



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

Issued by the Chief Inspector

Name of designated centre:	Shalom Heights
Name of provider:	Orchard Community Care Limited
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0008490
Fieldwork ID:	MON-0040811

About the designated centre

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

Shalom Heights designated centre comprises one spacious house near a rural town in Mayo. The centre can accommodate four residents, male and female with an intellectual disability, mental health issues and behavioural issues. The centre is staffed according to residents assessed needs., including staff who provide waking and sleepover support on a 24-hour basis. Each house has access to transport, residents can attend school services, or some receive an individualised home-based programme. Each house is suitably laid out and accommodation includes, sitting rooms, kitchen and dining room, staff office and sleepover facilities including ample outdoor space for recreational activities.

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
Thursday 19 February 2026	13:30hrs to 18:30hrs	Catherine Glynn	Lead
Friday 20 February 2026	08:30hrs to 11:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The residents who received care in this service had a good quality of life and had choices in their daily lives, and were supported with personal development and activities they enjoyed. The person in charge and staff were focused on ensuring that a person-centred service was delivered to these residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of children who reside in designated centres for children with disabilities. As part of this inspection, the inspector also reviewed the application to renew the registration of the centre that the provider had submitted with the prescribed documentation. The inspector met the person in charge, the person participating in management and two staff , and viewed a range of documentation and processes in the centre.

The person in charge and staff prioritised the wellbeing, autonomy and quality of life of residents. It was clear from observation in the centre, conversations with a resident and staff, and information viewed during the inspection, that residents had a good quality of life and choices in their daily lives in this centre.

A walkaround of the centre was completed with the person in charge and floor plans were also reviewed. The inspector found that the centre was designed and laid out to meet the residents needs. Residents had adequate space for privacy or to complete activities they preferred of to facilitate visitors. Facilities were in place for each resident to have their own room with en-suite and they could decorate, design and furnish their room to their preferences, choice or colour. Staff and residents had daily and weekly discussions on menu planning, activities, shopping and trips away from the centre.

The house was clean tidy and in a good state of repair, It was nicely decorated throughout. It was warm, bright and comfortable. Residents photographs were displayed in communal areas and in their bedrooms. The house was fully accessible to residents.

Overall, residents were supported in line with their assessed needs, and a variety of person-centred age appropriate activities in this centre. The next two sections of the report present the inspection findings in relation to the governance and management in the centre, and how these impacted on the quality and safety of the service and the quality of life of residents.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard in the centre.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was knowledgeable regarding the individual needs of each resident. There were arrangements to support staff when the person in charge was not on duty in the centre.

The centre was suitably resourced to ensure effective delivery of care and support for residents. These resources included the provision of suitable, safe, comfortable accommodation and furnishing, transport, access to WI-FI, televisions and there was sufficient staff on duty during the inspection to support residents to take part in activities that they preferred and was age appropriate. The provider had ensured that staff were suitably trained for their roles. The provider also ensured that the service and residents' property was suitably insured.

There was a range of systems in the centre to oversee the quality and safety of care in the centre. These included ongoing audits of the service, including the unannounced audits by the provider which were carried out twice a year. An annual review of the service including a record of consultation with residents. Any issues arising from audits were suitably addressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of social services. The inspector reviewed this documentation and found it had been suitably submitted.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the provider had ensured that suitable staffing arrangements were in place to meet the resident's assessed needs.

The inspector reviewed rosters from December 2025 to January 2026. These indicated that the required number of staff with the necessary skill mix was available at all times to assist the resident. The provider monitored the staffing needs to identify any changes in support needs.

The staff were consistent and familiar to the resident's. Flexibility was built into the roster to ensure staff were available to assist resident's in line with their assessed needs. One resident was supported with a home visit during the inspection.

Staff received regular formal and informal support through supervision, which was scheduled in line with the provider's policy. The inspector found that this was an opportunity for staff to discuss service requirements and opportunity for staff members to discuss the support needs of residents or seek support in training if required.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector noted that the management team ensured that an accurate training record was in place and monitored as required.

This ensured that all staff were up to date in their mandatory training needs, as well as additional bespoke training when required. The inspector also noted that a training needs analysis was also in place to assist the person in charge in their review of the staff's training needs in line with the assessed needs of residents. Mandatory training included safeguarding and children's first, positive behaviour support, medication management and fire safety.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured that the directory of residents was established and maintained in line with the requirements of the regulations.

The information maintained included the date of the admission of each resident, and the person or authority that initially referred the residents for admission. The record was maintained and monitored by the person in charge.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance was in place for the centre as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had governance and management arrangements in place, which meant that there were clear lines of authority. Staff spoken with were aware of the management structures and supports in place if required.

The provider had developed a clear organisational structure to manage the centre and this was clearly set out in the statement of purpose. There was a suitably qualified and experienced person in charge to manage the centre. The person in charge was familiar with residents who lived in the centre and focused on ensuring that the residents would receive a quality residential service.

