



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

Issued by the Chief Inspector

Name of designated centre:	Crosshaven
Name of provider:	Orchard Community Care Limited
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	23 June 2026
Centre ID:	OSV-0005753
Fieldwork ID:	MON-0045274

About the designated centre

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

Crosshaven can provide long-stay residential and shared care services to three male and female residents who are diagnosed with autism and or with an intellectual disability, and who require a maximum or high level of support. The service can support individuals aged from 18 years upwards. The centre comprises of a detached house and gardens in a rural area. Residents at Crosshaven are supported by a staff team that includes a person in charge and residential care workers. Staff are based in the centre when residents are present, including at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 23 June 2026	14:15hrs to 19:10hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service that promoted and respected their human rights. Residents were supported by staff who were familiar with their needs and who respected their choices. Staff had up-to-date training. The provider had good governance and management arrangements in place that ensured that the service was person-centred and of a good quality. Improvement was required to ensure that residents had all information about their finances to support their decision making.

This was an unannounced inspection. It formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge.

The centre consisted of a bungalow in a rural location. It was a few minutes' drive from a large town with access to shops, cafés, restaurants, a cinema, theatre and other local amenities. Each resident had their own bedroom. In addition, the house had a relaxation room, sitting room and a kitchen-dining room. The person in charge said that the relaxation room was completed at the end of 2025. The room had sensory lights, a television, speakers and space for residents to relax. New flooring had been laid in the sitting room. The person in charge said that there were plans to repaint some rooms and the hallway. The house was in a good state of repair. It was nicely decorated throughout and it was clean and tidy. The centre's laundry facilities were in a shed at the back of the house. Outside, there was a large garden to the rear, side and front of the house. It was very well maintained. There was a goal post and garden swing in the garden.

Residents in this centre required varying levels of support with their personal and social care needs. All residents attended regular day services five days per week. In the evenings and at weekend, residents enjoyed activities within the centre and in the wider community. The inspector saw photographs that were taken since the beginning of 2026 that showed residents taking part in social events. This included going to the cinema, for scenic walks, to an arcade, and to a trampoline park. Residents were also supported to complete personal tasks; for example, grocery shopping. Within the centre, residents enjoyed watching DVDs and spending time in the garden. There were two vehicles in the centre for the residents' use. The car used by a local day service was also available at weekends to accommodate residents. This meant that residents could travel to events with their peers or alone, as they wished.

The inspector had the opportunity to meet all three residents on the day of inspection. The inspector spent time in the company of the residents and joined them at their dinner time. Residents chatted with the inspector with the support of staff. One resident showed the inspector their DVDs, the car and spoke about some of their interests. Staff responded quickly when residents engaged with them. Staff

went outside to the garden when residents wanted to go out to kick a football or play catch. Residents asked staff for drinks and snacks, and these were provided quickly. Residents were heard laughing with staff and sharing jokes. Residents appeared very comfortable in each other's company and enjoyed a meal together at the kitchen table. The inspector saw and heard staff offering choices to residents about what they would like to eat and what they would like to do. These choices were respected by staff.

In addition to the person in charge, the inspector met with two members of staff. These members of staff were knowledgeable on the needs of the residents and the supports they required to meet those needs. They were familiar with the residents' daily routines and the supports that should be offered to residents in relation to their personal care. Staff told the inspector how they provided positive behaviour support to residents. This information was in line with the information in residents' support plans. Staff knew how to respond should a safeguarding incident occur. Staff spoke about the specific communication strategies used by residents. Staff knew how to offer choices to residents. They also knew how residents made requests. Staff gave examples of how residents accepted or declined choices offered to them. Staff spoke about residents respectfully.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The provider had systems that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider had written agreements with the residents.

The provider maintained oversight of the service through regular checklists, audits and by inspections of the service by provider representatives. Incidents in the centre were recorded, reviewed and addressed as appropriate. Information was shared with staff through regular team meetings.

The appropriate number of staff with the right skills was on-duty at all times. Staff in the centre were familiar with the needs of residents and the supports required to meet those needs. Staff had up-to-date training in modules that the provider had identified as mandatory.

Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. This meant that residents were supported by the correct number of staff with the necessary skill-mix to meet their needs.

Through residents' assessments of need, the provider had identified the number of staff required at all times to support each resident. The inspector reviewed the staff rosters from 3 March 2026 to 4 May 2026. This showed that the necessary number of staff was on duty at all times and that staffing arrangements were suited to meet the needs of residents. The staff team was consistent with planned and unplanned leave covered by regular staff.

The person in charge reported that there were staff vacancies in the service but that a new member of staff was due to start working in the centre the following week.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in this centre was up to date. This meant that staff had been given the opportunity to develop the necessary skills and knowledge to ensure that residents received the supports required to meet their needs.

The inspector reviewed the training records in the centre. This showed that staff had up-to-date training in the modules that the provider had identified as mandatory. This included training modules on safeguarding, infection prevention and control, first aid and positive behaviour support. In addition, modules that were specific to the needs of residents in this centre had also been identified. A sample of staff training records was reviewed by the inspector for three staff and this showed that staff training was up to date.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective systems for the governance and oversight of the service. There were clear management structures in the centre. This meant that any issues could be identified quickly, escalated appropriately and addressed in a timely manner.

When incidents occurred in the centre, these were recorded and reviewed appropriately. The inspector reviewed the records of incidents that happened in the centre since the beginning of 2026. This showed a low number of incidents but they had been processed and reviewed so that a recurrence could be avoided.

The provider maintained oversight of the quality of the service through routine audit. Checklists were completed regularly by staff working in the centre. These checklists included health and safety issues and cleaning tasks. The person in charge completed monthly audits that included a review of these checks. This ensured that all tasks were completed, as required. It also meant that areas for service improvement could be identified and addressed. The inspector reviewed the monthly audits completed by the person in charge since the beginning of 2026 and found that these were completed regularly.

The provider completed six-monthly unannounced audits of the service in line with the regulations. The most recent unannounced audit had taken place in May 2026 but the report from that inspection was not available on the day of inspection. The inspector reviewed the reports from the audits that were completed in May and November 2025. The reports were comprehensive and specific actions for service improvement were identified. These actions were recorded by the person in charge on a quality improvement plan. A review of this plan showed that actions were addressed in line with the provider's timeline.

The provider had completed a report following the annual review of the quality and safety of care and support in the centre. This covered the time from 20 March 2025 to 20 March 2026 and was reviewed by the inspector. Again, this report was comprehensive, and actions were identified to further improve the service. The inspector noted that the person in charge had completed the actions as outlined in the report. For example, the provider's speech and language therapist was due to attend the service to provide staff training as recommended in the annual review.

Team meetings happened frequently in the centre. The inspector reviewed the minutes of the two most recent team meetings that had taken place in May and June 2026. This showed that information was shared with staff regarding the care and support of residents as well as operational issues.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had written agreements with residents that outlined the terms and conditions of residency. The fees that the residents would have to pay were also outlined. Agreements were signed by the resident or their representative and by the provider's representative.

The inspector reviewed the written agreements developed for two residents and found that they contained the information outlined in the regulations. The provider had developed a new template of the written agreement and this had been signed by one of the residents. This template gave clear information about the items that would be covered by the provider and the costs that the residents would have to cover from their personal funds. The person in charge reported that this new

template was going to be used going forward and that there were plans for the other residents in the centre to be given this version of the agreement.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed, and the appropriate supports were put in place to meet those needs. Residents were supported to communicate their needs and wishes. The residents were offered choices in relation to their daily routine and social events that were in line with their interests. Improvement was required to ensure that residents had access to all information about their finances in order to be able to make informed decisions.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. The provider had effective systems for the identification and assessment of risk. Residents were protected from the risk of infection through good infection prevention and control measures.

Regulation 10: Communication

The provider had ensured that staff had the necessary knowledge and skills to support residents to communicate their needs and wishes.

The inspector reviewed the support plans developed for two residents in relation to their communication. These plans gave information to staff about how to present information to residents and how residents expressed their needs and wishes. The inspector noted that the plans referred to picture-based communication supports. These supports were available in the centre. The inspector noted that pictures were in the kitchen. They were used to offer choices to residents about their meals and what they wanted to do. The choices made by residents that day were on display on the kitchen noticeboard.

The provider's annual review identified that support and training from a speech and language therapist was required to ensure that residents received all necessary support in relation to their communication. The inspector noted that training from a speech and language therapist was scheduled for later in the month to begin this process.

Throughout the inspection, the inspector noted residents interacting with staff comfortably. Staff responded each time residents made requests and staff were

heard offering choices to residents throughout the afternoon. The supports provided by staff during these interactions were in line with the information contained within the residents' support plans.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had space to store their personal possessions and property. There were facilities to support residents to manage laundry in line with their wishes. The provider had arrangements in place to support residents to manage their financial affairs. However, improvement was required to ensure that residents had all necessary information to make informed decisions about their finances.

The centre was equipped with adequate storage for residents' personal possessions and there were facilities for residents to launder their clothes. The inspector read an incident report related to a resident making a request in relation to their laundry. The person in charge reported that this incident had been reviewed with staff to ensure that the resident's wishes were respected at all times.

