Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ardnahinch
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	26 August 2025
Centre ID:	OSV-0008979
Fieldwork ID:	MON-0046539

About the designated centre

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

Ardnahinch provides residential services for up to four children, male and female between the ages of 6- 18 years with an intellectual, physical and or sensory disabilities. Children who may present with mental health and /or behaviours of concern may also be supported. The designated centre is designed to provide a home like environment that promotes dignity, respect, kindness and engagement for each resident. To provide support to children to develop at their own pace and make choices that fulfill their ambitions and aspirations. Children are supported to access circles of support groups and recreational activities in the community. In addition, children are afforded the opportunities for education, training, leisure, recreation and paid employment.
The house is a two storey building with garden space around the site which is accessed through secure gates in a rural location outside a large town. On the ground floor there is a large communal kitchen-dining space, a second lounge area, two bedrooms a bathroom and a staff office. On the first floor there are two bedrooms with en-suite facilities. Residents are supported by a social care model. The staff team provide on going supports by day and waking staff are present at night time.

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 26 August 2025	10:00hrs to 16:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This designated was registered by the provider in March 2025 to provide residential services to four adults. This was a short announced inspection to meet with the residents who had moved into the designated centre as part of the ongoing monitoring by the Chief Inspector of Social Services.

Prior to the inspection taking place the inspector was aware that there were two residents in receipt of residential services in the designated centre. On arrival the inspector was met by the person in charge and a member of the senior management team. Both residents were also in the designated centre at the time being supported by three members of the core staff team.

The inspector was introduced to the first resident in the sitting room. They were playing a game on an electronic device but indicated they were happy to talk with the inspector. The resident spoke of how they were very happy to be living in the new centre. They brought the inspector to view their bedroom which was on the ground floor. The resident spoke of their interest in sports, music and returning to school. The resident explained how they were a member of a sports team and was looking forward to a training session and an upcoming match on the weekend after the inspection. The resident had received an award at the end of the last school year and this was on display next to some musical instruments. When the inspector asked about the instruments, which were two ukuleles and a guitar the resident volunteered to play a song on one of the ukaleles. The resident played the instrument very well and sang along as they played a modern popular song. The resident also spoke of playing their music in a public place recently which was a new experience for them and they enjoyed it.

The second resident was being supported by two staff in the kitchen –dining area of the house when introduced to the inspector. The resident was observed to acknowledge the person in charge who was also present and gave them a positive sign that they were OK. The inspector was informed this resident had celebrated their birthday in the designated centre and at home with relatives over the previous weekend, with a sign marking the occasion visible in the kitchen. Staff spoken with outlined the plans for the day which included a trip to a wildlife park and gardens. The resident was observed to put food outside for the birds and went off on their planned trip with two staff members a short time later.

One resident was able to verbally communicate and engage in conversations with both the staff team and the inspector. These conversations were noted to be relaxed during the inspection and it was evident the resident could express themselves. However, it was documented in four residents meetings that had taken place in August that this resident had raised an issue with staff about their peer entering their bedroom without their consent. This was also observed to occur on one occasion during the inspection which the resident managed by re-directing their peer out of the room in a considerate manner. While the staff team had developed

social stories and tried to re-direct the peer away from the resident's bedroom, the situation had not been resolved. It was not evident from the documented notes if the resident had been afforded the opportunity to make a complaint about this matter. This will be further discussed in both sections of this report.

The same resident also spoke about looking forward tentatively to going back to school. While they liked the routine and were going back to the same school, some of their friends would not be returning this year and it would be a different experience for the resident. They also told the inspector they found it difficult at times in the designated centre as their peer was unable to communicate using words and they liked to chat. However, they also explained that they enjoyed meeting people out in the new local community such as the local sports pitch and beaches. The resident had decided to change their planned activity on the day of the inspection and walked to the nearby sports pitch with a staff member instead. On their return they were overheard to engage with staff members in a musical quiz game, which the resident was very knowledgeable and answered questions very quickly.

The person in charge completed a walk around of the designated centre which was found to be built to high standard, well ventilated, clean and homely. There were some personal possessions and items belonging to both residents present in the house. The atmosphere was relaxed throughout the inspection. There were four large bedrooms, two remained un-occupied at the time of this inspection. Both of the residents had been afforded the opportunity to decide which bedroom they would like to have before they moved into the house. The external garden area was also well maintained, which was surrounded by a wall and electric entrance gates with a trampoline and storage for bicycles located in the garden as well as space for vehicles to park.

The inspector met with five members of staff at different times during the inspection. Two of these staff who were supporting one of the residents and had gone out for a planned outing only briefly spoke with the inspector. However, these staff were described by the person in charge to be very familiar with the assessed needs of the resident they were supporting as they had transferred from the previous designated centre where the resident had been living prior to moving into this designated centre. This was described as being of great benefit and a positive part of the successful transition of the resident in March 2025. A total of three staff who had been working in the previous centre relocated to this designated centre when the resident transitioned.

The inspector spoke with the other three staff throughout the inspection. All were aware of specific assessed needs and the particular preferences of both residents. It was evident staff were aware of specific controls in place to ensure the ongoing safety of the residents. For example, on arrival the inspector was able to enter the designated centre via the electric gates while the person in charge was standing at the location. During a review of documentation later on in the inspection, a control measure to ensure the ongoing safety of one of the residents clearly stated a member of staff must be standing at the gate when opening and closing to ensure

the resident did not leave the designated centre without staff supervision.

In summary, both residents were being supported by a core consistent staff team. Person centred care and individualised supports were being provided and responding to any changes identified in the assessed needs of both residents. The staff team had evidence of ongoing work and education programmes including social stories to support one of the residents to become aware of personal space and private areas. However, it was not evidenced the resident who had voiced their frustrations regarding this matter during the residents meetings had been afforded the opportunity to make a complaint about the matter. The issue of the peer entering the resident's bedroom without their consent was witnessed by the inspector during the inspection.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a consistent staff team.

The provider had systems in place through which staff were recruited and trained, to ensure they were aware of their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident indicated they wished to show the inspector their bedroom without the staff member being present. The staff member acknowledged the request and remained close by in the hallway. The other resident was observed to seek confirmation from the staff supporting them of what was being asked regarding showing the inspector their bedroom. The resident decided to show the bedroom to the inspector with the staff member.

The provider had a range of electronic systems in place to monitor the services being provided throughout the organisation and in this designated centre. These systems provided up-to-date information, including alerts and reminders to inform the staff team of any actions or reviews that were required to be completed. The person in charge demonstrated parts of the system to the inspector and advised that it was an effective way to maintain oversight within the designated centre. The electronic systems included audits, staff training records as well as the residents

personal plans and healthcare records.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. As the designated centre was operating since the end of March 2025 no such audits had been due to be completed at the time of this inspection.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located in close proximity at the time of this inspection. The person in charge was assisted by senior members of the staff team and there was evidence of duties being delegated which included staff supervision.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team comprised of eight support workers, three senior social care staff and the person in charge.
- There were no staff vacancies at the time of the inspection.
- Three staff had re-located from another designated centre in another county to assist with the transition and supports being provided to one of the residents in this designated centre.
- The person in charge had made available to the inspector actual rosters since 14 July 2025 and planned rosters until 7 September 2025, 8 weeks. These reflected changes made due to unplanned events/leave. The minimum staffing levels were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and reflected the hours when staff were attending

scheduled training.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of fifteen members.

- The person in charge had ensured all of the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as fire safety, positive behaviour support and safeguarding.
- All staff were required to complete all mandatory training during their induction period.
- All staff in the centre had completed a range of non- mandatory training courses to support the specific assessed needs of the residents which included human rights, safe administration of medications and manual handling.
- All staff had recently completed additional training relating to the close supervision of the residents in this designated centre.
- Where staff had requested additional training and professional development this was scheduled which included child protection courses.
- The person in charge ensured regular review of the training requirements of the staff team via an electronic system. This provided alerts four weeks in advance of a staff members training being out of date. This was evidenced on the day of the inspection, where the person in charge received alerts regarding refresher training requirements of on-line training courses for one staff member which were due to expire in one month.
- The person in charge had scheduled staff meetings that occurred monthly since the designated centre opened. Topics discussed included safeguarding and the specific supports required by both residents in the designated centre. There was also evidence of on-going review and learning taking place during these meetings.
- The person in charge provided details of the dates supervision that had taken place with the staff team to date and the dates for scheduled supervision for the remainder of the year. Some staff were continuing on with the provider's supervision process as they had been employed in another designated centre prior to commencing work in this designated centre. Eight staff were progressing through the probationary supervision process in line with the provider's procedures.
- The provider had also ensured arrangements had been put in place to assist with staff training being provided locally in recent months.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured all the information specified in paragraph (3) of Schedule 3 relating to both of the current residents was available and maintained as required by the regulations. This included changes to a resident's general practitioner that had occurred since they moved into the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior managers.

