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:	Redwood
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 August 2025
Centre ID:	OSV-0008225
Fieldwork ID:	MON-0047593

About the designated centre

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

Redwood is a designated centre operated by Sunbeam House Services CLG. The centre is a detached property located in Co. Wicklow. The statement of purpose notes that the centre is a vacant residence which is used, as required, by resident groups from the organisation, who require temporary accommodation for example, in instances where their permanent homes are being upgraded to better meet their needs. The designated centre can support up to five adult male or female residents with intellectual and physical disabilities. The centre comprises of five resident bedrooms with en-suite facilities. There is a dining room area with communal kitchen and a large sitting room. There is a bathroom with accessible bath and shower facilities. The centre also provides an office space for staff. The centre is managed by a full-time person in charge. The person in charge is supported by a person participating in management and a deputy manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 13 August 2025	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead
Wednesday 13 August 2025	10:00hrs to 18:00hrs	Sarah Barry	Support

What residents told us and what inspectors observed

The purpose of this inspection was to monitor compliance with the regulations and in particular, to ensure residents temporarily living in the centre were provided with the services in accordance to the centre's statement of purpose. As part of the inspection, the inspectors also assessed aspects of the provider's implementation of their organisation's improvement plan which was a response to an overview report published in February 2025.

From speaking with the person in charge, the deputy manager, staff members and five residents, as well as a review of documentation and observations on the day, the inspectors found that there was sufficient evidence to demonstrate satisfactory levels of progress of the implementation of the provider's compliance improvement plan. In addition, the inspectors found that the provider and person in charge had adequate systems which ensured there was appropriate planning, supports and safe transfers in place for residents during their transition into the centre. Inspectors found that residents had enjoyed a smooth and safe transition into their new home and that they were consulted throughout the transition. On the day of the inspection, residents told the inspector about how happy and content they were living in their new home.

This designated centre provided a service to resident groups from other designated centres within the provider's organisation when residents required temporary accommodation in a registered designated centre. This was mainly during times when residents own home/designated centre was undergoing major structural renovation works.

On the day of this inspection, a group of five residents, from a designated centre in Bray, had moved into the centre on a long-term temporary basis while their permanent home was undergoing a significant upgrade work. They had been living in this centre since the 15 May 2025.

Inspectors were provided the opportunity to meet with all five residents. During these engagements the residents relayed their views to the inspectors. Residents' views were also taken from staff and management advocating on their behalf, observations, transition plans and transition discussion documentation, residents' house meetings minutes and various other records that endeavoured to voice the residents' opinions.

The inspectors walked around the centre with the deputy manager and observed that the house provided a bright, spacious and welcoming environment. Residents' framed paintings were hung up on the walls of communal areas such as the sitting room, kitchen and hallway. There were large mirrors and pictures along the hall providing a warm and cosy atmosphere. Each resident was provided with their own

bedroom which had adequate storage space and also included an en-suite shower facility.

Residents had been consulted in the layout and décor of their rooms. The inspectors were informed by staff that each resident was provided with a colour card to choose the paint they wanted on their bedroom walls. Residents told the inspector they were happy with the colour of their rooms.

One resident told the inspectors that they had chosen to paint their bedroom walls pink as that was their favourite colour. They had bought a lot of matching pink items for the room and decorated it to their own taste. Another resident told the inspectors that they chose their walls to be painted yellow as it was a colour they really liked and they found it to be nice and relaxing. Many residents were supported to bring their own furniture and soft furnishing from their previous home to the centre. In addition, residents had bought an array of new soft furnishings including cushions, lamps and bedding for their rooms.

Some of the residents were happy to show the inspectors their bedrooms, they seemed proud when talking about the décor of their rooms and were smiling when relaying the different items in their bedroom. One resident showed the inspectors some of their artwork that they had created in their pottery classes as well as pictures they had painted. The resident also talked the inspectors about how happy they were to have the use of a shower in their en-suite. In particular, they talked about being able to wash their hair independently. In their previous home, the facilities were not adequate enough and the resident required the support of staff when they wanted to wash their hair. The inspectors observed the resident to smile a lot throughout the conversation and appeared very happy when referring to facilities available to them in their new home.

