Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ocean House
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	12 May 2026
Centre ID:	OSV-0007912
Fieldwork ID:	MON-0049758

About the designated centre

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

Ocean House is a designated centre operated by Sunbeam House Services CLG. The designated centre provides full-time residential services for adults with a mild or moderate level of intellectual disability. The maximum number of residents who can reside in the centre is two. The centre is made up of one semi-detached two story house located in a large town in Co. Wicklow. It comprises a communal sitting room leading to an adjoined kitchen/dining room with a large sunroom/conservatory at the rear with access to the back garden. There is a toilet/shower room downs stairs and a garage to the side of the house. Upstairs there are four rooms, three bedrooms and a storage room and staff office. There is also a communal toilet/bathroom on this floor also. The centre is managed by a full-time person in charge who is responsible for this and two other locations. The residents are supported by a nurse, social care workers with a sleep over staff arrangement in place at night.

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 12 May 2026	09:45hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection carried out to assess ongoing compliance with the regulations and standards.

Previous inspections of the centre had found ongoing incompatibility issues between residents that were impacting their safety and wellbeing. The purpose of this inspection was to assess the actions being taken by the provider to address the ongoing incompatibility concerns in the centre and to assess if the provider had implemented their compliance plan response from a previous inspection of this centre that had identified non compliance in the areas of safeguarding and residents' rights.

The inspector noted that improvements had been made since the previous inspection in relation to some resources, such as staffing arrangements, governance and management with suitable local oversight and measures to mitigate against safeguarding concerns. Furthermore, progress had been made regarding the transition of a resident to alternative accommodation.

To assess the quality of life for the residents the inspector relied on a combination of observations, discussions with residents, a review of relevant documentation, and conversations with key staff members.

The inspector conducted a walk-through of the premises accompanied by the person in charge. Overall, the inspector observed that the designated centre was clean and well-maintained.

Both residents had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

The designated centre is currently registered to accommodate two residents. On the day of the inspection, the inspector met and spoke with the two residents over the course of the inspection and observed their daily interactions with staff and their lived experience in the centre.

One resident spent some time speaking with the inspector at the kitchen table. They told the inspector that they 'liked living here', but their mobility has decreased and they weren't able to get out and about as much as they used to. They also spoke about looking forward to moving to their new home.

The inspector met the other resident briefly who smiled and nodded and indicated they were happy living in the centre.The resident spent the rest of the day outside of the designated centre engaging in community activities.

The person in charge and deputy manager reported that residents could spend time with each other but close staff supervision was required at all times due to ongoing peer-to-peer incompatibility concerns.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs. Staff were observed to be responsive to residents' requests and assisted them in a respectful manner.

On speaking with three staff members throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were observed to interact warmly with residents. The person in charge and staff described the quality and safety of the service provided in the centre as being very personalised to the residents' individual needs and wishes.

The findings of the inspection were positive and showed the provider was responsive to the needs of residents and that residents were supported to enjoy an active and meaningful life.

The next two sections of this report presents the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

There was a clearly defined management structure and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

The inspector examined the planned and actual staff rosters for March and April 2026. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

Staffing levels were in line with the centre's statement of purpose and the needs of the residents. Residents were in receipt of support from a stable and consistent staff team.

The inspector spoke with staff members on duty and found that all were knowledgeable about the residents' support needs and their responsibilities in providing care to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control (IPC), manual handling and fire safety.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight. The person in charge worked full time and was supported by a senior service manager.

A series of audits were in place including monthly local audits in the areas of health and safety, medication, finance and infection prevention and control (IPC) and provider-led six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed six incidents documented in the designated centres incident log during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Quality and safety

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

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions that residents required. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident. Residents were receiving appropriate care and support that was individualised and focused on their needs.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from abuse.

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents welfare and self development.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Residents' files contained communication care plans where required, and a communication profile which detailed how best to support the resident.

Staff were observed to be respectful of the individual communication style and preferences of the residents.

Throughout the duration of the inspection, the inspector observed residents receiving information and being communicated with in the best way that met their assessed needs.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of both residents.

Comprehensive assessments of need and personal plans were available on both resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Both residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, health care, nutrition and feeding, mobility and safeguarding, as per residents' assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this.

Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person.

The inspector reviewed both of the resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

Safeguarding plans had been developed outlining interventions to help protect residents from abuse, in particular peer to peer incompatibility.

An alternative living arrangement had been identified for one resident; however, the provider and the resident were unsure when they would be moving to their new home. They had been informed by the Allocated Housing Body that works were due to be completed by the end of May 2026 and the transition could commence then.

In the interim due to safeguarding risks, residents were not left unsupervised with each other in the communal areas of their home. Additional support from the multidisciplinary team was provided, and increased staffing resources were allocated to the centre. Staff also implemented the associated behaviour support plans.

As a result, there had been a reduction in safeguarding incidents, with no peer to peer safeguarding incidents, pertaining to incompatibility submitted to the Chief Inspector since July 2025.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider operated the centre in a manner that respected residents' rights and dignity. Residents were consulted with in the running of the centre, and their choices, will and preferences were supported and upheld.

Residents were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. Staff and management spoke about residents in a person-centred and professional manner.

The residents' overall well-being and welfare was provided to a good standard. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. Residents were supported to be active members in their community and to participate in activities meaningful to them.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant