



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

Issued by the Chief Inspector

Name of designated centre:	Sunville House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	26 June 2026
Centre ID:	OSV-0009177
Fieldwork ID:	MON-0049341

About the designated centre

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

Sunville House is a detached two-storey house located in a rural area but within close driving distance to towns and villages. It provides a full-time residential service for up to four residents, of both genders, over the age of 18, with intellectual disabilities, autistic spectrum disorder, and/or physical/sensory disabilities, or behavioural support needs. There are four apartment areas within the centre with each apartment having one resident bedroom, a living area and a bathroom. Other rooms in the centre include a kitchen-dining room, a utility room and a staff office. Residents are supported by the person in charge, a team leader, support staff and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 26 June 2026	10:15hrs to 16:17hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This inspection was conducted to assess compliance with the regulations with the centre having been newly registered in January 2026. During the inspection, one resident was met while the inspector spoke with the person in charge, a team leader and two staff members. Overall, this inspection found a good level of compliance, but regulatory actions were identified relating to some staff training gaps and the external aspects of the premises provided.

Sunville House was made up of one house that was subdivided into four separate apartment areas. Each apartment could support one resident and had a living area, a bedroom and a bathroom. This meant that the centre had a maximum capacity for four residents. Some common areas were also present in the centre including a utility room and a kitchen-dining room. One apartment had direct access to an enclosed garden-yard area while a further enclosed garden-yard area was also available to the house overall.

Upon arrival at the centre, the inspector was informed that one resident was present in the centre with this resident having transitioned fully into the centre since it was registered. Another resident had commenced a transition process into the centre since then also, but this had been paused given the express wishes of the resident. It was indicated to the inspector that attempts would be made to recommence this transition, but it was unknown if it would ultimately be successful or not.

A third resident had also recently started a process of transitioning into the centre. As part of this process, this resident had spent some overnight stays in the centre and was due to attend their centre later on the day of inspection for another overnight stay. During the inspection, this resident was away from the centre attending day services with the inspector informed that the resident would be coming from there to the centre. The inspector had departed the centre before this resident arrived and so they were not met.

The inspector did get to briefly meet the resident who had transitioned fully into the centre with their transition indicated as having gone well. Prior to meeting the resident, the inspector had been advised that this resident might say a certain phrase which would indicate that the resident wanted the inspector to leave their apartment. The inspector met the resident in this apartment in the company of the team leader. The resident initially gave the inspector a high-five with encouragement from the team leader in the lobby of the apartment.

When the resident moved into their apartment's living area, they then said the particular phrase so the inspector left the resident's apartment. Soon after this, the resident left the centre with the two staff members on duty to go for a drive and a walk. This was highlighted as something that the resident did regularly with staff spoken with also indicating that the resident watched television and played

basketball. The inspector was informed that the provider was seeking to increase the resident's community activities.

The inspection was ended before this resident returned to the centre so they were not met again. With the inspector having spoken with centre staff and management prior to the resident leaving the centre, the inspector focused the remainder of the inspection on reviewing certain documentation and assessing the premises that had been provided for residents to live in. Overall, this premises was observed to be clean, well-furnished and well-maintained internally on the day of inspection.

For example, the living area in the apartment of the resident who had fully transitioned into the centre was nicely presented with a couch and a television present. A risk assessment reviewed referred to this resident's bedroom as having some dampness on the ceiling. However, the inspector was informed by the person in charge that works had been completed to address this during June 2026 and that this was no longer an issue. Attempts had been made to make the centre feel homely with pictures seen to be on display while boards were also seen in the centre showing pictures of the staff that were on duty.

The external grounds of the centre were seen to be well-presented in some respects such as there being some nice flowers, plants and shrubs present at the front of the centre and in the garden areas. However, it was apparent that the garden areas were overgrown and in need of cutting. This included the garden area accessible from one apartment and the other garden area that was available. Such observations did detract somewhat from the homely feel of the centre.

In summary, one resident was briefly met during this inspection but no direct feedback on what it was like to live in this centre was received from them. This resident had their own apartment area and left the centre during the inspection to go for a drive and a walk. Another resident's transition into the centre was paused while a third resident was in the process of transitioning into the centre. The latter resident was due to stay in the centre later on the day of inspection. The premises provided for residents to avail of was seen to be generally well-presented but the external garden areas required some improvement.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

An overall good level of compliance was found with the regulations during this inspection. This indicated that the centre was being appropriately governed.

This centre was first registered in January 2026 for three years with no restrictive conditions. Registration was granted following the provider submitting all required documents as part of a registration application and a site visit conducted in December 2026. This site visit identified no areas of concern at that time. Following registration of the centre, communication was received from the person in charge that the centre had received its first admission in February 2026. Given that the centre newly registered, the current inspection was carried out to assess regulatory compliance since registration.