Another resident showed the inspector their large music collection in their bedroom of which there was ample space to store it. The resident said they had chosen the colour of their room and were happy with its layout and décor. The resident said that they were happy with who they shared their home with and that the people in the house were their friends. Another resident was happy for the inspectors to visit them in their bedroom. Inspectors were told that the resident, alongside their family members, choose the layout and décor for the room. The resident appeared comfortable and happy in their room however, when asked if they liked living in the centre they informed the inspectors that they preferred to live in the previous location as it was by the sea. During the day, the inspectors observed the resident heading out with their staff to the county their previously home was in. While there, the resident went to the gym, to the post office and out to a café for lunch.

In addition to the five bedrooms, the house also included a large communal accessible bathroom that contained a Parker bath, shower and toilet. There was new shelving in the room that provided ample space for storage. The communal sitting room was bright and spacious with large comfortable couches. There was a dining room with a kitchen area which was divided off by a door and large hatch. The

inspectors observed residents' paintings hung up on the walls of the dining room providing a homely atmosphere and a space that was personal to the residents.

There was a photographic visual roster on the wall of the dining room. One resident told the inspectors that they liked having the roster to see what staff were working each day of the week. The kitchen was bright and provided appropriate cooking facilities. There was a large fridge and lots of space for storing food. The kitchen was observed to be clean and tidy and the large fridge was observed to have a lot of fresh fruit and vegetable as well as a variety of healthy and nutritious food options.

There was a garden area out the back and side of the house. The ground area just outside the dining room door required upkeep as it was an uneven surface. Residents had been consulted about the garden and took part in upgrading areas of it. For example, when one of the residents was showing the inspector around the garden area they pointed out fencing which they had recently painted and new flowers and potted plants that were purchased to decorate the fence.

The inspectors observed staff facilitated a supportive environment which enabled the residents to feel safe and protected. Residents were supported to be aware and knowledgeable in how to keep themselves safe in their home and community. Residents were provided with easy-to-read information on safeguarding. Residents were also supported to be safe and aware in the event of a fire. One resident talked with one of the inspectors about a recent fire drill that had been completed in the centre. They outlined to the inspector about how they evacuated the centre and went to the assembly point.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular household meetings. On a review of residents' meeting minutes from the last two months, the inspectors saw that matters such as new staff in the designated centre, local buses and transport – 'Travelling Training', issues or requests in relation to building/maintenance, rights including any relevant issues such as safeguarding, finance and advocacy, and shopping list items or meal ideas were all discussed with decisions made and noted.

There was evidence to show that issues raised by residents at their household meetings were followed up on. For example, one resident had requested that their new curtains be hung in their bedroom. When the inspector spoke to the resident about this, they confirmed that the curtains were now in place. Another example relating to a resident's travel plans. The resident had expressed an interest in going on a trip to London. When the inspectors spoke to the resident, they told them that they have booked a trip for later this year. Another resident raised an issue regarding their dislike of a particular type of food. Staff reassured the resident that if this food was on the house menu, the resident could chose an alternative food. This demonstrated that the residents felt comfortable raising issues with their staff members and that staff provided assurances to residents, regarding their concerns.

The provider and person in charge had put a variety of systems in place to ensure that residents and their families were consulted in the running of the centre and

played an active role in the decision making within the centre. Families played an important part in the residents' lives and the person in charge and staff acknowledged and supported these relationships and in particular, made strong efforts to facilitate and enable residents to keep regular contact with their families. Families were invited to visit the centre in advance of the residents moving in to it. Families were also invited to visit the centre after the residents had moved in to it. The inspectors were told about a resident's recent birthday which was celebrated in the centre's garden with friends and family invited.

Residents' independence was promoted in the centre. Management and staff had put a number of systems and initiatives in place to ensure residents were comfortable in their new environment and locality and overall, supported them to continue to be as independent as they were in their previous home. Inspectors spoke with a resident who was getting ready to go for a haircut for the first time in the hairdressers in the local town. In addition, an educational programme called 'Travelling Training', was created to support residents become familiar with the public transport options around their local area. Following the training, residents noted they were happy to navigate the public transport system independently.

In summary, the inspectors found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that the residents had been supported to transition to their new temporary home in a planned and safe way. Residents and their family were consulted throughout the process. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

Some improvements were needed to Regulation 17: Premises, this is discussed in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

In February 2025, HIQA published an overview report of governance and safeguarding in designated centres operated by the provider. The report incorporated the findings of 34 inspections carried out in 2024; and focused on five regulations (Regulation 5: Individualised assessment and personal plans, Regulation 7: Positive behaviour support, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management). The provider was found to be not-compliant under those regulations.

The report included an organisation improvement plan from the provider that outlined its actions to address the poor findings and to come into compliance. This inspection formed part of the Chief Inspector's overall assessment of the provider's implementation of the provider's plan and its effectiveness in driving improvements.

There had been a number of quality improvements made in the centre which demonstrated effective progress on the provider's implementation of the improvement plan and how it was impacting positively on the quality of life for the resident living in this centre.

Since the last inspection of this centre in February 2025, five residents had moved in on a temporary basis until a significant suite of premises upgrade works were completed on their permanent home. There were satisfactory governance and management systems in place to support a smooth and safe transfer of residents from their previous home to this designated centre. Residents, and where appropriate, their families had been consulted about the move to the centre. Most of the residents spoken with on the day expressed their happiness of their new living arrangements and conveyed how they were consulted in and were part of the layout and decor of the temporary home.

On the day of the inspection the inspector found that there was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre

The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and was supported by a deputy manager and a person participating in management.

Overall, there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. Since the move to the centre in May 2025, the person in charge had ensured that local monitoring systems such as the monthly household audit had been completed as well as other household checks that ensured the safety of residents. However, some improvements were needed to the monitoring and oversight systems in the designated centre relating to water safety. A similar deficit had been raised on the the last inspection of the centre.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

On review of documentation, and from speaking with management, the inspectors found that a number of the provider's plans for bringing Regulation 15: Staffing, into compliance, across their organisation, had been completed or partially completed in this centre with evidence of good progress being made.

Some examples are listed below (additional examples can be found under regulation 16):

Where agency staff were employed in the centre, they had been provided with an appropriate induction. There was an induction folder in place and this was available for agency staff to review. The folder included pertinent information for staff to familiarise themselves with residents' support needs and other service delivery matters.

While agency staff were provided with access to one of the organisation's information technology (IT) systems, on speaking with staff on the day, the inspectors found that the agency staff did not always input the information on to the systems themselves. This meant that during these times, there was a potential risk to the accuracy of residents' daily and incident reports inputted on the system.

On the day of the inspection, the inspectors found that the provider and person in charge had endeavoured, as much as possible, to ensure that when the residents transferred from their previous centre to this designated centre, continuity of staffing and care was in place.

A number of staff specific consultation and planning meetings had taken place with staff members in advance of the move to the this centre. The meetings had resulted in many of the staff relocating with the residents to this centre.

Staff supported residents through key workings sessions as part of their transition to the new centre. Staff also supported residents visit the centre in advance of moving in. Furthermore, staff supported residents with the décor and layout of their bedrooms and overall, in creating a familiar and homely environment for them.

While there was a staff vacancy in the centre, the inspectors saw that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents on a daily basis. Every day, four staff supported the five residents with two waking night staff providing support during the night-time.

In response to the vacancies, staff members of the core team worked a number of additional shifts to cover the gaps on the roster. Where the core team were not able to cover, agency staff, were employed to work in the centre.

On review of a sample of actual and planned rosters, the inspectors saw that where agency staff were employed, the person in charge was endeavouring to employ the

same agency staff members as much as they could. The roster demonstrated that two agency staff covered the most shifts; for example, in July, one staff covered 12 shifts while the other agency staff member covered seven shifts. In August, the same two staff members were due to cover 21 shifts between them throughout the month.

There were other agency staff used less frequently and the inspectors were informed that a decrease in use of agency staff was imminent. This was due to the commencement of two new staff members; One staff was due to commence the Tuesday after the inspection with another staff just waiting on their required vetting to be processed.

On speaking and observing staff members on the day of the inspection, the inspectors found that they were knowledgeable of the assessed needs of residents and how to support their needs. They were aware of the residents likes, preferences and of the care support plans in place to guide them in their practice. Engagement between staff and residents was observed to be kind and caring. There was a lively and jovial atmosphere in the house throughout the inspection and residents appeared happy and content in the company of their staff.

Judgment: Compliant

Regulation 16: Training and staff development

As part of the provider's organisation improvement plan, the provider had developed and was rolling out a number of training courses to better support management and staff carry out their roles to the best of their ability. The inspectors found that there was good progress being made on the delivery of training programmes, which were due to be completed by December 2025.

Some of the examples include:

The roll out of specialised person-centred positive behaviour supports: All staff had completed this training. In addition, staff had had completed training in restrictive practices.

No staff had completed the new key working training programme however, the person in charge informed the inspector that they were all booked on to the training and that everyone will have completed in by mid-November 2025.

The person in charge had completed in-house safeguarding training in February 2025, which was provided by the National Safeguarding Team and the provider's Senior Social Work Safeguarding Liaison Officer.

Overall, most staff had completed eLearning training relating to updated safeguarding policy and restrictive practice policy.

A specific resilience training programme for persons in charge has commenced, with phase one rolled out in July 2024 with 35 participants. The person in charge in this centre was not part of phase one.

On the day of the inspection, the inspector saw that the person in charge had good systems in place to evaluate staff training needs and to ensure that adequate training levels were maintained. On review of staff training records, the inspectors saw that staff had completed or were scheduled to complete the organisation's mandatory training as well as training specific to the needs of residents living in the designated centre.

A sample of training courses provided to staff included:

- Restrictive practice
- Positive behaviour supports
- Fire Safety
- Safeguarding of vulnerable adults
- Food Hygiene
- Safe Administration of Medication
- Epilepsy (including training on emergency seizure management medication)
- Manual handling
- Complaint's management
- Children First
- Managing Feeding, Eating, Drinking and Swallowing (FEDS) for People with an Intellectual Disability

Judgment: Compliant

Regulation 23: Governance and management

On review of documentation and from speaking with management the inspectors found that a number of the provider's plans for bringing Regulation 23: Governance and management, into compliance, across their organisation, had been completed or partially completed in this centre with evidence of good progress being made.

Some examples are listed below:

Training in areas of safeguarding, person-centred specialised positive behaviour supports, restrictive practices, and key working training programmes that were due for completion by December 2025 were well underway. The person in charge told the inspectors that they had booked all staff members a place on the key working course between now and November 2025.

There was evidence to demonstrate that the traffic light plan, to identify and prioritise positive behaviour supports needs, was in place in the centre. Where a resident's positive behaviour support plan had been reviewed and updated in May

2025, their positive behaviour support status was recorded on the live system as 'green'.

As part of the enhancement of person participating in management (PPIM) governance and management oversight, information for quarterly governance and assurances and business support meetings had been collated. On review of a minutes from a meeting in February and July 2025, the inspectors saw that matters discussed and reviewed at the meeting included the centre's statement of purpose, residents' medication, housekeeping inspections, staff training, health and safety, residents' files, inductions, actions from six monthly review and the quality improvement actions plan action updates. The meetings also took into account the transition of residents into this centre.

The first phase of the new resilience programme for persons in charge was completed and currently going through a review before the next phase commenced. The person in charge had not been included in the first phase. The informed the inspectors that they were aware of the course however, had not received any dates for the next phase.

Overall, the inspectors found the governance and management systems in place to operate to a good standard in this centre. There was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The person in charge was supported by a deputy manager and person participating in management to carry out their role in this centre.

The person in charge, with the assistance of the deputy manager, had completed monthly housekeeping audits which provided good oversight and monitored other audits and checklists in the centre such as, document inspection audits of residents' personal plans, petty cash audits, cleaning schedules, first aid and internal medical audits, fire safety checks, to mention but a few. The inspector reviewed a sample of these audits from June and July 2025.

The provider had ensured that there was effective leadership in place that identified responsibilities for the transition process of residents. The provider had a referrals committed in place and a specific working group to support residents move into their new home in a safe manner.

The provider ensured that appropriate planning, supports and safe transfers were in place for residents when they moved. The management systems in place ensured that the residents move into their new temporary home was person-centred, provide continuity in each resident’s life and meet their assessed needs.

The person in charge carried out a team meetings with staff since moving to the new location. Overall, the inspectors found that staff meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents.

However, some improvements were needed so that all management systems in place ensured the service provided was safe and effectively monitored, at all times.

For example, the previous inspection of the centre identified inadequate oversight systems in place for the centre's water safety checks. In particular, systems that ensured water outlets, that were not in regular use, where provided appropriate infection prevention and control checks. This inspection also found that where water outlets were not in regular use in two residents en-suite shower facilities, that there was no satisfactory oversight or checking system in place for them.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a clear planned approach to the residents' admission in to this designated centre, including appropriate consultation and assessments. All residents, and where appropriate, their family were provided opportunities to visit the centre before moving in to it.

