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:	Acorn House
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	06 May 2026
Centre ID:	OSV-0009078
Fieldwork ID:	MON-0048184

About the designated centre

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

Acorn House provides a residential service for 5 adults both male and female over the age of 18 years who may be diagnosed with an Intellectual Disability, Acquired Brain Injuries, Physical and or sensory disabilities. This may include adults presenting with behaviours of concern and /or mental health difficulties.
Acorn House is a large 2 story house which includes a 1-bedroom apartment. There are 2 single bedrooms on the ground floor, large sitting room, WC, 2 wet rooms, staff office and a large kitchen/ dining/living
room. On the first floor there are 2 bedrooms(1 with en-suite), shower room and a relaxation room
There is a 1-bedroom self-contained apartment on the ground floor with kitchenette/living room and a wet room . Acorn House is surrounded by a large garden and a driveway with ample parking outside.
Residents are supported by a team of Social Care and Direct Support Workers who are supported by a PIC.

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
Wednesday 6 May 2026	08:45hrs to 16:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was a short notice announced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were two adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing, however, staffing, risk management and medication management were found to be substantially compliant.

On arrival to the centre, the inspector was greeted by the person in charge and assistant director of the service who facilitated the inspection. The inspector also met with both residents on the day of inspection. One resident lived in the apartment adjacent to the house. At the time of meeting the inspector the resident was up and having a snack. The resident acknowledged the inspector briefly and while they did not appear to mind the inspector being present they did not engage. They continued to use their electronic device and hold toy cars. The resident was reported to have a keen interest in Thomas the Tank Engine, toys and pictures were available to the resident. It was evident efforts were being made to support the resident with familiar items and items of preference in the apartment, the provider had engaged with the resident, their family and allied health professionals to ensure the environment was decorated and laid out to meet the residents preferences and assessed needs. The resident had removed pictures and appliances from their apartment which had led to some minor repairs being required, the provider was aware and was taking steps to address any repairs observed. The resident went out later in the morning with staff for a drive and walk. As the resident was new to the service and area, efforts were being made to allow the resident become familiar with their surroundings and also to establish the residents preferences.

The second resident lived in the main house. They greeted the inspector on their arrival with a handshake and smile. The resident returned to a seat in the kitchen area which looked onto the driveway and garden. It was reported that the resident enjoyed sitting in this area. The resident declined to show the inspector their room and gestured for the person in charge to do so. The resident had a large bedroom upstairs. it was tastefully decorated and had family photos on display. The person in charge advised of strong family connections and how the resident enjoys regularly visiting with them.

The centre was situation in a rural setting with close access to nearby towns. Transport was available to residents. The house was bright, spacious and had a number of recreational spaces for residents. To the front of the property was a large garden and ample parking for cars. The property was well kept, some minor works had been identified for which the provider had an action plan.

During the introduction meeting the person in charge highlighted an incident were staffing fell below the assessed requirement. One staff member was on night duty

on the 28/04/26. The incident had been escalated to senior management and a full review was underway at the time of inspection. The person in charge and assistant director had completed a review of the centres risk assessment in relation to safe staffing levels and contingency arrangements. This is discussed further in the report under Regulation 15: Staffing and Regulation 26: Risk.

There was evidence of effective oversight of the centre. There was a full-time person in charge who appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector.

In summary the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews.

On the day of inspection, there were sufficient numbers of staff on duty to support residents. On review of the rosters and from discussion with the person in charge, there had been one occasion were staff numbers fell below minimum staffing levels, this incident was under review by senior management at the time of inspection and immediate measures had been implemented at time of inspection. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed staff rosters from 09/03/26 to 03/05/26. At the time of inspection, there were two whole-time equivalent (WTE) staff vacancies. Recruitment for both positions had been completed, and the new staff members were scheduled to commence employment in the following week. In the interim, staffing support was provided through the redeployment of staff from another centre and a relief panel.

The centre's staffing arrangements, and overall staffing levels, in line with the statement of purpose and residents assessed needs required a minimum of three staff on duty during the day and two staff on duty at night. On the day of inspection, staffing levels were sufficient to support residents' assessed needs. However, a review of the rosters and discussions with the person in charge identified one occasion where staffing levels fell below the required minimum. This incident was under review by senior management at the time of inspection, and immediate measures had been implemented to reduce the risk of recurrence.

A recent review of behaviour support records identified that inconsistencies in staffing arising from the reliance on relief and redeployed staff, had impacted on one resident's emotional well being and behavioural presentation. This inconsistency reduced continuity of care and familiarity with the resident's support needs and routines. This contributed to increased episodes of behaviours of concern, including property destruction, aggression, and self injurious behaviour. While efforts were made to maintain continuity of care, the staffing arrangements did not consistently ensure a stable and predictable environment for residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and safe administration of medication. Where refresher training was due, there was evidence that refresher training had been scheduled.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge was responsible for two designated centres and demonstrated a clear understanding of the requirements of the Health act 2007, associated regulations an national standards.

Effective governance and management systems were in place to ensure that the service provided safe, consistent and high quality care to residents. A recent incident were systems had been ineffective was under review and immediate actions were taken to ensure leanings and prevent a re-occurrence. Good levels of professional oversight were evident through regular audits, reviews , management meetings , team meetings and ongoing engagement with residents and their families.

There were clear management structures and lines of accountability. The person in charge was responsible for two designated centres and was supported by an assistant director, both were present for the inspection and demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The inspector reviewed the provider's arrangements for unannounced six monthly visits which were comprehensive in nature and completed by the director of service on the 10/04/26 and 01/05/26. The report clearly illustrated where compliance was achieved as well as areas requiring improvement. Records in addition showed subsequent action being undertaken with nominated persons responsible and dates for achievement.

Staff meetings were held monthly and chaired by the person in charge. These meetings included learning from incidents, as well as discussion on fire safety and restrictive practices.

The inspector found a safe and good quality of care delivered in this centre that was well managed.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of residents' personal plans, risk documentation, medicines and pharmaceutical services and fire safety documentation. The inspector found for the most part good evidence of residents being well supported in the areas of care and support however improvements were required in documentation associated with administration of medication and the management of safe staffing.

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. However, the provider had failed to fully implement the centre's risk management plan in relation to maintaining safe staffing levels following an incident which occurred on the night shift on 28/04/26.

The inspector reviewed residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred, regularly reviewed and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector identified documentation errors in medication administration records. In addition one medication on the kardex had not been signed by a medical practitioner. These documentation gaps had the potential to impact on the safe administration and accountability of medication

The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place some improvements were required to ensure safe fire evacuation, however this was completed on the day of inspection.

There were effective systems in place for the safeguarding of residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents. As noted previously some minor repairs were required however the provider had an action plan and was taking steps to review the residents environment to ensure it was to their preference.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedroom which were decorated to reflect their individual tastes.

The property was well kept, some minor works had been identified for which the provider had an action plan.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments.

However, the provider had failed to fully implement the centre's risk management plan in relation to maintaining safe staffing levels following an incident which occurred on the night shift on 28/04/26. The incident had the potential to adversely impact on residents safety, continuity of care and supervision arrangements during the night time periods. The reduction in staffing levels also impacted on the centres contingency arrangements and increased the risk that residents' assessed needs may not be met in a timely and consistent manner.

The incident was escalated to senior management, and immediate actions were implemented to mitigate further risk to residents and ensure continuity of care. These actions included a review of the centres risk assessment relating to safe staffing levels and contingency arrangements, communication with the night supervisor, and re-enforcement of the direction that day staff must remain on duty until a safe transfer of care is complete. In addition, staffing support was redeployed from another centre until such time as vacancies were filled.

While these measures reduced the immediate risk, the incident demonstrated that existing control measures had not been sufficiently effective in ensuring safe staffing

arrangements at all times and in safeguarding residents from potential impact of staffing shortages

Judgment: Substantially compliant

Regulation 28: Fire precautions

For the most part, there were effective fire safety management systems in place in the centre. There were systems to ensure fire equipment was serviced and maintained. Daily, weekly and monthly inspections of all fire safety systems were taking place and fire fighting equipment was serviced as required by an external specialist.

Staff and residents were completing regular fire safety evacuation drills. However, there was no drill record available for review to demonstrate that each resident could evacuate the centre when the least number of staff are on duty. This was completed on the day of inspection with confirmation provided to the inspector that it had been successful.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to support the safe prescribing , administration and storage of medication within the centre. The inspector reviewed a sample of medication administration practices and found that medicines were administered in line with residents assessed needs.

The inspector reviewed a sample of medication-related incidents , including medication errors and found that these incidents had been appropriately reported, reviewed and analysed. There was evidence of shared learning with staff to reduce risk of recurrence and to promote safe medication management practices within the centre.

However, the inspector identified documentation errors in the recording of medication administration records. In addition one medication on the kardex had not been signed by a medical practitioner. These documentation gaps had the potential to impact on the safe administration and accountability of medication, and increased the risk of medication errors or ambiguity in relation to prescribed treatments.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed to inform the development of associated care plans.

The inspector reviewed all residents' assessments and care plans. They were found to be up to date, and readily available to inform staff practice. The plans related to residents' health, behaviour, communication, intimate care, social goals, safety and well-being.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. Each plan was specific to the residents' individual needs. Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

A number of restrictive practices were in use in the centre. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Acorn House OSV-0009078

Inspection ID: MON-0048184

Date of inspection: 06/05/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge has implemented a number of robust measures to ensure effective staffing control and continuity of care within the designated centre. Close liaison has been maintained with the Human Resources department to support the onboarding of new staff in line with the identified needs of the centre, resulting in the successful appointment of 1 whole-time equivalent staff member since the inspection. In addition, senior management have undertaken a comprehensive review of staffing levels across the organization, identifying areas of overcapacity and appropriately redeploying experienced staff to the designated centre. This approach supports continuity of care, as redeployed staff are already familiar with the residents and the service. Furthermore, the Person in Charge and Assistant Director have actively coordinated with nearby designated centres to monitor staffing availability and facilitate the timely redeployment of staff when required, particularly on days when staffing levels may fall below safe thresholds. A daily review of rosters is conducted by the Person in Charge to proactively identify gaps, with cover sourced through relief panels, neighboring centres, and allocation of additional shifts where necessary. Clear communication processes are also in place, whereby detailed reports are provided to the on-call management team outlining contingency arrangements in the event of unexpected staff absences. To further strengthen staffing capacity, the provider has initiated a targeted recruitment drive within the local area aimed at establishing a panel of suitably qualified staff to support the designated centre on an ongoing basis.	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Person in Charge and Assistant Director have undertaken a comprehensive review of the centre's risk register with specific focus on maintaining safe staffing levels. As a result of this review, additional control measures have been identified and implemented to mitigate the risk of staffing levels falling below safe thresholds. These measures are designed to strengthen workforce planning and ensure that staffing arrangements remain responsive and sufficient to meet the assessed needs of residents. The risk register and associated risk assessments continue to be actively reviewed on an ongoing basis to ensure that all identified risks are appropriately managed and that control measures remain effective and proportionate.
In addition, robust communication and escalation processes are in place to support oversight and timely decision-making. The Person in Charge provides detailed handovers to the on-call management team, clearly outlining any concerns within the designated centre, including those related to staffing. These handovers also include contingency and alternative arrangements to ensure continuity of care in the event of unforeseen circumstances, such as unplanned absences.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The Person in Charge has undertaken a comprehensive review of all Kardex's and associated documentation relating to medication administration to ensure full compliance with prescribing and recording requirements. All medications are now confirmed as appropriately signed by the staff members. In addition, the Person in Charge, supported by Team Leaders, carries out daily checks of medication administration records. Any errors or discrepancies identified are promptly escalated through the incident reporting system and addressed directly with the staff involved to ensure learning and accountability. Audit processes have also been strengthened, with the Person in Charge ensuring that medication audits are completed thoroughly and consistently. Furthermore, collaboration has been established with the Community Nurse, with agreement that joint medication audits will be conducted to enhance oversight, ensure accuracy, and support the timely identification and closure of any actions arising.
Medication management and associated learnings from the inspection were discussed in detail at the May team meeting, ensuring that all staff were informed of key findings and areas for improvement.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	07/07/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	07/07/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	07/05/2026

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	10/05/2026