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:	Centre B1
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 April 2026
Centre ID:	OSV-0005389
Fieldwork ID:	MON-0049964

About the designated centre

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

Centre B1 is a designated centre based on a campus setting in West County Dublin. It consists of five units one of which is divided into two separate individual apartments. The centre supports up to 15 persons with intellectual disability with an aging profile through the 24 hour residential services it provides. The staff team comprises of staff nurses, care assistants, household staff, a clinical nurse manager and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 April 2026	10:30hrs to 18:30hrs	Karen Leen	Lead
Tuesday 21 April 2026	10:30hrs to 18:30hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Overall, the inspection found that residents were in receipt of a good quality of service, supported by a experienced and qualified staff team. However, the inspectors found that improvements were required across a number of regulations.

The inspection found that due to changing needs of residents, the provider and person in charge where responding to identified changes as they occurred. This was leading to environmental impacts on residents in one of the houses in the designated centre including increased noise levels and identified behaviours directed towards peers and staff members. In addition, the inspection found repeat findings of non compliance under Regulation 31: Notification of Incidents and Regulation 24: Admissions and Contract for the Provision of Care which will be discussed further later in the report.

The designated centre consists of four bungalows and two apartments based on a large campus in West County Dublin. Residents have access to a wellness centre which is located on the campus grounds. Residents spoken with discussed that they liked to attend numerous activities during the week in the wellness centre and they would often visit the relaxing area over the weekend. The designated centre is registered for 14 residents and at the time of the inspection there was one vacancy in the centre. Inspectors had the opportunity to meet with all residents living in the centre over the course of the inspection.

The inspectors spoke to nine support staff, the clinical nurse manager grade one, the person in charge, the director of nursing and the chief executive officer. Documentation was also reviewed throughout the inspection detailing how care and support was provided, and how the provider ensured oversight and monitoring of the quality of care and support in the centre. In addition, one inspector had the opportunity to speak to one family member.

The inspectors observed residents coming and going from their home throughout the course of the day. Residents were attending the wellness centre for activities including mens-shed bingo, massage, hairdresser, meeting friends for coffee. In addition residents were availing of activities in the community such as shopping trips and meals out.

One resident spoke briefly to one inspector about their upcoming weekend away. The resident discussed that they had planned the trip with the support of staff. The trip was planned with their friend who lived in a neighbouring house. The resident told the inspector that they liked their home and having their own space.

In another house, one resident showed an inspector their bedroom and communal spaces in the home. The resident told the inspector that that they had lived with their peers for many years and that they got on very well. The resident said that if they had any complaints they would talk to the person in charge or their key worker. The resident discussed that they liked to take care of the people that they lived with and if they got something they liked for their peer to have the same opportunity. The inspector found that the atmosphere in this house was relaxed with residents enjoying meals together and planning what they would do in the evening. One resident said that they all recently purchased smart televisions for their bedrooms and they were enjoying a number of old movies.

The inspector met with one resident and a support staff who discussed their love for a local football team. The resident told the inspector that they loved to watch sports and they went to matches regularly. The staff discussed that the resident was know as a super fan by the sports team and that they were invited to a number of events including testimonial matches and fundraisers. The resident showed the inspector their bedroom which was decorated with sports posters and sporting items.

During the course of the inspection, the inspectors based themselves within the houses in the centre in order to talk to residents and observe what they liked to do in their home and community. One inspector visited one house in the centre which has seen changes to residents health presentation over the previous four month period. The provider had implemented a number of supports for the residents living in this house, however, their was an identified negative impact to residents in the house caused by changes in behaviour presentation.

While visiting the house, the inspector was talking to one resident, who informed them that they were waiting for a family member to visit them. Another resident was being supported by staff to have their breakfast. The inspector observed the staff member speaking quietly to the resident about what they were having to eat and plans for the day. The resident was responding through soft noises and making eye contact with the staff. The inspector found the atmosphere to be peaceful with one resident chatting to staff about the work the gardener was doing in the warm weather. During the course of this interaction another resident entered the living room. They immediately commenced shouting at staff and directing their upset towards their peers.

The inspector noted that one resident retreated towards a quieter area of the room. The inspector noted that staff were implementing the upset resident's documented support guidelines and attempted to redirect them to another conversation. However, the resident remained upset and shouting until another member of staff came to the house. This staff member spoke gently and reassuringly to the resident about their plans for the day. The staff member stayed sitting with the resident looking out the window quietly supporting the resident to talk to them when they were ready. In order to minimise the upset in the house the inspector followed the residents support plan and left to visit another house in the centre. Notwithstanding the staff implementing the residents support guidelines the inspector noted significant negative impact on the other two residents.

The inspector review incidents for the centre and noted that a number of incidents had occurred in this house since March 2026. These incidents highlighted the impact on residents living there however, the inspector found that not all periods where the resident presented as anxious or agitated had been screened appropriately in order to reduce the impact on peer members and support the individual resident. This will be discussed further under Regulation 8: Protection.

Later in the evening, one inspector went to visit five residents living in one house in the centre. Residents had returned to their home for dinner after attending numerous activities. On arrival to the house, the inspector was greeted by residents who were sitting at the kitchen table enjoying a beverage or relaxing in the sitting room watching the afternoon show on television.

While sitting and enjoying tea together the residents discussed that they would like to have additional storage space in their home. They noted that they had a lot of possessions that they were storing on their floor or already full presses. The inspectors informed the person in charge of the residents wishes in relation to storage and was shown a action plan for additional storage for residents.

One resident brought the inspector around their home, they discussed that they loved their home and that in the evening they liked to relax and complete their knitting. They discussed that their peers also liked to knit and do art work together. The resident showed the inspector a number of art pieces that they had done together which were on display in the house. These included large canvas paint works and sculpted pottery.

One inspector had the opportunity to meet with one family member. The family member discussed that they were very happy with the care that their loved one received. They discussed that they were always welcomed when they arrived at the centre to visit. They discussed that their loved ones spoke positively of the staff in the centre. They discussed that they felt their family member was well cared for and that they had the opportunity to do things they liked to do. The inspector noted that the family and loved one had space and time to spend along together in the centre.

Overall, the inspection found that the provider and person in charge were responding to identified and urgent changing needs of residents in the centre. Further supports were required in order to ensure that residents were supported to avail of care and support in line with their wishes and that all residents were supported in their home to be protected from all forms of abuse.

The next two sections of the report outline 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 residents lives.

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.

Overall, the inspectors found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner. However, inspectors found that improvements were required in relation to the residents contracts of care and items residents were required to purchase for their home.

Six-monthly unannounced visits of the centre were taking place to review the quality and safety of care and support provided to residents. The reviews included an action plan to address any concerns regarding the standard of care and support provided. In addition, the person in charge had completed an annual review for 2025 of the centre.

Regulation 15: Staffing

At the time of the inspection the designated centre was operating with 5.5 whole-time equivalent staff vacancies. The provider had endeavoured to fill the staff vacancies with permanent staff working extra shifts as well as agency and relief staff.

The person in charge was aware of priority areas within the designated centre and ensured that where agency staff was required the roster was reviewed to ensure minimal impact on the continuity of care for residents. The person in charge maintained planned and actual rosters for the centre, the inspectors reviewed roster from January to April 2026 and found them to be reflective of the supports provided. Where vacancies were highlighted on the roster the person in charge was ensuring that were agency was required they worked alongside familiar staff.

The provider had identified changing health needs for residents and had completed a review of the staffing supports in one house in the designated centre. Following this review the provider had implemented an additional 16 hour shift daily to the roster in order to support the residents identified need.

Inspectors completed a review of four staff files and found that three files required update in relation to references on file or an update to the current registration status of two staff to their relevant professional bodies. The person in charge provided an update to one of the files during the course of the inspection.

Inspectors had the opportunity to speak with nine staff during the course of the inspection and found that they were knowledgeable to the needs of residents in the centre. Staff spoken with discussed the changing needs of residents in line with aging health and were promoting meaningful activities for residents.

In addition, from review of families questionnaires, family and residents feedback on the day of inspection inspectors found that staff were available to support residents and encourage them to advocate for their wishes.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors reviewed the 2026 training matrix for the designated centre and also reviewed a sample of supervision records maintained by the person in charge in the centre.

The person in charge maintained a comprehensive training matrix that recorded mandatory, site specific, in-person and online training. Inspectors found that required training needs were reviewed in line with identified changing needs for residents in order to provide additional support.

Inspectors reviewed training records for permanent staff in the mandatory training areas of fire training, safeguarding, manual handling and positive behaviour support. All permanent staff were found to have completed the required trainings in these areas in line with provider requirements.

The provider held a training report for relief and agency staff which was subject to regular review. This was held at senior management level and training status was maintained.

Inspectors reviewed the supervision records of four staff in the centre and found that improvement was required in relation to the records held for staff. While it was evident that the person in charge was providing informal supervision to staff this was not reflected through the formal supervision records. Staff spoken to throughout the course of the inspection discussed that they felt supported by the person in charge and clinical nurse manager one and could highlight concerns in relation to residents which promoted a quick response.

Inspectors found that staff meetings were taking place in the centre on a monthly basis. The inspectors reviewed the meeting schedule for 2025 and found that meetings had taken place monthly and were scheduled throughout 2026. Staff members who were not in attendance were required to read and sign the minutes held and review the training status of each staff in the centre which accompanied the minutes.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

An annual review of the quality and safety of care had been completed for 2025, which consulted with residents, their families/representatives, and staff. The annual review outlined a number of actions required for the centre, which were identified for completion throughout 2026. Inspectors found that the annual review documented the repeat requirement for contracts of care to be signed for residents. This was further highlighted throughout a number of audits and action plans in place by the provider since 2024. This action will be discussed further in Regulation 24: Admissions and Contract for the Provision of Services.

The provider had completed six-monthly unannounced visits to the centre. The inspectors reviewed the visits completed July 2025 and December 2025. The inspectors found that the provider also utilised the audits to gather feedback from residents and their representatives. Feedback from representatives included that they were always welcomed in the centre to visit their loved one and that staff were always respectful to the residents in the centre and their visitors. Another family commented that staff go above and beyond and that their loved one always looked well. One family commented that they were grateful that their family member was supported to enjoy the things they liked such as attending matches and that they never missed any.

In addition, local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard. The inspectors found that the person in charge was responding to risk presented through changing needs of residents.

The provider was completing fortnightly meetings with senior management and person in charge from each of the providers designated centres within their disability sector. The inspectors found that these meetings were an opportunity for senior management to share information and for persons in charge to request training, discuss emerging needs and requirements from their centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors found that adequate support was not in place in order to support residents to understanding the contracts of care as set out by the provider. As per the regulations the provider shall on admission, agree in writing with each resident,

or their representative where the resident is not capable of giving consent, the terms on which the resident shall reside in the designated centre. The contract should include the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate the fees to be charged. Inspectors found that the contract of care was not clear in relation to what residents were responsible for and what the provider was responsible for which could lead to misunderstandings in relation to payments made by residents. Additionally, the provider had self identified required improvements in the contracts of care and the outline of the services provided to residents in the designated centre. However, on the day of the inspection, these required updates had not been implemented or discussed with residents in an accessible manner, the contracts remained under review since 2024.

The inspectors reviewed a number of provider led audits such as the providers six monthly unannounced visit to the centre and the providers quality enhancement plan (QEP) for the designated centre. These audits and plans highlighted the requirement for additional support for residents in building capacity to understand their contracts of care. In March 2024 the provider had documented that through the QEP the requirement for input from a medical social worker and speech and language therapist to support residents in understanding the contracts of care. A progress report from 21 August 2024 documented that details of the contract had been reviewed and remained with senior management. However, this matter was still not rectified on the day of the inspection.

The providers six-monthly unannounced audit from August 2025 recommended that the provider continuously link with residents with support of multidisciplinary team regarding capacity building and contracts of care. The actions note that the contracts of care remained with senior management. Furthermore, inspectors found that the provider had not come into compliance with the regulation following a level of non compliance in an inspection completed in January 2024.

In addition, the inspectors found that the contracts of care did not clearly outline to residents the services provided to them by the provider and what they were required to pay in relation to additional charges in the designated centre. On review of residents finances inspectors found that residents were subject to paying for items such as air fresheners, sweeping brushes and table cloths. There was no information recorded as to if the residents requested for such items to be purchased using their individual finances.

Judgment: Not compliant

Regulation 31: Notification of incidents

Through a review of documentation of residents residing in one house in the designated centre, inspectors found 19 separate incidents that occurred between 17 March and 03 April 2026. These incidents had not been reviewed appropriately and

therefore had not been submitted to the Office of the Chief Inspector the (Chief Inspector) in line with regulation.

Judgment: Not compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspectors found that the person in charge was responding to the changing needs of residents in the centre. However, improvements were required in relation to the review of supports available in order to reduce the negative impact of on going health decline on all residents in one house in the designated centre.

The inspectors found that the centre provided a homely, pleasant and warm environment for residents. It was evident that the person in charge and the staff met with during the inspection were aware of each residents' assessed needs and had the relevant training and knowledge required to meet those support needs.

The inspection found that residents were provided with support to make daily choices and that residents were encouraged to participate in and try new activities within their local community with an emphasis on individual choice.

Regulation 13: General welfare and development

The provider had ensured suitable arrangements were in place to provide residents with a lifestyle informed by a varied choice of activities in accordance with their preferences and wishes. Suitable transport and staffing arrangements were in place, which enabled the residents to get out and about in their local community as often as they liked. Residents and staff discussed with inspectors that they enjoy accessing the local community, however, they enjoy spending time on campus and meeting regularly with friends in other centres.

The inspectors found that the staff team had an understanding of each resident in the designated centre including important friendships and relationships built throughout their life and were encouraging residents to maintain these important connections

Residents spoken with discussed planning holidays with friends from different houses in the centre, returning home to visit families and friends or planning holidays to visit areas that had a childhood connection.

One resident spoke to an inspector about enjoying spending time in the wellness centre which was located on the providers campus. The resident discussed that there were a number of activities that they liked to attend. The resident discussed that they liked to attend the wellness centre in the morning, return to their home and enjoy their lunch. They would then decide if they would like to go out with staff or return to the wellness centre. The resident discussed that they had a number of friends that attended the wellness centre from other houses on the campus that they wished to meet daily.

Staff identified that residents needs had changed over the years and some residents liked to relax in the evening or come home during the day to rest before requesting to meet with friends or go out to a local activity. Staff discussed that they used residents meetings to plan the week ahead, however, residents would often change their plans daily depending on what might be happening within the centre, how they were feeling or what plans they made with friends while attending the wellness centre. These changes were facilitated to ensure residents got to do what they wanted.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the needs of the resident living in the centre.

The inspectors found that the all of the houses that made up the designated centre had been decorated in line with residents individual styles and taste. It as evident that each house in the centre had been decorated throughout the years with residents memorabilia, artworks, milestone achievements and birthdays on display throughout the centre.

The provider had identified a number of works that were required though their six-monthly unannounced visit in December 2025. These works had been scheduled for completion throughout 2026 and had updates as required to the outstanding work. The works included:

- wheelchair access to the garden for one house
- internal painting due to wear and tear
- additional storage for residents belongs
- a shed for festive decorations

- flooring repairs in the main living areas and small sitting rooms throughout the four houses. These repairs included visible black scuff marks to flooring.

Inspectors found that the provider had a schedule in place for the outstanding maintenance repairs and the schedule was subject to regular review by the person in charge.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured consistent implementation of risk management systems which were in place in the centre. For example, the person in charge was maintaining a risk register for the designated centre that was reflective of the assessed needs of each resident, environmental concerns and residents lived experience and was subject to regular review.

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. There was a risk register in place which was regularly reviewed. The person in charge was identifying residents rights in the centre when implementing control measures and how this may impact on all individuals living in the centre.

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.

The person in charge had also identified changing needs and possible risk factors for the residents, in particular health concerns associated with ageing health. For example, the person in charge and support team had completed falls risk assessments for residents as required and had identified the requirement of strengthening mobility for residents in the centre. This was an activity encouraged for residents with their weekly planner when attending the wellness centre.

There were also centre-related risk assessments completed with appropriate control measures in place. The inspectors found that the person in charge was reviewing accidents and incidents in the centre on a quarterly basis and that there was clear learning in place. In addition, the trending of accidents and incidents were discussed with the person participating in management and members of the quality team on a quarterly basis in order to ensure that concerns relating to incidents and accidents were escalated appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that there was a number of documentation for residents which required review in order to reflect changes to residents health or social and emotional wellbeing. Inspectors reviewed the individual care and support plans for residents in the designated centre and found that while the person in charge and support staff had completed reviews of residents assessments of needs, a number of files contained outdated information or did not recognise important changes to residents health profile or care needs in all appropriate sections.

Inspectors found that residents assessments of need contained information which was no longer relevant to residents. For example, one resident's file documented that the resident had a "not for resuscitation" plan in place and would like to receive end of life care in another centre. On review of information, the resident did not have a resuscitation plan in place and their wishes were to remain in their current home. This has the potential to put the resident at risk should the incorrect action be taken. This information was reviewed on the day of inspection and updated with the resident to reflect their wishes.

From discussion with staff it was evident that the information as outlined in this plan was in relation to the resident requesting to future plan and was not directly related to their current care. This information was updated by support staff with the resident following the inspection.

The inspectors found that where a resident presented as unwell or with changing health concerns the provider and person in charge had implemented a number of multidisciplinary reviews to support the individual. While the inspectors acknowledge that the change in health for one resident had been sudden, additional supports were required to guide staff practice when supporting the individual.

On review of documentation, the inspectors noted that for one resident a transfer to hospital plan had been devised. However, this plan stated that the resident was to be transferred to hospital based on staff clinical judgement or the resident's clinical status. The inspectors found that there was no clear guidance in place for staff in relation to hospital transfer for this resident who was experiencing a rapid decline in health.

Inspectors found that where a resident was refusing medical treatment or to participate in a medical plan, additional support was required in order to ensure that the resident could process the information and that their choice in relation to their care plan was supported.

Furthermore, another resident had a number of support plans in place in relation to their choice and support around use of tobacco. This was no longer in place for the individual as they no longer used tobacco. However, a number of plans including daily routines, support with emotional regulation and well being incorporated their use of tobacco in daily life. The resident had stopped smoking due to on going

health concerns but no plan was in place to support this reduction and identifying of possible supports required.

Inspectors found that the provider was in the process of implementing a new version of residents assessment of needs. In addition, each resident had an annual health screening completed with appropriate care plans in place to support residents as required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

While inspectors found that positive behaviour support plans were in place for residents with an identified need in this area, inspectors found that the guidelines in place for one resident were contradictory in nature. This resident was experiencing a rapid change in medical presentation which was having a negative impact on their overall well being and an increase in their presentation such as anxiety and agitation levels. The inspectors found that while the resident had a positive behaviour support plan in place the guidance to staff differed throughout the plan. For example, if the resident presented as verbally or physically aggressive towards others including peers, staff were guided to ask the resident about their day. However, the plan then details if the resident participates in name calling or shouting, then staff must not interact with the resident.

As previously discussed one inspector observed a staff following the residents support plan. When the resident participated in shouting at staff and peers, the staff continued to ask questions about plans for the day and offering the individual their favourite food. However, this did not assist the resident during their distress and they continued to shout and curse where other residents were present. The inspector found that staff was following one identified step in the behaviour support as required, however, the plan also stated that staff should not interact with the resident with no clear guidance as to what point staff should interact or not.

For a second resident living in this house, their behaviour support plan highlighted their need for a quiet environment and that loud noises was an identified trigger. Inspectors reviewed behaviour support notes documenting the resident's mood and identified an increase in levels of distress throughout March 2026. The documentation recorded failed to identify the impact of on going changes in the environment for each resident in the house and had not been screened in line with the providers policy. This will be discussed further under Regulation 8: Protection.

The inspectors found that staff were aware of each residents assessed needs and were supporting residents in a positive and inclusive manner. All staff had completed training in positive behaviour supports and had completed refresher training and update training in relation to additional supports required by residents in the centre.

The inspectors found that restrictive practices were subject to regular review by the person in charge. In addition, restrictive practices were found to be reviewed from a human rights perspective. For example, one resident required one to one support staff since March 2026, this was reflected in the person in charges review of restrictive practices.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that the while the provider was responding to rapid medical changes in residents presentation, and increasing residents supports in the centre. The current environment for one house was leading to compatibility concerns for residents.

Inspectors found that due to changing support needs for residents including the requirement for pain management supports, residents in the house were requiring more support with increased levels of agitation, anxiety or vocalisations associated with pain management or health decline.

While the provider had responded with increasing staff levels during the hours of eight am to midnight, inspectors found that this was supporting residents during an incident of agitation. However, inspectors found that while the additional support was eliminating some impact associated with residents changing presentation it was not reducing peer to peer incidents such as shouting, use of inappropriate language or negative commentary towards peers and staff.

The inspectors found that the current environment did not support residents current support plans such as positive behaviour supports and was leading to residents removing themselves from the environment in order to reduce impact of the interactions as detailed.

The provider was in the process of completing a number of multidisciplinary meetings and clinical consultations in order to further support residents, however, review was required to ensure that residents were free from verbal abuse from peers or increased noise levels in their home.

In addition, inspectors reviewed both daily documentation notes and behaviour identification notes for two residents in one house in the centre. These notes demonstrated 19 separate incidents which had occurred in the centre and had not been screened as per the providers policies. Therefore incidents in the centre were not being escalated to managements attention as impacting to residents in the centre.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Through speaking with the resident, observing interactions and reviewing evidence related to care plans, personal objectives and accessible educational supports, the inspectors found that resident rights were being protected, respected and promoted within the designated centre.

Monthly residents meetings were occurring in the centre, inspectors found that the meetings discussed residents rights and how to make a complaint. Residents spoken to during the course of the inspection discussed who they would speak to if they needed to make a complaint. One resident discussed that they have regular meetings and catch ups with their key worker.

A number of residents in the centre attend the providers advocacy group "Speak up", residents discussed that this meeting occurs in the wellness centre and that suggestions and ideas are brought from the centre to the meetings.

On review of residents meetings, inspectors found that complaints highlighted by residents were acted upon and brought to the attention of the person in charge and senior management. For examples, resident noted that the garden area was not wheelchair accessible in one house and that support was required to for residents to access their garden. This had been highlighted to the provider and an action plan was in place for the completion. Residents were updated in relation to this action plan and the time frame for completion.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre B1 OSV-0005389

Inspection ID: MON-0049964

Date of inspection: 21/04/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All requisitions have been completed by the H.R. department, and the recruitment process is ongoing with an open job advertisement, which will remain open until all posts are filled. A roster review has taken place to review the necessity of having relief staff on a line to ensure consistency within care provision. In the event of short notice unplanned leave, permanent centre staff or familiar relief staff are utilised in the first instance where possible. Whilst we must seek agency support from the 21 suppliers of agency staff outlined within the H.S.E. Framework, the Nursing Administration request familiar agency staff where possible. A review of where the NMBI annual retention certificate is held is underway. All Registered Nurses submit their certificate to the Nursing Admin department at the moment, we are reviewing this process to change the holding location to the employees H.R. file. Staff files have been reviewed and all references are correct and in place.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Coaching regarding supervision has taken place with the Person in Charge and CNM1, all staff are in the process of receiving bespoke, person centred supervision, which is being recorded as such.	

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
A review of the contracts of care is underway, to ensure it is explicitly clear in the contract and Schedule 1 appendix as to what a resident is paying, what is included in this payment, and how much of a waiver the resident is in receipt of. The Person in Charge continues to engage the support of Social Work, Speech & Language Therapy, and whichever other support is indicated by the person to ensure they have an understanding of their Contract of Care and charges payable. Where a resident has indicated they would like to purchase a specific item for the home, staff have been reminded to document this.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Clinical Nurse Specialist in Behaviour Support has reviewed all Positive Behaviour Support Plans. The Person In Charge has contacted the Designated Officer to ensure safeguarding plans are reviewed and appropriate. Education has taken place with all staff in the Centre regarding any interaction that could constitute safeguarding concerns and the appropriate pathway to follow in these incidences. This will ensure all appropriate notifications are submitted within the Regulatory timeframe.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Person In Charge is aware of the risks in the Centre. Where a resident may refuse medical treatment, there is a risk assessment in place for this. Residents are educated about the risks of refusing medical treatment in line with the Assisted Decision Making (Capacity) Act on each occasion they refuse, in a manner understood by them. A review of all individual care plans has taken place to ensure the information is accurate, current and guides care appropriately. Where there was ambiguity regarding decision making, this has been clarified and guidance is prescriptive for Will and Preference in relation to attempted resuscitation status. Hospital Passports are reviewed and transfer to hospital status has been made clear in writing by the G.P., in conjunction with resident Will and Preference.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Person In Charge has completed a risk assessment within the home in relation to noise levels, which included meeting with all residents, providing education regarding appropriate communication, and reviewing records of incidents. Due to a medical diagnosis, and changing presentation of a resident, there is no current risk identified. This is being monitored on an ongoing basis. All staff have received refresher training at unit level to ensure they are familiar with recognising any incident that could constitute abuse, and how to follow the appropriate safeguarding pathway should this occur. The Clinical Nurse Specialist in Behaviour Support has reviewed all Positive Behaviour Support Plans to ensure information is accurate and consistent, and there is no contradictory information for staff.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Person In Charge has completed a risk assessment within the home. This included a review of Positive Behaviour Support Plans, a review of number of incidents of potential abuse and meeting with all residents living in the home to establish their Will and Preference in relation to their living environment. Education about respectful communication has taken place with all residents. The Person In Charge has reviewed the current presentation of all residents, and notes that due to a change in the condition of a resident, there is a reduction in social interaction and there are no current or anticipated ongoing risks of abuse. Enhanced staffing remains in place and the impact of this is continually reviewed. The Clinical Nurse Specialist in Behaviour Support has reviewed all Positive Behaviour Support Plans. The Person In Charge has contacted the Designated Officer to ensure safeguarding plans are reviewed and appropriate. Education has taken place with all staff in the Centre regarding any interaction that could constitute safeguarding concerns and the appropriate pathway to follow in these incidences.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2026
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2026

Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	31/07/2026
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/04/2026
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/06/2026
Regulation 05(7)(b)	The recommendations	Substantially Compliant	Yellow	30/06/2026

	arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/04/2026
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/04/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2026