Staff members who were supporting the residents in their previous home moved with the residents to their new temporary home. Management as well staff that worked in the previous centre were part of the transition working group. The met with the residents on a regulator bases to discuss the process and the service before they, or their representatives, made their decision to move to the centre.

When the residents moved into the centre, they were provided with and new contract of care that clearly specified the terms on which they live in the centre. This contract for the provision of services supported the residents' assessed needs and was consistent with their associated personal plan and the provider's statement of purpose for the centre. It also ensured that the residents' rights were protected. On review of a sample of contracts, the inspectors saw that it was written in plain language as well as visual format and the terms and conditions were clear and transparent.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and were within the required time frames as required by 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).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. On review of a sample of team meeting minutes, the inspectors found that where there had been behavioural or issues of concern, that the incidents and learning from them, had been discussed at staff team meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place and it was up-to-date. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and were aware of and understood the the complaint's policy.

The inspectors observed that the complaints procedure was accessible to residents and presented in a format that they could understand. Residents were supported to make complaints and had access to an advocate when making a complaint or raising a concern. There was an advocacy group within the organisation called Viewpoint whose members included residents and staff.

Residents discussed the topic of 'complaints' on a regular basis at their household meetings and there was evidence in residents' personal plans of key working sessions about the complaint's procedure. One resident had made a complaint when they were unhappy about the arrangements to keep their personal monies secure. The person in charge had followed-up on this matter and in addition had reported a peer-to-peer safeguarding incident associated with the complaint. Upon the resident’s request, they were provided with practical arrangements that they could put in place themselves, with the support of staff, in an effort to resolve the complaint and mitigate the risks of similar incidents occurring.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who live in the designated centre.

Overall, residents' well-being and welfare was maintained to a good standard of evidence-based care and support. The person in charge and staff understood residents' assessed needs and were knowledgeable in the supports required to meet those needs. Residents had been supported, in a person-centred way, to transition from their previous home to this designated centre. They had been consulted with throughout the process and they were supported to visit the centre in advance of the move and they had been involved in the layout of their bedrooms and other areas of the house.

On the day of the inspection, while the inspectors saw that the premises presented as warm and homely, met the residents assessed needs and clean and tidy, a number of improvements were needed. In particular, to ensure that residents were provided a laundry facility that was within the footprint of the designated centre. In addition, there were a small number of upkeep and repairs need to internal and external areas of the centre.

Each resident was provided with a personal plan and they were reviewed annually, in consultation with each resident, and more regularly if required. Since the move to this new centre, residents' plans had been reviewed and reflected the residents transition in to the centre. Residents were also provided with transition plans to support a move that took into account their individual support needs and preferences. In addition, residents were provided with contracts of care, which were within their personal plan, and had been updated to reflect the centre they were now living in.

Every effort had been made to ensure that residents could receive information in a way that they could understand. Each resident was provided with a communication support plan and a personal communication passport.

The inspectors found that residents were protected by appropriate safeguarding arrangements. The provider, person in charge and staff demonstrated a high level of understanding of the need to ensure each resident's safety. In advance of moving into the centre, compatibility assessments had been completed as well as a review of residents needs and supports in relation to their safety.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented.

There was a number of environmental and rights restrictive practices used in the centre. Where restrictions were applied, they were clearly documented and were subject to review by the appropriate professionals.

Regulation 10: Communication

Overall, the inspectors found that communication access was facilitated for residents in this centre in accordance with their needs and wishes.

The person in charge had ensured that residents were provided information in a way that they understood. The inspector observed examples of easy-to-read format information in residents' personal plan and on residents' notice boards. This was to support residents' understanding of the information in line with their needs, likes and preferences.

There was a culture of listening to and respecting residents' views in the service. When residents were transiting to their new temporary home, they were consulted in the process in a way that they understood. Resident were provided meetings that included verbal and easy-to-read information, transition plans were provided in easy to read format. Where one resident had a visual impairment, it was noted on documents to verbally relay the information as easy-to-read documents were not appropriate for them.

There was an in-house advocacy group that included residents as part of the group. The group empowered residents to advocate for themselves and other individuals living in designated centres. The inspectors were informed that two residents living in the centre attended the advocacy group meetings.

To support residents to understand the information provided to them and to be supported to communicate their choices and decisions about their care and their lives, each resident was provided with communication support plan and personal communication passport. Communication passports were a practical communication profiling tool to help convey each residents unique identity, specifically in relation to their communication profile.

Judgment: Compliant

Regulation 12: Personal possessions

The provider and person in charge created an environment in the centre which enabled the residents to bring items from their previous centre which were meaningful to them. Residents were encouraged and supported to make decisions about how their bedrooms were decorated.

For example, on speaking with one of the residents about the decor of their room, the inspectors found that the resident had been supported by their staff when choosing the colour of their new bedroom. Staff provided the resident with a colour wheel from which the resident chose colour they wanted for their room. The resident told the inspectors that they were very happy with the colour. The resident had also been supported to bring furniture from their previous bedroom to their new bedroom, including an armchair, their bed and other personal effects.

Each resident's bedroom was equipped with sufficient and secure storage for personal belongings. One of the resident's liked to lock their bedroom at times and kept the key with them. Staff were observed to knock and request permission from residents before entering their bedrooms. There was an inventory of residents' personal belongings contained within their personal plan.

Senior management in the centre carried out an annual review of the resident's finances and property. A sample of two residents' personal plans were reviewed and found to contain a financial assessment form. Residents were provided with support to manage their financial affairs, where they required or requested it.

Judgment: Compliant

Regulation 13: General welfare and development

The inspectors found that residents were assisted to exercise their right to experience a range of relationships, including friendships and community links, as well as personal relationships. Residents were supported to engage in their new local community through many different social activities including going out for coffee, shopping in local shops, enjoying local visitor sites and going to the local barbers.

Residents were also supported to continue engagement with their previous community to ensure relationships built were maintained and supported. One resident was supported to visit their friend in Bray on a regular basis. The resident was also supported to have their friend visit them their new home. Another resident continued to attend their gym in Bray and another resident participated in their day service which was also located in Bray. Residents were supported to maintain links with their previous community and this was supported through the centre's transport vehicle or through residents using public transport.

The residents were enabled and assisted to communicate their needs, wishes and choices which supported active decision making in their lives including their care. During monthly key working sessions, residents were provided an opportunity to relay their choices in relation to preferred activity and or interest. Residents were also supported to relay their choices at household meetings.

On advocating for residents, staff and management advised of the positive outcomes and happiness for residents since their move to their new temporary home. They spoke about the training provided to residents to promote their independence in accessing their local and further community.

Residents were involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. One resident talked to an inspector about their enjoyment of cooking and how they had baked banana bread and buns in the centre's kitchen. Some residents were

interested in maintaining the centre's garden and other residents were supported to do their laundry and to clean and tidy their own rooms.

The inspectors saw that residents were supported to choose goals that encouraged their independence and personal development. On review of a sample of residents goals, the inspectors saw goals included, attending musical shows, return to swimming lessons, self-medicate, attend self-care therapies in the community and going on a holiday to the UK, but to mention a few.

Judgment: Compliant

Regulation 17: Premises

While the residents had a laundry facility available to them, it was located within the grounds of a neighbouring designated centre and not within this designated centre's registered footprint. In addition, the laundry arrangements had not been included in the designated centre statement of purpose.

The provider was required to update their statement of purpose to accurately reflect all facilities available for residents, including their laundry facilities, and to make arrangements to include the laundry space on the registered footprint of the centre.

There were also some other premises issues identified:

The ground surface out the back of the house leading out to the garden was observed a uneven and posed a potential risk of falls and trips. Residents were using this space to create a new garden with painted fences and potted plants however, the uneven surface was impacting on their safety and independence in utilising and enjoying the space.

The floor in the main bathroom was badly stained in one area and the pipes behind the sink and toilet were not covered and a build-up of ingrained dirt was observed in the area. This had been identified on the centre's household monthly audit in June however, there was no date in place for the work to be completed.

The ceiling space over the en-suite shower in one resident's bedroom was observed to have a lot of flaking and peeling paint and one of the shelves needed repair. The shelving had been identified on the household audit however, there was no date for repair.

In one resident's room there was an armchair used to support the resident when they were getting dressed. The inspectors observed the legs of the chair to be in poor upkeep.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider and person in charge had systems in place to ensure appropriate planning, supports and safe transfers were in place for residents when they transferred to this centre.

There were structures and tools to support the smooth and safe transition of residents such as a referrals committee who were responsible for the coordination of residents' transfers.

A working group, that included staff and management had been set up to ensure a smooth transfer of residents to this centre. The group also ensured that staff members had clearly defined responsibilities to assist residents who require support during the move and when they settled in to their new temporary home.

In advance of moving into the centre a 'client moving into residential location – discussion form' as well as a compatibility assessment was completed for each resident of which they were consulted, and where appropriate their family members also. These systems considered the location details, transition plans, key working, contract of care, tenancy, client finances, property log, change of address, home visits, equipment, HIQA, personal outcomes, advocacy supports, safeguarding, family consultation and residents' rights. Overall, this ensured that there were adequate checks completed to ensure that each resident was moving in to a service that where they were safe. In addition, residents in the neighbouring designated centre were also considered to ensure that they were protected also.

Through a review of a sample of documented transition discussions and plans, the inspectors found that overall, the change in location for residents was not disrupting or impacting negatively on key events in their lives. The residents were included and consulted about the temporary move to this centre and this was reflected in their personal plan. The voice of each resident was captured by the service using communication that was tailored to the individual resident.

Residents were provided with easy-to-read transition plans, key working sessions and house meetings to keep informed and abreast of each step of the move. When residents had moved into the centre they were supported to keep up contact with family and friends in the location they previously lived in. Where residents attended community activities such as the gym or art and craft classes in the other location they lived in, they were either driven in the centre's transport or supported to travel independently using public transport. One resident had returned to their day service, which was in Bray, and they were supported to travel independently, using public transport, to get there.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

On review of documentation and from speaking with management, the inspectors found that a number of the provider's plans for bringing Regulation 5 into compliance across their organisation had been completed or partially completed in this centre.

Some of the examples are listed below:

Key worker training programme was rolled out in 2025. On speaking with the person in charge, the inspectors were informed that all staff were booked on the this training course between now and end of November 2025.

Audits of the residents' personal profile documentation by the keyworker and person in charge using the person profile checklist had been implemented with evidence of completion for quarter two. The audit included actions required, status update and completion dates that were signed by the person in charge.

The person in charge was aware of the newly developed clinical case review work-flow chart.

On the day of the inspection, the inspectors reviewed a sample of three residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices.

The plans had been reviewed since the residents transitioned to this centre and took into account changes in their lives since the move. Residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives.

Residents personal plans included support plans and documents to assist staff and medical professional in supporting the resident. For example, support plans included, patient passport which contained information around the resident's like and dislikes and how they liked to be supported. Communication passport to guide staff on how to communicate with residents that was in line with their assessed needs. Other plans such as falls risk assessment, feeding, eating, drinking and swallow (FEDS) plan, intimate care plan and safeguarding plan ensured staff were provided clear guidance on how to safety support the resident in these areas of care.

Overall, the inspectors found that residents were supported to choose goals that were meaningful to them, included them in their community and were in line with each of their likes and preferences. Residents goals included attending musical

shows, a city day break, returning to swimming lessons, self-care therapies, going to the gym, travel training and money management, but to mention a few.

On review of a sample of records on the organisation's computer system, the inspectors found that the progress of residents' goals was regularly updated by each residents' keyworker.

Judgment: Compliant

Regulation 7: Positive behavioural support

On review of documentation and from speaking with management, the inspector found that a number of the provider's plans for bringing Regulation 7 into compliance across their organisation had been completed or partially completed in this centre.

Some examples are listed below:

One resident was provided with a positive behaviour support plan which had been reviewed in May 2025 by an appropriate professional. The plan had been included in the newly implemented traffic light system, to identify and prioritise positive behavioural support needs in the organisation, and were currently live rated as green. The inspectors found that this was an accurate rating considering the resident's plan was up to date.

The restrictive practice policy had been reviewed in September 2024. There was an eLearning programme in place to ensure staff had read and understood the policy. All but four staff members had completed the eLearning course.

Additional positive behaviour support training was being rolled out within the organisation throughout 2025. The training matrix demonstrated that all staff member had completed this training.

The person in charge was aware of the restrictive practice campaign and advised that they were a member of the organisation's human rights committee where restrictive practice referrals are submitted for consideration to ensure the least restrictive option is in place and the rationale for their implementation is underpinned by a rights based approach.

The inspectors observed that residents were encouraged to express their feelings and supported to manage situations that impacted on their emotional wellbeing. Positive behaviour support strategies were outlined in a positive behaviour support plan for one of the residents. This plan was developed by the organisation's behaviour specialist to provide guidance to staff. Staff members spoken with were knowledgeable about the supports the resident required and were observed to implement these supports on the day of inspection.

There was some restrictive practices in place in the designated centre. These restrictive practices were maintained in a restrictive practice log. On review of one restrictive practice, the inspectors saw that it included an associated risk assessment, a support plan and provided clear guidance for staff on how to support the resident manage their behaviours.

A review of incidents in the centre demonstrated that where an incident had occurred relating to this restrictive practice, staff had supported the resident in line with these guidelines. The support plan also noted that if the resident chose to deviate from this plan, this was their decision and staff should follow the resident's wishes. This promoted the residents' right to independence and a restraint-free environment.

On review of residents' personal plans, the inspectors saw that consent forms relating to restrictions were provided in an easy-to-read format within the plan. Where an easy-to-read document did not meet the communication needs of one of the residents, staff had noted that they had verbally engaged with the resident to ensure their consent.

Judgment: Compliant

Regulation 8: Protection

On review of documentation and from speaking with management, the inspectors found that number of the provider's plans for bringing Regulation 8 into compliance across their organisation had been completed or partially completed in this centre.

Some examples are listed below:

The person in charge informed the inspectors that they had attended the one day training provided by the National Safeguarding Team and the provider's Senior Social Work Safeguarding liaison office.

The organisation's safeguarding policy had been reviewed October 2024 by the provider. A copy was made available to staff. Almost all staff in this centre had completed eLearning training to demonstrate they had read and understood the policy (four staff had yet to complete the eLearning).

The provider's Senior Social Work Safeguarding Liaison Officer had communicated with designated office and or persons in charge to assure that they had registered on the National Safeguarding portal. The person in charge informed the inspector that they were registered on the portal.

Residents living in the designated centre were protected by appropriate safeguarding arrangements. Staff were provided with training relating to keeping residents safeguarded.

There had been a decrease in safeguarding notifications submitted for the residents who had moved to this centre. Where there had been two safeguarding incidents, these had been followed up appropriately and behavioural supports were reviewed and updated in an effort to reduce recurrence.

Overall, the inspectors found that the compatibility issues, that had been identified in the centre the residents previously lived in, were no longer evident in this centre. Residents appeared to enjoy each other's company and seemed happy and relaxed in their home environment with their peers. Three residents told the inspectors that they were living with their friends and relayed stories of community outings they had enjoyed together.

On speaking with staff, they informed the inspectors that overall, the residents were really happy living in the centre and that they had observed a positive change in their presentation and wellbeing since moving to the new location.

There was an appropriate level of oversight to ensure that safeguarding arrangements promoted residents' safety and welfare. Residents' personal plans demonstrated that safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's assessed needs and in a manner that respected each resident's dignity and bodily integrity.

There were systems in place that ensured that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. All information and advice given to help residents to care for and protect themselves was sensitive towards their ability, understanding and type of disability. Safeguarding was discussed at residents' meetings, at key working sessions and there was an easy-to-read information document, relating to safeguarding, in each resident's personal plan.

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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Redwood OSV-0008225

Inspection ID: MON-0047593

Date of inspection: 13/08/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Weekly flushing checklist implemented on the day of inspection for the two ensuite showers not in regular use. This is now in weekly use and oversight of this is carried out by the person in charge. Complete 14/08/25	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Updated floor plans and statement of purpose that reflects all facilities (laundry room) available to residents submitted to HIQA via email and post 20.08.25 - Complete 20.08.25 The ceiling space over the en-suite shower is now repaired. Complete 29/08/25. The shelf in the resident's bedroom is now repaired - Completed 29/08/25. A new chair for the resident's bedroom is currently being sought from a supplier and will be in place on or before 30/09/2025. The uneven ground surface out the back of the house is to be addressed by facilities. A number of options have been explored and costings sought. Facilities are proposing to pave the area, and this is due for completion on or before 31/01/2026. The stained flooring in the main bathroom area is to be replaced. This will be completed on or before 31/10/2025.	

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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2026
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	20/08/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/08/2025