Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Benhaven |
| Name of provider: | Orchard Community Care Limited |
| Address of centre: | Sligo |
| Type of inspection: | Announced |
| Date of inspection: | 26 May 2026 |
| Centre ID: | OSV-0005592 |
| Fieldwork ID: | MON-0041349 |

## About the designated centre

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

Benhaven is a children's centre and provides residential and respite care for three children at a time. The children have an intellectual disability with complex medical needs, some with life limiting conditions. Individualised support is provided to meet each child's assessed needs, to ensure that they are made as comfortable as possible throughout their stay at the centre. Benhaven is located on the outskirts of a large town. It is a large single-storey dwelling with its own gardens to the front and rear of the building. The centre comprises of three accessible bedrooms, which have access to en-suite facilities. Children also have access to a communal bathroom which incorporates an accessible shower. Communal facilities include a kitchen/dining room and sitting room and a sensory room which are designed and laid out to meet the children's assessed needs. Residents also have access to an outdoor accessible play area to the rear of the house. Facilities are provided for visitors to meet their relatives and staff in private if required. Children are supported by a team of both nursing and care staff, with a minimum of 2 -3 staff available to meet residents' needs during the day and at night dependent on the number of children accessing the centre.

**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 |
|---|---|---|---|
| Tuesday 26 May 2026 | 15:10hrs to 19:40hrs | Raymond Lynch | Lead |
| Wednesday 27 May 2026 | 08:25hrs to 13:00hrs | Raymond Lynch | Lead |

## What residents told us and what inspectors observed

Systems were in place to meet the assessed educational, social and healthcare needs the children/young people availing of this respite service. Feedback from family representatives and one social worker on the quality and safety of care provided was positive and complimentary and on the day of this inspection, staff were observed to support the children/young people in a dignified, caring and child-centred manner.

This inspection took place over the course of two days and was to inform a decision on the continued registration of the centre. The centre provided respite care and support to five children/young people overall however, only three children/young people availed of the service at any given time.

On arrival to the centre the inspector observed that it was spacious, clean and generally well maintained. There were three large, very well equipped bedrooms available to the children/young people when on their respite breaks in the centre. There was also a fully equipped kitchen/dining room, a sitting room with a relaxation area, a designated safe space sensory area and a large fully equipped bathing/shower room. Each child/young person had adequate storage space so as to keep and store their personal belongings (to include toys and games) in the centre in between their visits. Additionally, there were well maintained garden areas to the front and rear of the property with the provision of an accessible swing for the children/young people to access in times of good weather.

Each child/young person was in school from Monday to Friday each week. The person in charge explained that all the children/young people were in full time education and, all were doing very well in school. Additionally, the centre provided transport to the children/young people so as to ensure they could attend school while on their respite breaks in the centre.

At the weekends when in the centre, the children/young people got to partake in activities and hobbies of interest. For example, go horse riding, go to sensory play zones, go swimming, to pet farms, take trips to Bundoran and Strandhill, go to a butterfly sanctuary and go to the seaside. They also liked to play with their toys and games and participate in arts and crafts. The inspector saw pictures of the children/young people engaged in these activities which were displayed on the walls throughout the house.

The inspector spent the evening in the company and presence of the two children/young people and staff on first evening of this inspection. Both appeared happy and content in the centre and staff were observed to be kind, caring and child-centred in their interactions with them. One child/young person was engaged in physiotherapy exercises with staff and the inspector observed that staff made this important activity fun for the child/young person who was observed to be smiling

and enjoying the interactions with staff. This child/young person was also supported to engage in a cycling activity as part of their physiotherapy routine. These exercise activities were very important for the children/young people to engage in as they helped maintain and enhance mobility and build strength in turn, support the children/young people to engage more fully in daily play, school, and other activities.

The other child/young person had an actual physiotherapy assessment scheduled on the evening of the first day of this inspection. Such interventions were very important for multiple reasons for example, to review motor development, and highlight any area needing review. The inspector got to speak with the physiotherapist for a short time and they confirmed that the children/young people had as required access to allied health care professional support such as physiotherapy.

