



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

Issued by the Chief Inspector

Name of designated centre:	Soolhaven
Name of provider:	Orchard Community Care Limited
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	24 February 2026
Centre ID:	OSV-0007794
Fieldwork ID:	MON-0040791

About the designated centre

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

Soolhaven is located in a rural village, but within a short drive to a town with further amenities in Co. Roscommon. The designated centre provides long-stay residential/shared care for up to three residents who are diagnosed with autism and or an intellectual disability. The aim of management and staff of Soolhaven is to create an environment which supports the service user to live as independently as their physical and mental health allows. Each resident is supported and encouraged according to their individual routines and preferences. Soolhaven comprises of four bedrooms as well as communal facilities such as two living rooms, a dining room, kitchen communal bathroom and staff office/sleep over room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 24 February 2026	08:45hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of this centre. The inspector reviewed the actions taken by the provider to address issues raised on the centre's previous inspection in regards to the premises and the oversight of safety within the centre. The inspection was facilitated by the centre's person in charge and the inspector met with one staff member. The inspector did not meet with residents as they were attending their day service, but three of the four residents who use this service were assisted to complete a questionnaire in regards to their service they received. The questionnaires indicated a high level of satisfaction with their home and no issues of concern were raised. This inspection found that residents received a good level of care and support, and the actions taken by the provider since the last inspection had improved the overall quality and safety of care provided in the centre.

The centre was a large detached, single storey house located on its own site in Co. Roscommon. The Centre was located within walking distance of a small village and also within a short drive to nearby towns. The centre had a large front garden and there was outdoor equipment such as a basketball hoop and scooters which some of the residents enjoyed. The previous inspection of this centre found significant issues in relation to the general upkeep and maintenance of the centre both internally and externally. The inspector found that the actions implemented by the provider had greatly improved the aesthetics of the premises with an extensive schedule of maintenance work completed. The interior of the house was warm, cosy and inviting with new wardrobes and furniture in place and additional painting freshening up some of the bedrooms. A significant mould and mildew problem which was impacting one of the bedrooms had also been addressed which improved the overall warmth and cosiness of this room.

The centre had a large communal sitting/dining area and also a moderate sized kitchen/breakfast area which residents could access as they so wished. There was also one other sitting room which one resident generally used. Each resident had their own bedroom which was individually decorated and the inspector found that all bedrooms were warm, cosy and well maintained. As mentioned above, two of these bedrooms had new wardrobes installed and there were an ample number of shared bathrooms for residents to use. Two of the residents who availed of this service had a shared care arrangement, which meant they attended the service on opposite days to each other. These residents used the same bedroom for the duration of their stay, but that had their own beds and areas for storage of their personal items.

Throughout communal areas, residents had displayed their own personal artwork and also some activity planners for the week ahead. There was also a range of games and art supplies which residents liked to use. Residents had also decorated their own bedrooms and communal areas with photographs of activities which they enjoyed which created a pleasant environment. Information in relation to rights,

complaints and respecting others was displayed in a user friendly format and the provider had also included the staff rota in a picture format which residents used to identify who was supporting them during the morning, day and nighttime hours.

Although the inspector did not meet with the residents, questionnaires which they had completed, with the assistance of their family and staff, indicated that they were happy in the centre and enjoyed a good quality of life. The inspector spoke for a period of time with one staff member who knew the residents' needs well and it was clear that they promoted their rights and community inclusion. Residents also attended scheduled and unscheduled meetings with their assigned keyworkers where they discussed their care, activities and also the general running and operation of their home. These meetings were also used to promote residents' understanding of topics such as complaints, safeguarding, fire safety and their finances with a range of associated easy to read documents in place to assist in the transfer of this information.

This inspection found that residents had a good quality of life and they were supported by a familiar and consistent staff team. One area for attention was identified in regards to a restrictive practice, but overall care was held to a good standard.

Capacity and capability

The oversight of care was a priority within the centre and both local and provider lead oversight arrangements assisted in ensuring that the residents enjoyed a good quality of life.

The provider had employed a full-time person in charge who held responsibility for the day-to-day delivery and oversight of care. They were supported in their role by a senior manager. The provider had arrangements in place for the monitoring of care and the person in charge outlined a schedule of internal audits which they held responsibility for completing. In addition, the provider had ensured that all required audits and reviews were completed as set out in the regulations. The inspector found that these arrangements assisted in ensuring that care was held to a good standard at all times.

The provider ensured that the centre was well resourced with a consistent staff team who knew the resident's needs well. A permanent member of staff spoke with the inspector for a period of time and they had an indepth knowledge of the residents' needs and the operation of the centre. They had worked with the residents for a number of years and they outlined how they liked to spend their time and also how they may present if they were unhappy or needed some additional time and support.

Overall, the inspector found that the governance structure in this centre ensured that care was actively monitored and it was clear that the provider and staff team were committed to the residents' welfare and wellbeing.

Regulation 15: Staffing

The provider ensured that residents were supported by a staff team who were familiar to them, and also knew their needs well. The centre was resourced with a core staff team and occasionally relief staff members were required to cover both planned and unplanned gaps in the centre's staffing requirements.

The person in charge maintained an accurate rota which clearly identified the staff on duty both during day and nighttime hours. A staff member who met with the inspector stated that they felt supported in their role and they would have no reservations in raising concerns with the person in charge or senior management of the centre. The person in charge also facilitated scheduled team meetings and individual supervision sessions which further promoted an open and transparent culture within the centre.

The inspector also reviewed two staff files which contained up-to-date vetting disclosures, employment histories and employment references which promoted safeguarding in this centre. The inspector found that both staff files met the full requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had both a mandatory and refresher training programme in place which supported the delivery of care in this centre. A review of training records indicated that all staff had received training in areas such as fire safety, the safe administration of medications, safeguarding and manual handling.

The inspector found that the general training programme offered by the provider was sufficient to cover the delivery of care in this centre.

Judgment: Compliant

Regulation 23: Governance and management

The delivery of care in this centre was held to a good standard. The provider had effectively implemented an action plan in response to the centre's last inspection that improved the quality of care which the residents received.

The provider had a schedule of monthly audits of care which the person in charge completed and ensured that areas such as safeguarding, medications and incidents were held to a good standard. The provider had also completed the required annual review and the most recent six monthly audit of care was in a draft format at the time of inspection. The inspector found that available audits and reviews were of a good standard and assured the provider that care was generally held to a good standard.

The centre's annual review gave an account of life in the centre over the previous year and examined areas care such as personal planning, rights and medications. From an oversight point of view, the review also examined staffing, training and the general delivery of care, with overall positive feedback in terms of service delivery, resources and the monitoring of care within the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in use on the day of inspection; however, the person in charge was actively seeking a volunteer to provide music lessons to one of the residents. The person in charge was aware of the requirement for this person to have a vetting disclosure, and also their roles and responsibilities in place.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications were submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had appointed a person to manage complaints and information in regards to this person, and the associated complaints procedure was clearly displayed in the centre. This information was in an easy to read format which

promoted resident's understanding of how to make a complaint, and how it would be managed and responded to.

In addition, resident's keyworkers discussed the complaints procedure with resident on a individual basis which assisted in promoting an open and transparent culture. There were no active complaints on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provider to residents was held to a good standard in this centre. The actions from the last inspection in regards to the premises and safety within the centre had been addressed and overall the inspector found that residents considered the centre their home, which was also a pleasant place in which to live.

The last inspection of this centre found a range of issues in regards to the premises. A bedroom was found to have a persistent mould issue and wardrobes were chipped, worn and dated. The interior of the centre also required general upkeep and modernisation and the exterior of the building needed a tidy up and additional maintenance. The inspector found that the provider had taken these issues seriously and extensive works had occurred both internally and externally. Additional ventilation and painting had improved the issue with mould in one bedroom and additional wardrobes were fitted to two of the residents' bedrooms. New furniture was in place and overall the centre had a bright, warm and homely feel. The exterior of the building was tidy and well maintained and an external laundry area had been tidied and repainted.

The previous inspection also highlighted a significant safety concern in regards to the containment of fire, and the upkeep and maintenance of the centre's oil fired boiler which was located within the outline of the designated centre. Again, the provider had taken these issues seriously and additional fire containment measures were installed in the boiler room, alongside the installation of a fire detection device and carbon monoxide alarm. Internally all fire doors were functioning properly and a review of fire drill records indicated that both residents and staff could evacuate the centre in a prompt manner in the event of a fire occurring.

Residents attended their respective day services form Monday to Friday and a staff member reported that they were generally tired in the evening time and preferred to engage in their preferred activities at the weekend, That being said, residents would often go shopping for personal items during the week or assist staff if they were shopping for supplies for the centre. At the weekends residents liked to go for coffee, have a meal out or go to the cinema or swimming. One resident who

preferred quieter environments had a favourite coffee house they liked to go to before they went for a walk in scenic areas or known nature trails.

Overall, the inspector found that there was a marked improvement in the quality and safety of care provided to residents since the centre's previous inspection. Residents enjoyed being out and about in their local community at a time of their own choosing, and they were also supported by a familiar and consistent staff team.

Regulation 10: Communication

Three residents who used this service used some words, but mainly sounds and gestures to communicate. Each resident had a communication plan in place which informed how best to support them in this area of care. The fourth resident who used this service could communicate verbally and staff explained that they loved to plan their time in the centre and they would use a personal clipboard and planner to outline their preferred activities and schedule.

Information displayed in the centre was in both a written and picture format. For example, the arrangements for complaints and rights was displayed in both formats which promoted residents' understanding of these areas of care. The rota was also displayed each day through the use of pictures of the staff on duty.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions in relation to visitors and the centre had a warm and welcoming atmosphere. Two of the residents had a full-time placement and they had good contact with their respected families. One of the residents had a daily phone call from their mum, who also visited them on a weekly basis. One other resident preferred to have planned visits and the two remaining residents were back and forth between their respective homes as they had a shared placement.

As the centre was large, spacious and comfortably furnished, there was a suitable number of reception rooms for residents to have visitors in private, if they so wished.

Judgment: Compliant

Regulation 17: Premises

The centre was warm, inviting and homely in nature. Each resident had their own bedroom and there was an ample number of ensuite and shared bathrooms and toilets. Communal areas were spacious in nature and there were an ample number a comfortably furnished rooms for residents to relax and enjoy television or activities which they enjoyed such as art, writing or jigsaws. The centre also had a separate laundry area which residents could use if they so wished.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents who used this service enjoyed a nutritious and varied diet. A home cooked meal was prepared during the weekdays, and at the weekends the residents sometimes enjoyed a take away, or a meal out in the community. On the day of inspection there was an ample supply of fresh fruit and vegetables, and also fresh dairy and meat products. The centre's cupboards were also stocked with dry goods, canned items and refreshments were readily available.

A the time of inspection, a resident who had a history of digestive discomfort was undergoing a recommended trial period of reducing gluten in their diet, and the person in charge and a staff member on duty reported that this reduction had a positive impact on their mood and daily presentation.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had arrangements in place to manage and respond to risks in this centre. The person in charge held responsibility for managing risks and detailed risk assessments were in place for work related issues. A number of additional issues which had the potential to directly impact upon residents and staff such as self injurious behaviour, aggression, road safety and cooking were also risk assessed, and overall, the inspector found that risks were well managed.

The provider had a system in place for identifying, recording and responding to near misses, accidents and incidents. There were no trends of concern, with one recorded incident having occurred in 2026, compared with nine incidents occurring in the previous six months.

Judgment: Compliant

Regulation 27: Protection against infection

There were marked improvements in regards to the storage of mops and mop buckets since the last inspection of this centre. The storage arrangements for these items had been revised and painted, and better practice was observed with mops and mop buckets stored dry on the day of inspection.

The provider also had a colour coded cleaning system in place and the inspector found that the centre tidy and cleaned to a good standard upon a visual inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire safety systems such as fire doors, emergency lighting and a fire alarm were installed and a had an up to date service schedule in place. Fire precautions were also clearly displayed and the provider had arrangements in place for the evacuation of the centre during day and nighttime hours.

Staff were completing scheduled fire safety checks and they had also completed fire safety training. A review of records indicated that both the resident and staff could evacuate the centre across all shift patterns and the staff member on duty gave a clear account of how best to support the residents in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed to reflect changes in their care or formally on an annual basis. Resident's individual plans were unique to them, outlined their care needs and also their preferences in terms of the delivery of their service. Each personal plan had a series of sections which staff had completed and gave a complete outline of care. For example, one plan which the inspector reviewed began with ' My life story ' and gave an account of where the resident was born, their education, religious beliefs and family connections. The plan went on to describe their likes and dislikes, activities which they enjoyed and also gave a detailed account of their morning, evening and nighttime routines. A daily living plan section highlighted key areas of care which the resident may need support with, and included areas such as intimate care, food and nutrition, mobility, sleep and rest, and also social access.

The residents' annual review meetings were at the planning phase at the time of inspection and were due to occur in the following weeks. Residents would be assisted to attend their meeting and initial discussions had occurred among the staff team in regards to supporting residents with goals for the upcoming year and a number of suggestions had been identified based on residents' interests.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some of the residents who used this service required support in regards to behaviours that may cause concern. The action from the centre's last inspection had been addressed with more specific detail in place to guide staff in regards to the administration of an 'as required' medicinal product when a resident was experiencing anxious episodes which could lead to an escalation in behaviours. Although this action had been addressed, there was minimal use of this medication, and staff reported that recent changes to this resident's regular medication had a positive effect on their mood and ability to manage situations which they previously would have found difficult.

There was only one restrictive practice in use in this centre in regards to residents accessing kitchen knives; however, there was no rationale for this practice which needed further review to fully determine if this practice was a requirement of care.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans required and information in regards to reporting a concern were displayed within the centre. The provider had also appointed a person to manage safeguarding concerns and a staff member who met with the inspector felt that the residents were safe and enjoyed a good quality of life. A review of training records also showed that staff had completed safeguarding training and there was an open and transparent culture with the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively involved in decisions about their care, and also the running and operation of their home. Each resident had their own keyworker who they met with formally each month and also on an unplanned basis throughout the year to discuss current topics such as activities or upcoming events in the locality. The resident's keyworkers used the planned monthly meetings to discuss social events, updates on goals and also to keep residents informed in relation to topics such as safeguarding, finances, complaints and fire safety.

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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Soolhaven OSV-0007794

Inspection ID: MON-0040791

Date of inspection: 24/02/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none">• An MDT meeting was held on 26.03.2026, attended by the PIC, relevant team members, and the Behavioural Therapist, to review the requirement for secure storage of kitchen knives within the service.• A documented risk assessment and review of incident history confirmed that there have been no previous incidents or identified risks relating to kitchen knife access within Soolhaven.• Based on the assessment, it was agreed that implementing locked storage is not required at this time. Existing supervision levels and risk management practices are considered sufficient to maintain resident safety.• This approach supports a least restrictive environment in line with HIQA standards, while ensuring the ongoing safety and wellbeing of residents.• The decision was implemented immediately following the MDT meeting on 26.03.2026. This will be reviewed on an ongoing basis and formally reassessed at the next MDT review or sooner if any incidents or risks arise.]	

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 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	26/03/2026