The inspector reviewed the assessments that were completed with two residents in relation to the management of their money. Both assessments identified that the residents' savings accounts were managed by family members. Residents were provided with funds in relation to their daily spending. However, the provider did not have statements relating to the residents' savings on file. Therefore, residents could not be fully supported to make informed decisions about their financial affairs.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents in this centre were supported to participate in events and activities that were in line with their interests and hobbies. Residents were supported to maintain links with their families and wider community.

As outlined in the opening section of this report, the inspector saw photographs of events that residents had attended since the beginning of 2026. These events were in line with the residents' interests as outlined in their personal plans. It included trips to the cinema, a trampoline park and an arcade to play computer games.

The inspector's review of residents' personal plans showed that residents were supported to meet with friends on social occasions. Residents were also supported to speak with family and visit family on a regular basis.

On the day of inspection, one resident brought home leaflets about an upcoming circus and a water park. They showed the leaflets to staff and indicated that they would like to go. Staff agreed to research these events with the resident. The inspector also observed staff supporting residents to engage in activities they enjoyed within the centre. For example, when residents asked to go outside, staff accompanied the residents to play football.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment and control of risk. This meant that the provider had identified risks to residents and had specified ways to reduce that risk.

The inspector reviewed the risk assessment that were developed for two residents. These were comprehensive and in line with the residents' health, social and personal care needs assessments. The control measures gave guidance to staff on how to reduce risk and signposted staff to relevant documents to inform practice. Risk assessments were up to date and recently reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had appropriate arrangements in place to ensure that residents were protected from the risk of infection.

The inspector noted that the centre was clean and tidy. Staff had up-to-date training in modules relating to infection prevention and control. This included hand hygiene, standard precautions against the transmission of infection, and training regarding the use of personal protective equipment. Cleaning tasks were recorded on cleaning checklists that were reviewed regularly by the person in charge as part of routine auditing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs.

The inspector reviewed the records of two residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. The residents' files contained plans that guided staff on how to offer support to residents to meet their assessed needs. These plans were regularly reviewed and updated.

An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views and that of their families. The previous year's goals were reviewed and new targets set for the year ahead.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that residents received positive behaviour support in line with their needs.

The inspector's review of two residents' support plans showed that there was clear guidance to staff on how to offer positive behaviour support to residents. A behaviour therapist was available to support staff and regularly reviewed the plans for residents, as required. Behaviour support plans outlined how to ensure that the environment was in line with the needs of the residents and how to respond when the residents required additional support. When speaking with the inspector, staff gave examples of how they implemented these plans. This was in line with the information outlined in residents' behaviour support plans.

Where restrictive practices were required to support residents with their behaviour, these were reviewed monthly by the person in charge. The rationale for the use of the practices was outlined in residents' risk assessments. The person in charge demonstrated where the use of restrictive practices had been reduced when possible.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from the risk of abuse.

There was information available to guide staff on how to protect residents from the risk of abuse. For example, residents' risk assessments identified safeguarding risks

to residents and the supports that should be put in place to reduce those risks. The inspector reviewed the intimate care plans that had been developed for two residents. These were developed within the previous 12 months and gave specific guidance to staff on how to support residents.

Staff had up-to-date training on safeguarding vulnerable adults. When speaking with the inspector, staff were knowledgeable on the steps that should be taken if a safeguarding incident occurred.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

Residents were routinely offered choices in relation to their daily lives. The inspector's review of support plans and risk assessments for two residents showed that residents' choices were considered and included in the development of these documents.

Staff demonstrated that they knew how to offer choices to residents throughout the day. They knew how the residents indicated whether they had accepted or declined these choices. Communication supports were available in the centre to ensure that residents could indicate their needs and preferences.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Crosshaven OSV-0005753

Inspection ID: MON-0045274

Date of inspection: 23/06/2026

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • The MDT Lead has contacted the families of residents whose savings are managed on their behalf to explain the inspection findings and to request regular savings account statements. • Families have been asked to provide current and ongoing financial statements so residents can be supported to access and understand information relating to their savings, enabling them to participate in decisions about their finances to the greatest extent possible. • Residents' money management assessments are being reviewed and updated to clearly reflect the supports required, decision-making arrangements, and the processes for ensuring residents have access to relevant financial information. • The Person in Charge will maintain a record of financial statements received and will complete regular audits to ensure residents' financial information is available, current, and reviewed with residents as appropriate. • Staff will receive guidance regarding the promotion of residents' rights, choice and autonomy, including supporting residents to make informed decisions and respecting their preferences in relation to personal routines and daily living activities. The Clinical team lead will provide practical training promoting areas of choice.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	10/09/2026