The inspector spent some time with the second child/young person in the sitting room later in the evening. They were watching their favourite televison programme and seemed to be enjoying this very much. Staff were with them at this time and the interactions between the child/young person and staff were observed to be warm, kind, caring and positive. Such interactions were important for the children/young as they helped foster a sense of belonging and, helped to build a trusting relationship between the children/young people and staff. The inspector observed that both children appeared relaxed and happy in the company and presence of staff.

The inspector spoke directly with family members of both children/young people so as to get their feedback on the quality and safety of care. In general, both family members spoke positively about the service. For example, when asked were they happy with the quality and safety of care provided to their relative, one family member replied *'without a doubt, we have used the service for eight years, they cant do enough for families and the support they provide is massive*'. They were satisfied that the house was adequately equipped to meet the assessed needs of their relative and mentioned that the safe sensory space was also a great resource for their relative. They also said that they '*trusted staff completely*' and that staff knew their relative very well. Additionally, their relative had a lot of support from allied healthcare professionals to include physiotherapy and behavioural support. The family member said that staff also ensured to undertake the physiotherapy exercises with their relative every day, which was something the inspector witnessed first hand on the first day of this inspection. They also reported that staff were very respectful of their relative's personal belongings and ensured their clothes came home clean and fresh after each respite break. When asked had they any complaints about the service they said they had none and added that they '*couldn't speak highly enough of the service*', saying their relative '*couldn't be in safer hands*'.

The second family member spoken with was also complimentary about the quality and safety of care provided in the service. They said that staff were approachable and that they could contact them at any time. They also said they that their relative liked people around them and, the inspector observed on the day of this inspection, staff were at all times in the company and presence of the children/young people

and were attentive to their needs. The family member said that their relative's personal items were well looked after and that they got to go out and about when on their respite breaks. They also said that staff would send them pictures and or short video clips of their relative enjoying themselves on social outings. While they said that at times there could be a lot of new staff in the house, they were happy with the care and support provided. They also staff that the centre tried to give their relative the same carer when they were on their respite breaks in the house.

A social worker for another child/young person was also spoken with as part of this inspection process. They said that the care and support provided was *'excellent'* and that '*staff did a phenomenal job*'. There was a recent child in care meeting for this child/young person which the social worker attended and they reported that they felt the service went '*above and beyond*' in terms of meeting the '*social, educational and emotional needs*' of the child/young person. They were satisfied that there were very good lines of communication between the service and social work and that they were kept up-to-date on the progress of the child/young person.They said that while the child/young person always looked forward to going home after their respite breaks, they also looked forward to spending time in the respite facility. They ended the call by saying that they had no concerns about the quality or safety of care provided by the service.

Written feedback on the quality and safety of care from three children/young people who used the service (completed by family members) was also viewed by the inspector. This feedback was both positive and complimentary. For example, it was reported that the children/young people felt it was a nice play to stay in, they liked the food options, people were kind to them, they felt safe and, they got to go on trips and outings. They also reported that staff knew what was important to them and, provided help when it was needed. Additionally, they had made friends while availing of their respite breaks and, had advocates to support them with decisions. One family member reported that they were '*extremely grateful to staff for the care and professionalism they show to their relative*' while another reported that they were *'happy with the respite care their relative receives, there was always great communication between staff and family members, their relatives medical care needs were always met'* and that they *'come home very happy after their respite breaks*'.

Towards the end of the evening staff began to support the children/young people get ready for bed. The inspector observed that this was a relaxed and calming process taken at the pace of the children/young people.

On the morning of day two of this inspection, the inspector got to meet with the children/young people again before they left the centre for school. Staff reported that the children/young people slept well and, both appeared to be in good form. The inspector observed that they were clean and supported to look their best which was important for upholding their dignity and, respecting their individuality and human rights. Again, the children appeared very happy and content in the company and presence of staff and staff were observed to be kind, caring and child-centred in their interactions with the children/young people.

While some issues were found with the premises and risk management, systems were in place to meet the needs of the children/young people availing of respite breaks in this service. Additionally, the children/young people met with over the course of this two-day inspection appeared happy and content in the designated centre.

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 care provided to the children/young people while availing of respite breaks in this service.

## Capacity and capability

The children/young people appeared settled and content on their respite breaks in this centre and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge was a qualified nursing professional and demonstrated a good knowledge of the children/young persons assessed needs.

A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the children/young people as described by the person in charge over the course of this inspection.

Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary knowledge to meet the needs of the children/young people

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and a six-monthly unannounced visit to the centre had been carried out in April 2026. On completion of these audits, a quality improvement plan was developed and updated as required to address any issues identified in a timely manner.

## Regulation 14: Persons in charge

The person in charge was a qualified nursing professional who also had an additional qualification in leadership/management.

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the children/young people when on respite in the centre. Throughout the inspection, the

person in charge demonstrated their knowledge of the children/young people's assessed needs.

They worked on a full-time basis with the organisation and overall demonstrated that they had the appropriate qualifications, skills and experience required to manage the day-to-day operations of the designated centre.

The person in charge was also found to be aware of their legal remit in line with 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). and was found to be responsive to the inspection process.

Judgment: Compliant

## Regulation 15: Staffing

A review of a sample of rosters from 01 April to 26 May 2026 indicated that there were sufficient staff members on duty to meet the needs of the children/young people as described by the person in charge on the day of this inspection.

For example when there were three children/young people availing of respite breaks in the centre, the following staffing arrangements were in place:

- one staff nurse and two healthcare assistants/senior support workers worked each day in the centre
- one staff nurse and one healthcare assistant/senior support worker worked waking night duty in the centre.

This meant that there were appropriately qualified staffing levels available in the centre to provide for the assessed needs of the children/young people. It also meant that there was a qualified staff nurse on duty on a 24/7 basis.

Additionally, the person in charge worked Monday through to Friday each week in the centre. The person in charge also explained that the staffing levels could change, taking into account the number of children/younger people availing of respite breaks each week.

The inspector viewed a number of documents as required by Schedule 2 of the Regulations. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre. The inspector found that all staff working in this centre had up-to-date Garda vetting and two references on file.

Judgment: Compliant

## Regulation 16: Training and staff development

From reviewing the training matrix and a number of certificates of completion of training, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the children/young people

For example, staff had undertaken a number of in-service training sessions which included:

- Children's First (mandatory training that teaches staff how to recognise and respond to the signs of child abuse or neglect and understand the legal reporting obligations of mandated persons).
- safeguarding of vulnerable adults (mandatory training that equips staff with the skills to recognise, prevent, and report abuse or neglect of adults at risk).
- fire training
- basic first aid
- medicines management
- positive behavioural support
- epilepsy training (to include the administration of rescue medication)
- administration of oxygen
- infection prevention and control
- communicating with children/young people with disabilities

The inspector asked to see the actual certificates of completion of training in Children's First training for all staff working in this centre and, the person in charge made these certificates available for review on day two of this inspection.

A staff nurse spoken with demonstrated that they were aware of an epilepsy care plan/protocol in place for one child/young person.

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted up-to-date insurance details for the centre prior to this inspection as required by the Regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by an experienced person participating in management

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and, a six-monthly unannounced visit to the centre had been carried out in April 2026. On completion of these audits, a quality improvement plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- aspects of some care plans required updating
- care plans could better reflect the views and preferences of the children/young people
- the person in charge was to link in with human resources regarding the staffing arrangements
- accessible resources could be made available to the children/young people to better support their understanding of safeguarding

These issues had been addressed (or plans were in place to address them) at the time of this inspection.

It was also observed that the person in charge had systems in place to support and facilitate staff to raise concerns about the quality and safety of care and support provided to the children/young people availing of respite in this service. For example, four spoken with said they would have no issues reporting any concern to the person in charge if they had one.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the young people on their respite breaks in the service

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations.

In summary, the statement of purpose set out how the service was designed and delivered to meet each child/young persons needs.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as require by the Regulations.

Judgment: Compliant

## Quality and safety

The children/young people availing of respite breaks in this service were supported to live their lives based on their assessed needs however, minor issues were found with Regulation 17: premises and Regulation 26: risk management precautions.

The children/young persons assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of interest, attend school and avail of community-based activities of their choosing. Where required, they also had access to a range of allied healthcare professionals.

Systems were in place to support the children/young persons safety in the centre. Policies and procedures were also in place to manage and mitigate risk however, aspects of the risk management process required review.

Firefighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

The house was found to be clean, warm and welcoming on the day of this inspection however, the outside play area and a shed for the storage of equipment/aids required review.

Overall however, this inspection found that the children/young people availing of respite were in receipt of a good quality of service and systems were in place to meet their assessed needs.

## Regulation 10: Communication

The children/young people were being supported to communicate their choices and decisions in line with their needs and wishes.

This was achieved by supporting the children/young people to communicate in a format they preferred and their individual communication preferences was understood and respected by staff.

For example. some children/young people were able to communicate their needs to staff and staff using specific signs and staff were observed to be respectful of the individual communication preference of each child/young person. Staff also had training in a specific communication tool used by one of the children/young people.

The children/young people also had access media such as televisions, story telling toys and easy-to-read information.

The person in charge also had a meeting arranged with a new speech and language therapist (who had recently commenced employment with the organisation) in order to discuss and review the communication needs of the five children/young people who availed of respite in this service.

In summary, the provider ensured the children/young people were supported to communicate in line with their assessed needs and preferred style.

Judgment: Compliant

## Regulation 12: Personal possessions

While on their respite breaks each child/young person had adequate storage space for their personal belongings to include their clothes, mobility equipment and, toys.

Staff were observed to be respectful of the children/young persons personal belongings and family members also reiterated this in their feedback on the service.

For example, one family member said that their relative's laundry was always returned home laundered, clean and fresh.

Judgment: Compliant

## Regulation 13: General welfare and development

The children/young people were being actively supported and encouraged to engage in social, learning and recreational activities in line with their assessed needs and preferences.

As detailed in section one of this report '*What the residents told us and what we observed*, the children/young people were being supported to attend school when on their respite breaks in the centre.

At the weekends when in the centre, the children/young people got to partake in activities and hobbies of interest. For example, go horse riding, go to sensory play zones, go swimming, to pet farms, take trips to Bundoran and Strandhill, go to a butterfly sanctuary and go to the seaside. They also liked to play with their toys and games and participate in arts and crafts.

The inspector saw pictures of the children/young people engaged in these activities displayed on the walls throughout the house.

Family members spoken with over the course of this inspection said that their relatives got to get out and about when on respite in the centre and that staff would send pictures and or video clips to them of their relatives enjoying social outings.

Additionally, the children/young people had access to a number of allied health care professionals to include a physiotherapist, occupational therapist, speech and language therapist, behavioural therapy and social work. Access to allied healthcare professionals is important as their interventions can help promote the general welfare and development of the children/young people by supporting and addressing their needs in a holistic and child-centred manner.

Judgment: Compliant

## Regulation 17: Premises

The premises were laid out to meet the assessed needs of the children/young people availing of respite breaks in this centre. However, some parts of the premises required review.

As identified earlier in this report: the premises were spacious, clean and generally well maintained.

There were three large, very well equipped bedrooms available for each child/young person when on their respite breaks in the centre. There was also a fully equipped kitchen/dining room, a sitting room with a relaxation area, a designated safe space sensory area and a large fully equipped bathing/shower room.

Each child/young person had adequate storage space so as to keep and store their personal belongings (to include toys and games) in the centre in between their visits.

Additionally, there were well maintained garden areas to the front and rear of the property with the provision of an accessible swing for the children/young people to access in times of good weather.

It was observed however, that the storage shed for equipment such as walking and standing aids required review and, consideration could be given to acquiring more garden play equipment for the children/young people to avail when on their respite breaks.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

There was adequate provisions for the storage of food items in hygienic conditions in the centre. Additionally, food was observed to be wholesome and nutritious. For example, the inspector noted that for one child/young person, fresh fish and vegetables were available to them for their dinner and, fresh yogurts for dessert.

Some children/young people preferred to bring their own meals (which were consistent with their dietary needs) into the centre while on their respite breaks and this decision was respected by management and staff.

The inspector observed that there were adequate staff available to support the children/young people at meal times and, staff were observed to provide support in a dignified and professional manner.

The person in charge also ensured that the children/young people had access to refreshments and snacks as required. For example, the weather was exceptionally warm over the course of this inspection and the inspector observed that the children/young people where required, had regular access to fresh water.

Judgment: Compliant

## Regulation 26: Risk management procedures

While policies, procedures and systems were in place to manage and mitigate risk and support the children/young persons safety in the centre, aspects of the risk management process required review.