The person in charge completed local audits for example, daily, weekly, and monthly checks on fire safety, finance audits, medication management and personal plans. There were also additional audits required by TUSLA as an additional monitoring of the service to ensure the welfare of residents was monitored and appropriate at all times. Furthermore, the provider had completed an annual review of the quality and safety of care in January 2026, and the last provider-led unannounced visit to the centre was completed in November 2025. This ensured that continuous monitoring and oversight was in place for the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and found that it included the prescribed information and adequately described the service provided in the centre for example, the resident's involvement in the running of the centre and the current staffing provided. The statement of purpose was also provided in an accessible format in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had ensured that all required incidents were recorded and reported within the time frames specified by the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector should the person in charge become absent from the centre. The inspector noted that the arrangements were displayed in records reviewed on the day of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements for the effective management of complaints in this centre, that were effective, and ensured that complaints raised by residents and or their representatives were dealt with in an appropriate and swift manner.

The provider had an effective complaints policy and procedure in place, which guided staff effectively on complaints management in the centre.

The person in charge maintained a log of all complaints and ensured that a record of the outcome of each complaint was recorded. The record showed types of complaints submitted and the actions completed against each complaint where required.

Judgment: Compliant

Quality and safety

Based on these inspection findings there was a high level of compliance with the regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service and were supported to enjoy activities in line with their assessed needs and that were age appropriate.

The person in charge and staff team were very focused on ensuring that the residents' general welfare, development, community involvement and leisure activities were prioritised on a daily basis. The centre had dedicated transport, which

could be used for outings, supervised visits and other activities residents may choose. These activities and their impact were discussed by the staff team and the behaviour support specialist, and multidisciplinary team supporting residents to ensure there was no negative impact or unnecessary stress for the residents.

The provider had a risk management policy in place and the inspector noted that this was up to date at the time of the inspection. The policy showed a system for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The inspector reviewed the resident's personal risk management plan and found that all relevant risks were identified and the controls to mitigate the risks were clearly described, to guide all staff supporting residents in the centre.

In summary, the resident living at this designated centre was provided with a good quality service where their independence and autonomy was promoted in line with their assessed needs.

Regulation 11: Visits

The provider has suitable arrangements in place to facilitate visits in the centre. This included suitable private and communal space in the centre. The provider also had an appropriate policy in place for visiting the centre and local arrangements were noted on the day of the inspection.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had suitable arrangements in place to ensure the welfare of all residents was supported appropriately in the centre.

These arrangements included appropriate school services and home-based activities in line with residents' assessed needs. The provider was also planning ahead for residents in line with their aging profile and future services required.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector found that residents had access to suitable food and nutrition in the centre in line with their assessed needs.

The inspector reviewed a sample of personal plans and noted that in the two documents reviewed, each resident had a comprehensive assessment of their dietary needs, supports required, and the recommendations from the multidisciplinary(MDT) specialist required to support the resident, for example dietician or a speech and language therapist.

The inspector noted that care plans were in place and staff were familiar with the guidelines in place, such as modified diet requirements and training was completed for all staff on review of training records in the centre.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to the resident about the care and support provided in the centre, which included staff support and facilities provided.

The centre's residents guide was reviewed by the inspector and was found to include a range of information for the resident on the service provided, how to make a complaint, how to access an inspection report and the visitor arrangements at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were identified at the centre and appropriate control measures implemented to safeguard the resident. Incidents and any learning from the incidents was discussed as part of team meetings.

There was a risk register in place that captured environmental and social risks. A review of residents' information also demonstrated that individual risk assessments had been developed. Staff spoken with on the day of the inspection were knowledgeable and aware of key risks in the centre at the time of the inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable arrangements for the management and support of resident's positive behaviour support in the centre.

This included a comprehensive and detailed behaviour support plan, and the regular review of recommended practices ensured that the residents' assessed needs were consistently supported at the centre.

The inspector reviewed a sample of two behaviour support plans and the associated protocols required. Support plans were developed in conjunction with a behaviour support specialist and clearly identified the behaviours to be supported and strategies to be used by staff both proactively and following an incident. Support plans were subject to regular review and discussion in team meetings ensured they were effective and staff practices were consistent.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that suitable safeguarding arrangements were in place, that demonstrated residents were protected from the risk of abuse in the centre.

Staff had received training in safeguarding. There were clear lines of reporting any potential safeguarding risks, and there was an identified designated officer. Each resident had an intimate care plan in place and staff were familiar with the supports required.

It was noted that all required documentation to inform staff of current agreed practices to inform the residents' care was in place and up to date on the day of the inspection. It was noted that concerns or allegations of potential abuse were investigated and reported to all relevant agencies.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the provider had ensured that residents' rights were promoted and upheld in the centre.

Staff were observed as respectful and supportive on the day of the inspection. It was noted that staff had completed training in rights and were clear on promoting

the rights of residents in the centre, for example, one resident was supported with a home visit during the inspection and a parent was observed attending the centre during the inspection.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant