in positive outcomes for residents living in the designated centre.

The inspector found that residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. The person in charge was ensuring that residents were provided meaningful activities in the community to ensure positive outcomes for residents in terms of the their wellbeing and development.

Due to a change in the two residents' personal circumstances, in October 2024 there was a change in service provision within the designated centre. Residents were now in receipt of a full-time residential service rather than a respite service. Residents were provided with a transition plan to support a safe and carefully planned move in to the designated centre on a full-time basis.

On the day of the inspection, the inspector was provided the opportunity to meet with the residents. The inspector was mindful of the wishes and the assessed needs of the residents and took this to consideration during each of the engagements with both residents. The inspector observed that the residents appeared happy and relaxed in their environment and in the company of their staff. On observing the resident interacting and engaging with staff members using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated.

On the morning of the inspection the inspector met with one of the residents, accompanied by their staff, in the sitting room. The inspector observed staff engaging with residents and playing a table top puzzle. The resident appeared to enjoy the challenge of the puzzle and clearly communicated to staff when they had completed the puzzle. The resident was offered another activity involving threading thin ropes through colourful buttons. This was an activity that had been

recommended by the resident's occupational therapist. The resident appeared engrossed in the activity and again seemed to enjoy the challenge it presented.

The inspector observed a staff member offer the resident a drink and snacks using a communication format that was familiar to the resident and in line with their assessed needs. For example, picture and photograph cards were used to support the resident to choose what they wanted.

Later the inspector met both residents together. This engagement was brief as one resident appeared to become anxious. To support staff manage the situation, the inspector left the room.

During the day, the inspector observed residents coming and going from the house. Residents went out for walks to the local park and shop. The inspector was informed that residents were spending longer periods out in the community than previously. The person in charge told the inspector that previously the residents would indicate to return home as soon as they had visited the park or shop however, residents were now choosing to stay out longer in these locations.

One resident recently achieved their goal by attending a local hairdresser to have their hair cut. The inspector was told that this was a huge achievement for the resident, as previously they would have had their hair cut in-house. Residents had also enjoyed day trips to other counties and visited local attractions in these areas as well as enjoying rides at themed fairgrounds and parks.

There were a number of restrictive practices used in the designated centre. These were in place to support the reduction of self-inflicted behaviours and overall, to ensure the health, safety and wellbeing of the residents living in the centre. Since the last inspection there had been a reduction of some restrictions which had seen positive outcomes for the residents. However, improvements were needed to ensure that all restriction were provided with a reduction plan to ensure that they were the least restrictive. This is discussed further under regulation 7.

The inspector completed a walk-around of the internal and external spaces in the designated centre with the person in charge. For the most part, the inspector observed the premises to be clean and tidy.

To meet the assessed needs of both residents and to ensure their safety, there was a minimal style décor in the house. However, to provide a homely atmosphere to the house, some of the communal spaces such as the sitting room and dining room included a number of family photographs and large pictures.

In the sitting room, there were a number of different coloured beanbags as well as a patterned couch. There was an activity table which residents enjoyed playing table top puzzles on. The windows in the room consisted of inner and outer windows both of which were locked. There were holes in the top section of the inner windows to allow for ventilation in the room.

Through an open double door was a dining room that contained a sensory board game fitted to the wall and specially sourced dining room table and chairs that met

the assessed needs of the residents.

A door led off from the dining room to the kitchen. The inspector observed the kitchen to be clean and tidy however, the kitchen cupboards and drawer required upkeep and repair. The inspector observed a lot of scrapes and chipped paint which impacted on the effectiveness of the cleaning these areas. The grout between the countertop and kitchen tiles also needed upkeep. Overall throughout the house the inspector observed a number of skirting boards and door frames with chipped paint that required addressing.

The upstairs area of the house consisted of two residents' bedroom, a store room, a changing room and a bathroom. On the next floor up there was a staff office. The residents bathroom included a remote controlled Jacuzzi type bath and toilet facility. The inspector was informed that the residents enjoyed time in the Jacuzzi bath as it provided a calm and relaxing space for them.

There was a room at the end of the corridor where residents' personal care needs were attended to. Since the last inspection, there had been upkeep and repair to the plinth in the room. The plinth had been serviced and the cover had been replaced. To ensure the residents privacy and dignity there was a stained glass type of screen on the window of the room.

The inspector observed both residents' bedrooms to be minimal in style. This was in line with each resident's assessed needs and to ensure their safety. The person in charge informed the inspector that both bedrooms had been recently painted and that the residents had chosen the colour for their rooms using a colour chart. One of the bedrooms included a locked (un-used) en-suite facility. While there were cleaning and flushing checks in place for the room, the inspector observed the floor and sink area to be unclean.

There were a number of sensory toys and facilities in place for residents to enjoy. On the hall walls of the house there were large boards with a number of different types of switches to play with. There was a cupboard in the sitting room that contained sensory games and puzzles. Outside in the back garden, there were two large adult size swings and a trampoline. The person in charge informed the inspector that the equipment had been serviced with further upkeep since the last inspection.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support and that overall, the person in charge and staff were endeavouring to continuously promote residents' independence as much as they were capable of.

Some improvements were required to the areas of staffing, restrictive practices, infection prevention and control and residents' rights. 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

In February 2025, HIQA published an overview report of governance and safeguarding in designated centres operated by the provider. The report incorporated the findings of 34 inspections carried out in 2024; and focused on five regulations (Regulation 5: Individualised assessment and personal plans, Regulation 7: Positive behaviour support, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management). The provider was found to be not-compliant under those regulations.

The report included an organisation improvement plan from the provider that outlined its actions to address the poor findings and to come into compliance. This inspection formed part of the Chief Inspector's overall assessment of the provider's implementation of the provider's plan and its effectiveness in driving improvements.

There had been a number of quality improvements made in the centre which demonstrated effective progress on the provider's implementation of the improvement plan and how it was impacting positively on the quality of life for the resident living in this centre.

On the day of the inspection the inspector found that 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 was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and shared their time between this centre and one other centre. The person in charge was supported in the role by a deputy manager and a person participating in management.

The registered provider and person in charge had implemented satisfactory management systems to monitor the quality and safety of service provided to residents. Overall, the governance and management systems in place were found to operate to a good standard in this centre.

Six-monthly unannounced visits of the centre were taking place to review the quality and safety of care and support provided to residents. The review included an action plan to address any concerns regarding the standard of care and support provided.

In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre during July 2023 and August 2024 and there was evidence to demonstrate that residents and their family were consulted about the review.

The registered provider and person in charge were endeavouring to ensure the skill-mix and staffing levels allocated to the centre were in accordance with residents' current assessed needs. There were seven staff vacancies at the time of inspection and recruitment was underway to back fill these vacancies. The person in charge was endeavouring to provide continuity of care. Where possible, permanent staff filled the gaps on the roster. Where agency staff were required, the person in charge was endeavouring to employ the same agency staff members as much as possible, so that they were familiar to residents and their support needs however, this was not always possible.

Throughout the day the inspector observed positive and caring interactions between staff and residents and it was evident that residents' needs were known to staff, the deputy manager and the person in charge. The inspector observed that residents appeared comfortable and happy in their home and relaxed in the company of staff.

The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents. A supervision schedule for all staff was maintained in the designated centre. 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 prepared a written statement of purpose that contained the information set out in Schedule 1. An up-to-date statement of purpose that described the change in the service and how it was delivered (from respite to full-time residential) was submitted to the Chief Inspector in October 2024.

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

The next sections 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 15: Staffing

On review of documentation, and from speaking with management, the inspector found that a number of the provider’s plans for bringing Regulation 15:Staffing, into compliance, across their organisation, had been completed or partially completed in this centre with evidence of good progress being made.

Some examples are listed below (additional examples can be found under regulation 16);

Where agency staff were employed in the centre, they had been provided with an appropriate induction. There was an induction folder for agency staff in place and this was available for agency staff to review. The folder included pertinent information for staff to familiarise themselves with residents' support needs and

other service delivery matters.

The person in charge had ensured that agency staff were provided with access to most of the organisations information technology (IT) systems. This was to ensure agency staff were provided with access to recorded reports and incident reports for residents and to ensure accurate information was passed on.

The assessed whole time equivalent staff requirement in the centre was 22.5. The person in charge was endeavouring to ensure continuity of care despite there being seven permanent vacancies in the centre; five full-time social care workers, one part-time care worker and one part time domestic position.

Part-time staff members of the core team worked a number of additional shifts to cover the gaps on the roster. Where the core team were not able to cover, agency staff were employed to work in the centre.

When the service changed from respite to residential this resulted in an increase of vacancies and an increased use of agency staff. For example, on review of the roster in April and May of 2025, the inspector saw that eight agency staff were employed to cover the vacancies. The provider's ongoing recruitment initiatives saw an increase of four new staff join the team by June resulted in a decrease of the requirement for agency staff. For example, on review of the July and August rosters, the inspector saw that four agency staff were employed in July and the planned roster for August, showed three agency staff were due to be employed.

In addition, on the day of the inspection, the inspector was informed that two new staff had been employed and due to commence once required Garda vetting and contracts were completed.

There was an actual and planned roster in place and the inspector observed it to be maintained appropriately. Residents were provided with a two to one staffing ratio during the day time as per their assessments of need. This staff ratio also ensured that residents were supported to enjoy activities in the community in line with their likes and preferences. During the night-time there were three waking night staff employed.

On speaking with the person in charge, deputy manager and staff members on the day of the inspection, the inspector found that they were knowledgeable of the assessed needs of residents and how to support their needs. They were aware of the residents likes, preferences and of the care support plans in place to guide them in their practice. In addition, on observing staff engage with residents on the day, the inspector saw that they knew how to communicate with residents in a way that met residents' assessed needs.

Overall, the inspector found that while the provider was engaging in a recruitment programme to ensure the centre was resourced with a core team, and was in line with the statement of purpose, improvements were needed to reduce the number of vacancies in the centre. The person in charge was endeavouring to ensure that the current staffing arrangements were providing as much continuity of care as possible, however, due to the fact that there was seven vacancies, this could not always be

guaranteed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

As part of the organisation's escalation programme quality improvement plan, the provider had developed and was rolling out a number of training courses to better support management and staff carry out their roles to the best of their ability. The inspector found that there was good progress being made on the delivery of training programmes, which were due to be completed by December 2025.

Some of the examples include:

The roll out of specialised person-centred positive behaviour supports. All staff had completed this training except for four new staff who were scheduled to complete by end of quarter three. In addition, staff had had completed training in restrictive practices.

All but one key working staff had completed the new key working training programme with a date was scheduled for the outstanding staff member.

While all staff had completed on-line training in autism awareness staff had yet to completed the face to face in-house autism training. However, by the end of the inspection the person in charge had scheduled all staff onto the face to face training programme on dates between July and November 2025

The person in charge and deputy manager had both completed additional in-house safeguarding training in February 2025, which was provided by the National Safeguarding Team and the provider's Senior Social Work Safeguarding Liaison Officer. On the day of the inspection, the person in charge scheduled a date in August for them to attend the safeguarding training course relating to streaming safeguarding plans.

All staff members had completed eLearning training relating to updated safeguarding policy and restrictive practice policy.

A specific resilience training programme for persons in charge has commenced, with phase one rolled out in July 2024 with 35 participants. The inspector was informed that the person in charge of this centre will participate in phase two of the programme. Phase one of the programmed had been complete and was currently undergoing a review. On review of the programme's learning outcomes the inspector saw that they included some of the following: enhanced decision-making, effective communication, conflict resolution, team building, adaptability and wellbeing impact.

On the day of the inspection, the inspector saw that the person in charge had good

systems in place to evaluate staff training needs and to ensure that adequate training levels were maintained. On review of staff training records, the inspector saw that staff had completed or were scheduled to complete the organisation's mandatory training as well as training specific to the needs of residents living in the designated centre.

Some of the training provided to staff included:

Manual handling
Safeguarding vulnerable adults
Human rights
Safe medication management
First aid
Epilepsy
Autism awareness
Fire safety
Feeding, eating, drinking and swallow (FEDS),
Infection and prevention and control
Pica
De-escalating techniques
Positive behaviour supports

The person in charge had ensured that one-to-one supervision meetings and performance management reviews, that support staff in their role when providing care and support to residents, were scheduled for all staff. The supervisor had completed staff supervision meetings in line with the schedule in place for 2025.

Judgment: Compliant

Regulation 23: Governance and management

On review of documentation and from speaking with management the inspector found that number of the provider's plans for bringing Regulation 23:Governance and management, into compliance, across their organisation, had been completed or partially completed in this centre with evidence of good progress being made.

Some examples are listed below:

Training in areas of safeguarding, person-centred specialised positive behaviour supports, restrictive practices, autism and key working training programmes that were due for completion by December 2025 were well underway.

There was a new electronic system in place to ensure the effectiveness of audit and oversight systems in centres. On the day of the inspection, the person in charge used the new system to show the inspector the recent unannounced six monthly audits, the restrictive practice self-assessment audit and one of the monthly

household audits.

There was evidence to demonstrate that the traffic light plan, to identify and prioritise positive behaviour supports needs, was in place in the centre. The two residents' positive behaviour support status was recorded on the live system as 'green'.

As part of the enhancement of person participating in management (PPIM) governance and management oversight, information for quarterly governance and assurances and business support meetings had been collated for quarter one and two. Matters discussed and reviewed at the meeting included the centre's statement of purpose, residents' medication, housekeeping inspections, staff training, health and safety, residents' files, inductions, actions from six monthly review and the quality improvement actions plan action updates.

The person in charge had completed a restrictive practice in-house regulatory themed self-audit and had followed up on any actions that arose from the audit.

The first phase of the new resilience programme for persons in charge was complete and currently going through a review before the next phase commenced.

Overall, the inspector found the governance and management systems in place 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 person in charge was supported by a deputy manager and person participating in management to carry out their role in this centre.

The provider had completed an annual review of the quality and safety of care and support in the designated centre between July 2023 to August 2024. There was evidence to demonstrate that residents and their family had been consulted in the review.

In addition to the annual review, unannounced six monthly reviews had been completed in August 2024 and February 2025 to review the quality and safety of care and the support provided to residents and an action plan with allocated actions and time scales was in place. The person in charge had completed the actions of the most recent six-monthly report.

The person in charge, with the assistance of the deputy manager, had completed monthly housekeeping audits which provided good oversight and monitored other audits and checklists in the centre such as, document inspection audits of residents' personal plans, petty cash audits, cleaning schedules, first aid and internal medical audits, fire safety checks, to mention but a few. The inspector reviewed a sample of these audits from January to May 2025. The audits had recently been transferred onto the new IT system.

The person in charge carried out regular team meetings with staff. Overall, the inspector found that the meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the

care and support provided to residents. On review of the last minutes in May 2025, there was a list of adverse incidents that had occurred since the last meeting. A question and answer session took place at the meeting about each of the incidents as part of reflective practice and shared learning.

Judgment: Compliant

Regulation 31: Notification of incidents

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

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

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings in detail.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place and it was up-to-date. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaint's policy.

The inspector observed that the complaints procedure was accessible to residents and presented in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern. Some improvement was needed to ensure that residents were fully informed about the organisation’s own advocacy group and what this group entails. This is addressed under Regulation 8.

On the day of the inspection, the inspector was informed that there were no open complaints but that a compliment had been recently received from residents family

member regarding the service provided to their family members.

Judgment: Compliant

Quality and safety

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

The person in charge, deputy manager were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

Most actions from the last inspection of the centre had been completed, many of which had resulted in positive outcomes for the two residents living in the centre. Fire safety issues relating to fire doors had been addressed and infection prevention control issues relating to the upkeep and repair of a plinth as well as outdoor equipment had been resolved. However, to ensure better outcomes for residents at all times, further improvements were required to areas relating to restrictive practices, infection prevention and control, and residents' rights.

On a walk around of the designated centre, for the most part the inspector observed the house to be clean and tidy. Residents appeared comfortable in their environment and were consulted in the layout and design of their bedrooms. The residents' bedrooms had been recently painted and residents had been consulted about the colour.

There were infection, prevention and control measures and arrangements to protect residents from the risk of infection however, some improvements were required to meet optimum standards. For the most part, the inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents. However, to ensure all areas of the centre could be cleaned effectively, improvements were needed to the upkeep and repair of some areas in the residents home.

The inspector reviewed the residents' personal plans. The person in charge had ensured that there was a comprehensive assessment for each resident, taking into account their changing needs. The assessments informed residents' personal plans which guided the staff team in supporting residents with identified needs and supports. Plans were reviewed annually, in consultation with each resident, and more regularly if required. Residents were provided an accessible version of their plan in the form of a scrapbook that included an array of photographs of community activities and completed goals during 2025.

Due to the recent change in type of service, from respite to residential, residents were provided with a transition plan. However, some improvements were needed to

insure that residents were consulted in all parts of the transition process and plan.

Every effort had been made to ensure that residents could receive information in a way that they could understand. Each resident was provided with a communication passport and support plan that had been developed from a comprehensive individual communication assessment. The support plans were reviewed on a yearly basis or sooner if required.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. Residents were supported to partake in activities they liked in an enjoyable but safe way through innovative and creative considerations in place. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Staff were provided with appropriate training relating to keeping residents safeguarded. An updated comprehensive safeguarding policy was in place since October 2024 and there was evidence that all staff had read and understood it. Overall, the inspector found that residents living in the designated centre were protected by appropriate safeguarding arrangements.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. There were a lot of restrictions in the centre These were in place to ensure the health, safety and wellbeing of residents. The restrictive practices used were clearly documented and were supported by appropriate risk assessments which were reviewed on a regular basis. There had been a reduction to some restrictions in the centre since the last inspection, however, improvements were needed to ensure all restrictions were provided with reduction plans and where appropriate, tracking systems to support the reduction plans.

There had been improvement to the fire safety systems in the centre since the last inspection and in particular, in regard to fire containment. Work had been completed on one of the dining room double doors, to ensure its effectiveness. Suitable fire equipment was provided and serviced as required including the fire alarm, emergency lighting and fire-fighting equipment. There were suitable means of escape and an up-to-date fire evacuation plan. Staff were trained in fire prevention and suitable fire drills were completed.

Regulation 10: Communication

The two 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.

In documentation related to residents, there was an emphasis on how best to support residents to understand information. Every effort had been made to ensure that residents could receive information in a way that they could understand. In line with residents' assessed needs, objects of reference, visual boards and books to make daily choices were used. For example, there was a small spiral scrapbook in the residents' sitting room that aided communication and choice. Pictures and photographs of activities, food, drink, objects, games, personal care were attached to pages in the book using Velcro strips. The content of the scrapbook was used to support the residents make choices and decisions about the care provided to them.

Residents had a recent bereavement of a close family member. During this time they were supported and comforted by their family, management and staff. The residents were provided with a number of easy-to-read documents and social stories to support them understand what had happened. Easy-to-read information was sourced from appropriate bereavement support service; some of the topics included, when someone dies - what feelings you might have; when someone dies - talking about the funeral and what does bereavement feel like. The inspector was advised that the social stories helped reduce the residents' anxieties and supported them to attend the funeral for its duration. Overall from talking with the person in charge and deputy manager, the inspector found that management and staff had been compassionate in their care and support to residents and family during this time.

On observing staff interact with residents, it was clear they understood what residents were communicating to them. On one occasion, the inspector observed staff using the scrapbook and the pictures within it, to ascertain if a resident wanted a drink or something to eat. The inspector observed that engagement between staff and residents to be kind, supportive and caring.

A communication profile, communication support plan and skills teaching (communication resources) had been completed in March 2025 with both residents by an appropriate healthcare professional.

The residents were provided a communication passport. Communication passports were in place for each resident as a practical communication profiling tool to help convey each residents unique identity, specifically in relation to their communication profile.

Judgment: Compliant

Regulation 17: Premises

Overall, the physical environment of the house was observed to be clean and tidy. There were a some upkeep and decorative repairs required which were impacting on the effectiveness of infection prevention and control measures. These have been addressed under Regulation 27.

In line with the residents' assessed needs and in particular, residents' behaviour

support needs, the design and layout of the house was minimal in style. However, there were a number of family photographs on the walls in the sitting room. These were hung up high and out of the reach of residents to ensure their safety. The sitting room also included brightly coloured bean bags and a couch. The inspector observed the residents appearing relaxed and comfortable when sitting on the couch and beanbags.

Residents were consulted about the design of their home. The inspector observed that both residents' bedrooms had been recently painted. The person in charge advised the inspector that each resident had picked out the colour they wanted the room to be painted through using a colour chart.

There was ample storage space in each residents bedroom. Both residents bedrooms include a built-in wardrobe. The inspector observed the main bathroom and personal care changing room to be clean and tidy with ample storage space in the changing room for residents' personal care items and personal protective equipment for staff.

Outside the back of the house provided an area for recreation, play and relaxation. There were two adult size swings and a large trampoline. The inspector viewed a number of photographs of the residents enjoying time on these facilities.

There was a maintenance system in place which the person in charge used to log any upkeep or repair issues identified. On the day of the inspection, the person in charge called the maintenance team about areas in the kitchen that required work and a date in July was scheduled for the work to be completed.

The person in charge advised the inspector that the provider continues to seek alternative premises that would better meet the residents needs and in particular, to provide a spacious and purpose built environment for them.

Judgment: 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 policy was last updated in April 2024 and was due for review in 2027.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

The person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs.

For example;

Where there was epilepsy related risks to residents, there were measures in place to reduce the risk. These included staff epilepsy and buccal training, staff reading related epilepsy care plans, residents prescribed anti-epilepsy medication.

Where there was a risk of a resident choking, there were a number of measures in place to reduce the risk of it occurring. Some of these measures included, staff following residents' care plans and positive behaviour support plans, audio and visual monitor installed in residents bedrooms, staff trained in first aid, pica, choking and feeding eating and drinking (FEDs).

Where there was a risk of financial abuse there were measures in place to reduce the risk of it occurring. Some of the measures included, individual money management plans for each resident, monthly audits of residents money completed by deputy manager and person in charge, regulator audits of residents cash books as well as an external audit of residents cash books.

There were also centre-related risk assessments completed with appropriate control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

There was an up-to-date comprehensive policy relating to infection, prevention and control in the designated centre and it was made available to all staff.

There was an infection prevention control management plan in place that included preparedness for a potential outbreak. The plan considered staffing, cleaning, personal protection equipment, mealtimes, storage and laundry in the event of an outbreak.

In the main, the premises was observed to be clean and tidy however, upkeep and repairs were needed in a number of instances to ensure that all areas of the house, including some fixtures and fittings, could be clean effectively, in terms of infection prevention and control.

For example, the inspector observed the following when walking around the centre;

Some upkeep and repair was needed to kitchen cupboards and presses which were observed to have scrapes and chipped paint. The grout on the kitchen tiles was cracked and missing in areas and required repair.

A number of skirting boards and door frames throughout the house were observed as scraped and chipped which also required addressing so that they could be cleaned effectively

One resident's bedroom included an en-suite toilet and shower facility. The room was not in use and was locked as part of a restrictive practice to ensure the resident's safety. There was a flushing check-list in place for the unused water outlets and it had been ticked as complete for the first two weeks in July. However, on the day, the inspector observed the room to be unclean. The floor was dirty with a build-up of dust and dirt, and the sink had water stains and was unclean. The flushing checklist guidance document, and protective sleeve, was unclean and appeared mouldy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There had been improvements to fire precautions since the last inspection. On the previous inspection, it had been identified that one of the double doors was missing an automatic fire door hold. The inspector observed that it was now in place and that overall, an improved monitoring system for fire precautions was also in place.

Overall, the inspector found that the provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway, and all fire doors, including bedroom doors closed properly when the fire alarm was activated.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed the two residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the person in charge had demonstrated that they could safely evacuate the residents under day and night-time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

On review of documentation and from speaking with management the inspector found that number of the provider's plans for bringing Regulation 5: Individualised assessment and personal plans, into compliance across their organisation had been completed or partially completed in this centre.

Some of the examples are listed below;

Audits of residents' personal profile documentation by the person in charge, using the person profile checklist, had been implemented with evidence of completion for quarter one and quarter two. The audit included actions required, status update and completion dates that were signed by the person in charge.

The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected.

Personal plans were regularly reviewed and for the most part, residents and their family member, were consulted in the planning and review process of their personal plans.

Residents were provided with an accessible version of their personal plan in a communication format that they understood and preferred. The accessible format included individual scrapbooks that contained an array of photographs and pictures. The pictures relayed residents enjoying activities in the house and in the community during 2025 as well as a number of goals they had achieved.

Since the last inspection there had been a lot of improvement in how residents chose their goals, how they were supported to progress and celebrate goals. There was a plan in each resident's picture scrapbook which relayed how each resident came to the decision for each goal. In addition, details of the progress of each goal

was recorded by residents' keyworkers. Where goals had been achieved by residents, these had been celebrated. The inspector saw a variety of photographs that showed residents appearing happy at achieving their goal.

The inspector found that to further enhance the systems in place, making some goal titles more specific would better support with measuring the progress and acknowledging achievements.

Overall the inspector found that the improvements meant that residents were supported to enjoy meaningful goals which were promoting residents independence and personal development. It also supported their wellbeing and safety. For example, both residents' positive behavioural support plans relayed the importance of meaningful activities in their lives as a way to support the reduction of behaviours that challenge.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the person in charge was endeavouring to ensure that appropriate healthcare was made available to residents having regard to their personal plan.

Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living. On review of residents' daily activities, residents were supported to engage in physical activities such as going for walks in the local park, using the trampoline and swimming. To promote resident wellbeing, residents were supported to relax and enjoy time in the centre's Jacuzzi type bath and spend time on the outdoor swings as well as enjoying an array of sensory activities.

On observing food in the residents fridge and a review of the weekly meal planner, the inspector saw that there was a lot of fresh healthy foods available to residents.

Since the residents' transition from respite care to full-time residential care, the person in charge was in the process of implementing healthcare supports that had previously been dealt with by the residents' family. On review of healthcare plans on the day, the inspector saw that each resident had access to health and social care professionals including access to their general practitioner (GP).

The person in charge was in the process of making arrangements to ensure that residents were supported to attend annual health check-ups and to avail of national screening programmes that were available to them.

The person in charge informed the inspector, that while staff were supporting residents with their healthcare and GP and hospital appointments, the residents' family member was also involved and continued to accompany the residents to

attend appointments.

In quarter two of 2025, one of the centre's quarterly notifications regarding non-serious injuries included the recurrence of boils for one resident. The person in charge had followed up with the resident's GP and new medication was prescribed. There were protocols in place regarding both residents personal care and in particular around the frequency of attending to resident needs in this area. In addition, a professional from an organisation that supplied incontinence wear visited the residents and carried out an assessment for each resident. This was to ensure that appropriate and correct sized personal care items were in place for each resident. Furthermore, a review of the laundry detergents took place to ascertain if it was impacting on the residents' skin integrity. Overall, the inspector found that the person in charge had carried out a comprehensive follow up to the recurrence of this specific health related non-serious injury.

Judgment: Compliant

Regulation 7: Positive behavioural support

On review of documentation and from speaking with management, the inspector found that a number of the provider's plans for bringing Regulation 7 into compliance across their organisation had been completed or partially completed in this centre.

Some examples are listed below:

The two residents were each provided with a positive behaviour support plan which had been reviewed by an appropriate professional and was up-to-date. Residents' plans were included in the newly implemented traffic light system, to identify and prioritise positive behavioural support needs in the organisation, and were currently live rated as green.

The restrictive practice policy had been reviewed in September 2024. There was an eLearning programme in place to ensure staff had read and understood the policy. All staff had completed the eLearning course.

Additional positive behaviour support training was being rolled out within the organisation throughout 2025. All of this designated centre's staff members had completed the programme to date.

All staff had completed an on-line training course relating to autism and on the day were booked on to a face to face training course which would be completed by all staff by November 2025.

There had been improvements to residents' positive behaviour supports since the last inspection. On review of residents' positive behaviour support plans, the inspector saw that it was detailed, comprehensive and developed by an

appropriately qualified person. In addition, the plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring. The plans guided staff in how best to support residents manage and understand their own behaviour.

There were a lot of restrictive practices in place in this centre. These were in place to ensure the health, wellbeing and safety of the two residents. Restrictions in use included locked doors and windows, locked television remote control, Perspex screen on the television, use of a harness in the centre's vehicle, restrictive access to money, restrictive clothing, the use of visual and audio monitors and use of fish key to restrict turning on and off lights.

Where restrictive practices were needed to safely de-escalate behaviours, these were included in residents' behavioural support plans and guided staff as to when to use them, so that they were the least restrictive.

The provider had put in place a human rights based positive behavioural support policy as well as a new human rights based restrictive practice policy which staff had read and understood. All restrictions were approved and reviewed by the human rights committee. The inspector saw that there had been a number of reduced restriction occur over the past six months. For example, in relation to the restriction in place for the type of clothing residents wore. In addition, fifteen minutes checks, (when residents were in their bedrooms alone), had been removed and an visual and audio monitor installed and used instead. This meant that residents were not disturbed as frequently when sleeping or relaxing in their room.

However, some improvements were needed to ensure that all restrictions included a reduction plan and that where appropriate, tracking systems were in place to support and give evidence as part of the reduction plans.

This meant that there was a risk that interventions to support residents behaviours remained ongoing. As such, the provider could not be fully ensured that the least restrictive procedures for the shortest duration necessary were use. It also meant that alternative measures that may help with reducing the practice were unlikely to be considered.

Where the frequency of use of a restriction was not recorded or tracked, this meant that there was insufficient information in place to accurately review the need for the restriction to continue or cease as such restriction were likely to be ongoing for residents.

The latter two were not in line with the provider's human rights restrictive rights policy which meant that practices in place were not always promoting or ensure residents' human rights were met at all times.

Judgment: Substantially compliant

Regulation 8: Protection

On review of documentation and from speaking with management the inspector found that a number of the provider's plans for bringing Regulation 8:Protection, into compliance across their organisation had been completed or partially completed in this centre.

Some examples are listed below;

The organisation's safeguarding policy had been reviewed October 2024 by the provider. A copy was made available to staff. All staff in this centre had completed eLearning training to demonstrate they had read and understood the policy.

The provider's senior social work safeguarding liaison officer had communicated with designated officer/persons in charge to assure that they had registered on the National safeguarding portal. The person in charge informed the inspector that they had registered on the portal.

On the day of the inspection, the person in charge booked themselves onto the additional safeguarding training for designated officers. This training was implemented by the provider to ensure the safeguarding plan process was streamlined with all designated officers within the organisation.

In addition, the centre's training matrix demonstrated that all staff were provided safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Residents were provided with a staying staff safety plan that was included in their personal plan. The plans were up-to-date and included information on support residents stay safety in their home and in the community.

Residents were provided with an up-to-date safeguarding plan as well as an associated risk assessment that included appropriate control measure to keep residents safe during times of negative peer to peer engagement and travel on the centre's bus.

Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected the resident's dignity and bodily integrity.

Where a recent peer to peer incident occurred, the deputy manager followed up appropriately and ensured that screening and an investigation took place and the national safeguarding office and HIQA were notified. Safeguarding was discussed a staff meetings where shared learning and reflective practice occurred.

Overall, the inspector found that the provider and person in charge had put satisfactory systems and processes in place to ensure the resident's right to feel

protected and safe from harm was promoted; Safeguarding measures in place promoted and protected residents' health and wellbeing.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the provider, person in charge and staff were endeavouring to ensure that residents' rights were promoted through a variety of ways, some of which included supporting residents making choices, communicating with residents in a way they understood and providing a service in line with their assessed needs.

However, to ensure residents' rights were promoted at all times, improvements were needed and in particular, consultation on matters that were important to the residents.

For example;

Residents were provided a contract of care which was in easy-to-read format however, while it had been discussed with the residents' family members there was no evidence that it had been discussed with or explained to each resident.

There were two documents relating to the residents transition from respite to residential care. The were both called 'client moving out of residential location' and one referred to discussion about the transition and the other about the transition plan. The discussion form included a section about the organisation's advocacy group. One question asked if the resident knew what the advocacy group does and how to get involved in the advocacy group. The other question asked if the easy-to-read information on the group was discussed with the residents. The inspector saw that responses to both these question had been marked as not applicable (N/A).

Where there were restrictive practice in place, a form was completed and sent to the organisation's human rights committee to review and approve (or not) the restriction. On review of the information on the form, it was clear that the residents' family member had been consulted about the restrictive practice however, the section which asked if the residents had been consulted was not filled in.

This meant that the provider was not ensuring residents' rights were been promoted at all times in so far as consultation, consent and involvements in matters that were important to residents.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Drumcooley OSV-0004919

Inspection ID: MON-0046789

Date of inspection: 16/07/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There are seven permanent vacancies in the centre. The PIC is endeavouring to ensure that there is continuity of care by using regular agency staff. Full induction carried out with all agency staff. The Provider continues to promote the recruitment for staff with all posts advertised. The PIC has regular check-ins with the recruiter to review applications and screen CVs etc. Completed by 31st December 2025.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Provider has arranged for all work to be carried out on the kitchen cupboards, presses, grout on the kitchen tiles, skirting boards and door frames. To be completed by 28th August 2025 A deep clean has been carried out in the Residents' en-suite toilet and shower facilities. There is a flushing checklist and a cleaning checklist in place. The PIC has informed all staff to ensure that they include the ensuite in these checklists. Completed 16th July 2025	

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All restrictive practices will be reviewed in line with a reduction plan and to ensure that the least restrictive practice for the shortest duration are in place, alternative measures will be documented also in line with the Human Rights - Restrictive Practices Policy.
To be completed by 30th November 2025.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Contracts of Care have been discussed and explained to residents using easy-to-read format. Completed 30th July 2025.

The role of independent advocacy was discussed and explained to Residents using easy-to-read format. Completed 17th July 2025.

Restrictive Practices discussed and explained to residents in easy-to-read format. Completed 12th August 2025.

The Residents' relatives have also been informed of the above.

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.	Substantially Compliant	Yellow	31/12/2025
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	28/08/2025

Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/11/2025
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/11/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	12/08/2025
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Substantially Compliant	Yellow	12/08/2025

	age and the nature of his or her disability has access to advocacy services and information about his or her rights.			