- The provider had organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. This included a range of electronic systems which provided up-to-date information and alerts to both the person in charge and the senior management team if actions were required to be completed.
- The provider was aware of the regulatory requirement to complete an annual review and six monthly internal audits. The first of these audits was expected to take place in the weeks after this inspection.
- The provider had a detailed schedule of regular audits which included monthly audits taking place. For example, audits that had been completed during May 2025 included reviews of personal plans, risk assessments and staff training. Where actions had been identified the person in charge had documented when the actions had been completed. For example, an easy-to-understand version of each resident's personal plan was resolved on 25 August 2025 following an action that had been identified on 22 August 2025.
- The oversight by senior management was also evident with regular communication and weekly in-person visits taking place in the designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had taken steps to ensure all residents had an up-to-date contract of care in place. The contracts were individual to each resident, outlined the services being provided and consistent with the assessed needs of the resident for whom the

contract had been prepared.

It was discussed during the inspection that a reference to fees in the provider's contract template was not accurate for the childrens service that was being provided. The inspector acknowledges this was not reflective of the actual arrangements in place with each resident . The inspector was informed this would be reviewed by the provider's relevant department.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations.

In addition, the document had been updated when there had been a change to the person in charge since the designated centre was first registered.

Residents were provided with an easy to understand version of the document.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that a written report had been provided to the Chief Inspector at the end of each quarter as required by the regulations.

The person in charge had ensured the Chief Inspector had been notified in writing within three working days of all adverse incidents that had occurred in the designated centre. There was evidence of review and recommendations to reduce the risk of similar incidents occurring which included measures and controls in place to support residents both within the designated centre and in the community.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a policy was in place for the management of complaints. The current version of the policy titled Comments, Complements and Complaints

was next due for review in August 2027.

- Details of who the complaint officer was were observed to be available within the designated centre.
- Easy to understand information was available to support residents with the complaint process.
- There were no open complaints in the designated centre. Nil had been made since the designated centre had opened. Five compliments had been received by the staff team from relatives of a resident and from senior management.

However, one resident had repeatedly spoke of their frustration during three resident meetings in August 2025 with regards to being able to maintain their own personal space in their bedroom as a peer entered this space without the resident's consent. While actions had been taken in relation to the matter which will be discussed in the quality and safety section of this report, it was not evident that staff had supported the resident in line with the provider's own policy. " Residents who communicate difficulties will be supported by suitably trained staff in making a complaint ". While staff had documented the response made to the resident at the time of each meeting, the same response was documented on two occasions. It was not evident the resident had been afforded the opportunity to make a complaint about the issue.

Judgment: Substantially compliant

Quality and safety

Overall, each resident was being supported to receive care in-line with their assessed needs. This included being supported to attend educational facilities and engage in a variety of hobbies and interests. These included writing, sports, music and using electronic gaming devices. One resident spoke of enjoying swimming in the sea but had not returned yet after recently getting stung by a jellyfish. The resident was aware of the alert that was in the current media relating to a particular type of jellyfish and spoke knowledgeably about the matter to the inspector.

The staff team had effective systems in place including handovers to ensure staff were provided with up-to-date information while providing support to each of the residents. This included the use of a range of electronic systems which were in place in the designated centre. The staff team had been provided with training and ongoing supports on the use of the systems.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. They were observed to ensure residents were informed prior to an activity taking place. For example, visual images of animals were available for one resident prior to going on their outing, the other resident discussed

their plans for the day with the staff supporting them.

Each resident was being supported to enhance their independence, experiences and confidence. This included learning new personal care skills such as shaving, in addition to attending sporting events and concerts. The staff team were consistently supporting both residents to engage more in their community. For example, when one resident goes for a walk on the beach, they bring a ball with them. If they meet a person with a dog, if agreeable to the owner, the resident will engage in throwing the ball for the dog. There had been some learning involved for the resident including to ensure their safety while doing such activities. Staff had created social stories which included the importance of not trying to remove the ball from a dog's mouth.

Regulation 10: Communication

The registered provider and staff team had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats for a range of topics including fire safety, safeguarding, advocacy and consent.

Residents also had access to telephone, television and Internet services in line with their assessed needs and age. For example, parental controls were applied to internet streaming services. Additional controls to electronic devices were also in place to support each resident as required.

One resident was able to communicate verbally and interacted with frequent conversations with the staff team throughout the day. The other resident had limited verbal communication but was effectively supported by all of the staff team using sign language to indicate a response. The resident was observed to give their consent using sign language when asked if the inspector could visit their bedroom.