For example:

- the risk ratings and level of risk associated with activities such as swimming for one child/young person were recorded and assessed differently in their individual risk assessment to what was recorded on the risk register

- the risk ratings and level of risk associated with behaviour were also recorded and assessed differently in an individual risk assessment to what was recorded on the risk register
- some of the control measures in place to manage risk were not recorded in some risk assessments. For example, the children/young people presented with significant physical disabilities and conditions such as epilepsy. One also required oxygen from time to time. One of the ways in which to support the children/young persons safety while on their respite breaks was to have a qualified nurse available in the centre on a 24/7 basis. However, this control measure was not documented in some risk assessments
- a risk associated with fire drills and a delay in evacuating the premises had been reviewed and updated by the person in charge. However, the steps taken to address this issue had not been explicitly documented in the records of the fire drill.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers, emergency lighting and fire signage.

Equipment was being serviced as required by the regulations.

For example:

- the fire detection and alarm system was serviced in February and May 2026
- the emergency lighting had also been serviced in February and May 2026
- and the fire extinguishers had last been serviced in November 2025

Staff also completed as required checks on all fire equipment in the centre, and from reviewing the training matrix it was noted that they had training completed in fire safety.

Fire drills were being conducted as required. For example:

- a drill conducted in April 2026 informed that it took three staff and two children/young people one minute and 13 seconds to evacuate the house with no hazards noted
- additionally, a deep sleep drill was scheduled for 27 May 2026

Each child/young person had a personal emergency evacuation plan in place. These plans provided guidance on what support they required, when evacuating the centre during a fire drill.

Judgment: Compliant

## Regulation 8: Protection

Policies, procedures and systems were in place to support the children/young persons safety and well-being while on their respite breaks in the centre.

While there were no current safeguarding concerns open at the time of this inspection, the person in charge explained to the inspector the process followed if there was an allegation of abuse. For example, systems were put in place to ensure the child/young persons safety, the issue would be recoded and investigated, it would be reported to the designated liaison person, the state child and family agency, the Chief Inspector and if required, the Gardaí.

The inspector reviewed how a recent allegation of abuse had been dealt with and noted that all of the above steps had been followed and, the issue had since been closed out to the relevant authorities.

The inspector also noted the following

- all staff had Garda vetting on file
- feedback on the service from two family representatives was positive and complimentary. All said that they felt the service was safe
- a social worker spoken with as part of this inspection process raised no concerns about the quality or safety of care provided in the centre
- easy to read information was available to the children/young people on safeguarding in the centre
- four staff spoken with said they would report any concern (if they had one) about the welfare or safety of the children to the person in charge
- safeguarding formed part of the standing agenda at team meetings
- safeguarding was also discussed with the children/young people at their weekly meetings
- information on safeguarding was readily available in the centre
- a child safeguarding statement had been developed and was on display in the centre
- a child protection policy was also available in the centre. The purpose of this policy was to ensure that the children/young people who avail of respite breaks in the centre were protected and kept safe while in the care of staff.

Additionally, staff had training in the following:

- Children's First
- safeguarding of vulnerable adults

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Benhaven OSV-0005592

## Inspection ID: MON-0041349

## Date of inspection: 26/05/2026

**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 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>• The Person in Charge will review the storage shed by 30th July 2026 to ensure all walking aids, standing aids, and equipment are stored safely, securely, and are easily accessible. Any required storage improvements will be completed following the review.<br>• An assessment of outdoor play equipment will be completed by 31 August 2026. Additional age-appropriate and accessible garden play equipment will be purchased and installed by 30 September 2026 to enhance recreational opportunities for children accessing the service. | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>• To meet compliance with Regulation 26 the PIC will review and update all individual risk assessments to ensure risk ratings and control measures are aligned with Centre risk register.<br>• Risk assessments will be updated to be inclusive of 24/7 nursing support, epilepsy management, oxygen administration and all other relevant clinical supports.<br>• All Fire drill records will clearly document identified risks, actions taken, and outcomes following each drill.<br>• The PIC will complete quarterly audits of risk assessments, risk register, and fire safety records, with findings discussed at governance meetings and actions tracked to completion. | |

## 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 17(1)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. | Substantially Compliant | Yellow | 30/09/2026 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 20/07/2026 |