There were also visual and electronic aids available to the same resident which included an communication board where they could write a response. The resident also enjoyed writing text and some of these were on display in their bedroom.

Both of the residents had up-to-date communication passports in place which detailed for staff the preferences and communication techniques which effectively supported them. This included the requirement to use clear concise words and using "First " and "then", countdowns and other aids such as social stories.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured residents were supported to maintain links with family members. Each resident had arrangements in place to support their current assessed needs.

One resident was now living closer to relatives and this facilitated more frequent in-person visits both in the designated centre and for the resident to visit their family home. For example, the resident had enjoyed an over night stay with family the weekend prior to the inspection to celebrate their birthday. The move to this designated centre has been reported to have a positive outcome for the resident to maintain regular in-person contact with their family.

Specific arrangements were also in place for the other resident to meet with important persons in their life which included their Guardian ad Lituim (GAL)

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured both residents had access to and retained control of their personal property. There were systems in place to ensure both residents were supported to manage their finances in-line with their age and assessed needs.

Both residents had personal possessions that were important to them which included photographs, musical instruments, electronic devices and clothing to engage in sporting events as per individual interests.

Both residents had access to facilities to launder their clothes if they choose to engage in such activities. At times encouragement to engage in household chores was required to be used by the staff team.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured each resident was being supported with appropriate care and support. For example, residents were supported to engage in activities relating to their interests and hobbies. These included sporting activities, wildlife and outdoor spaces such as walking on beaches.

Residents were being supported to engage in activities to further enhance their independence and skills knowledge in areas such such as shopping and shaving

independently.

One resident was being supported to return to their school which they had been attending prior to their move to this designated centre.

When one resident moved into the designated centre in March 2025 they were unable to attend school in the locality. The staff team ensured regular structured education sessions continued to be provided to the resident in the intervening months while they awaited to commence in their new school.

The resident was due to commence in a new school in the days after this inspection. The staff team had ensured transport arrangements were in place. Contingency plans were also considered to ensure the resident could attend their school without adversely impacting the other resident. In addition, while both residents were in school staff remained available to provide support in the event they needed to return to the designated centre for any reason during the school day.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. A choice of internal and external communal areas were available to the residents to use as they choose to do so.

- The premises was observed to be well maintained internally and externally.
- Communal areas had ample comfortable seating to suit the assessed needs of the residents.
- The designated centre had security measures in place to ensure the ongoing safety of each resident which included a garden wall around the entire perimeter of the property and electric gates at the entrance.
- Each resident had their own bedroom.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate easy to understand format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk.

- There was one escalated risk at the time of this inspection, which was being managed by the staff team and provider. The inspector was provided with documented evidence of the progress and actions being taken to address the risk since it was first identified in July 2025.
- Individual risks had been identified on admission and subject to regular review in the event of changing circumstances. For example, one resident was described as being impulsive and had exited the entrance gate quickly on one occasion. As a result, staff were advised to use the fob to open the gate which enabled better controlled opening of the gate and a staff must be present at the gate when it is opening /closing in the event the resident wished to exit. This was observed to be occurring during the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems and equipment which included weekly, monthly, quarterly and annual checks being completed in this designated centre.

- All exits were observed to be free from obstruction on the day of the inspection.
- The person in charge had ensured the staff team completed regular fire drills including a minimal staffing fire drill on 25 April 2025 after the recent admission of the second resident. The fire drill schedule for the remainder of the year was also documented.
- Both residents had a personal emergency evacuation plan (PEEP) in place. These were subject to review on admission and subsequently as required. The plans were reflective of the supports and prompts that may be required for each individual. This included the use of a social story and easy-to-understand information being provided to one resident to assist in their understanding of the evacuation process.
- All staff had completed training in fire safety.
- All relevant and up-to-date information pertaining to fire safety in the designated centre was located in a fire folder that was subject to regular review by the person in charge. 15 staff members had signed that they had read the contents of the folder since the designated centre opened.

During the review of documentation relating to fire precautions, the inspector

observed that one fire drill that had been completed on 28 March 2025 outlined the senario of where a potential fire may be located. However, the exit used by the resident and supporting staff was not the closest exit available from where the resident was located. In addition, three subsequent fire drills did not document the location of where a potential fire might be located and hence it was unclear if the closest exit was used by residents and staff when evacuating. These observations were discussed during the inspection and feedback.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of both of the personal plans of the residents during the inspection. Both were found to be subject to regular review. The person in charge also completed regular reviews of each residents personal plan.

- The person in charge had both electronic and hard copies of each residents personal plan available for the inspector to review.
- The profiles were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on supports required with activities of daily living, likes and dislikes.
- Each residents personal plan had been reviewed in consultation with them, with easy to understand versions being available to them.
- Personal goals had been developed and subject to ongoing review as the residents settled into their new home. These included enhancing skills in personal care as well as engaging in community activities, joining a team and visiting a water park. Details of progress to date to achieve the goals were clearly documented.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that all residents had access to appointments with health and social care professionals as required.

- All staff had attended training in positive behaviour support and additional training relating to the one-to-one supervision of residents had also been provided to the staff team.
- Both of the residents required positive behaviour support plans. These had been subject to review in a timely manner since both had been admitted to the designated centre. A detailed and comprehensive handover had been

provided for the first resident to transfer into the centre. The most recent plan of 21 August outlined for staff the benefits to use the "little and often approach " and " first and then approach", The plan also advised staff how to respond during periods when the resident was displaying impulsive behaviours and the use of countdowns when waiting to commence or complete an activity.

- Restrictions were in place to ensure the ongoing safety of both residents which included window restrictors, locked presses containing cleaning materials and child locks on transport. There had been a reduction in restrictions for one of the residents since they moved into the centre. There was no longer a need to have additional locks on the exit doors as had been required in their previous designated centre. Chimes were placed at each exit to inform staff if the resident was leaving the building.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- The provider had implemented a safeguarding plan to support one resident in July 2025. This remained open at the time of this inspection but effective measures were in place to ensure the safety of the resident.
- The person in charge had a folder pertaining to safeguarding which included policies, national standards, safety statements, a log of safety concerns to date in the designated centre and a safeguarding self- assessment audit that had been completed in August 2025.
- Actions taken to support one resident included a referral for therapeutic interventions.
- All staff were aware of safeguarding concerns
- The personal and intimate care plans promoted the resident's rights to privacy and bodily integrity during these care routines. These had been subject to regular review and updating as changes occurred with individual assessed needs in recent months.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre.

- Adequate staffing levels to support the assessed needs of both residents had been maintained by day and night. The inspector was provided with details of how staff supported each resident at all times.
- Residents were being supported to engage in activities and interests regularly and in line with their expressed wishes, such as participation in sports, engaging in music or writing skills.
- The staff team supported the residents to celebrate milestones and achievements such as birthdays and school awards.
- The staff team had social stories in place to inform a resident of many aspects to communal living.

However, further improvement was required to ensure each resident's right to their privacy in their own bedroom was consistently supported. A resident had raised a concern about this matter throughout August 2025. While the resident was informed on how they should deal with the situation when it occurred, it was still a cause of concern on the day of the inspection for them.

The resident also had an interest in a particular sporting team and this was mentioned in the resident's transition plan that decor reflecting this team could be purchased, if required by the resident., However, when the resident was asked by the inspector if they had been involved in purchasing some of the decor in their bedroom, they replied it was here when they arrived.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ardnahinch OSV-0008979

Inspection ID: MON-0046539

Date of inspection: 26/08/2025

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Person in Charge will ensure that all expressions of dissatisfaction, including repeated concerns, are formally captured and addressed through the complaints procedure. The complaints process will be discussed with staff during team meetings and all staff will be informed to read the complaints policy. A focus will be placed on identifying when issues such as boundaries and privacy concerns should be recorded as formal complaints. Residents will be supported using age-appropriate and accessible tools to understand how to make a complaint and the appeals process. A key-work session will be completed with both resident's to address privacy and personal space. The complaints log will be reviewed monthly by the Person in Charge to ensure all complaints are recorded, responded to, and resolved in a timely manner, ensuring full compliance with Regulation 34.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Person in Charge will ensure that the privacy and dignity of all residents are upheld by reinforcing clear boundaries around personal space. Key-work sessions will be completed with both residents to support their understanding of respecting others' privacy and to agree on clear expectations regarding room access. Staff will receive refresher guidance on promoting and protecting residents' privacy and responding consistently when boundaries are crossed. Environmental controls such as door signage, will be implemented to support residents in maintaining personal space. The Person in Charge will monitor and review incidents during weekly oversight to ensure compliance and that residents feel safe and respected in their home.	

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 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	20/10/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal	Substantially Compliant	Yellow	20/10/2025

	communications, relationships, intimate and personal care, professional consultations and personal information.			