During this inspection, it was found that regulatory requirements were being largely met. This included evidence of monitoring of the services provided in the centre through audits and a recent provider unannounced visit to the centre. In addition to these, staff team meetings were occurring while arrangements had been made for staff to receive supervision and/or probation reviews. Staff rotas reviewed indicated that appropriate staffing arrangements were in place for the centre. Training records provided highlighted that staff working in the centre had generally completed key trainings, but some training gaps were noted.

Regulation 15: Staffing

Discussions with centre management, indicated that the residents availing of the centre were to receive certain staffing levels to support their needs. Staff rotas (which were being maintained in planned and actual formats) reviewed from 13 April 2026 on indicated that such staff levels were being provided. These rotas highlighted that the majority of staff working in the centre were support staff. One nurse though had recently commenced working in the centre and the inspector was informed more nursing staff were being recruited for. This was being done with a view to supporting a potential fourth resident who was being considered for admission to the centre.

The staff rotas reviewed also indicated that there was a core staff team working in the centre with such staff employed directly by the provider. There was one agency staff member (a staff sourced from an external agency) who was also working in the centre. The inspector was informed that this was to ensure that one resident was supported by staff of a particular gender pending further recruitment. Documentation provided during this inspection confirmed that this agency staff member had completed key training (such as safeguarding training) while there was also evidence of Garda Síochána (police) vetting provided. An induction record for this agency staff member was also in place which indicated that areas such as safeguarding and fire safety were covered in their induction.

Judgment: Compliant

Regulation 16: Training and staff development

Based on training records provided most staff had undergone relevant trainings to support the needs of staff. However, some training gaps were identified from the records provided. For example:

- Three staff had not completed training in positive behaviour support.
- One staff had not completed training in fire safety.
- Two staff had not completed training in personal protective equipment.

Aside from staff training, a supervision log provided for 2026, confirmed that all staff working in the centre had taken part in at least two supervision or probation meetings since the centre was registered. This provided assurance that arrangements were in place for staff to be appropriately supervised. Further records reviewed confirmed that five staff team meetings had occurred in the centre during 2026 most recently on 4 June 2026. These team meetings were attended by the person in charge and the centre's team leader.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents had been put in place for this centre since it was first registered. This directory was reviewed by the inspector during this inspection. From this review, it was noted that the directory contained all of the information and details required by this regulation for all three residents who had availed of this centre since registration. Such information and details included residents' names, their dates of birth and their admission dates.

Judgment: Compliant

Regulation 23: Governance and management

An overall good level of compliance was found during this inspection. This indicated that the centre was being appropriately managed and governed. A governance structure was in place for this centre, as outlined in the centre's statement of purpose. As part of this structure, a person in charge and a team leader were to be in place with both of these present during the inspection. While a change of person in charge for the centre was planned, staff rotas reviewed confirmed that the current person in charge and team leader were regularly in the centre. Staff spoken with were also aware of who the person in charge and team leader were. In addition to the person in charge and team leader, the staff rotas reviewed also highlighted that shift leads were appointed for day and night shifts. Handovers also

occurred between day and night shifts based on a handover book reviewed for June 2026.

Further documentation reviewed confirmed that there was ongoing monitoring of the services provided in the centre. Such monitoring included:

- Regular audits that were carried out in areas such as medicines, mattresses, personal plans, hand hygiene and environmental cleanliness.
- A representative of the provider had conducted an unannounced visit to the centre earlier in June 2026. This visit was outlined in a written report and covered areas relevant to the quality and safety of care and support provided to residents. This included safeguarding, complaints, personal plans, restrictive practices and fire safety.

Conducting such unannounced visits is required under this regulation as is conducting an annual review for the centre. Such an annual review had been completed for the centre in January 2026 shortly after the centre was first registered with this annual review reflected in a written report. Although no resident had been admitted to the centre at the time the annual review was completed, this annual review did assess the centre against relevant national standards. Positive feedback from the family of one resident, who was transitioning into the centre at that time, was also included in his annual review report.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This regulation requires that a contract for the provision of services be in place for residents. This is important to ensure that it is outlined what services and facilities are to be provided in a centre and the fees that residents are to pay. During this inspection, the contracts of two residents were seen with both found to contain all of the information required by this regulation. This regulation also requires that residents and their families be afforded the opportunity to visit a centre before being admitted to that centre. Based on the details in the centre's directory of residents and two residents' transition plans reviewed, this requirement had been met.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document that should outline the services to be provided in a centre while also forming the basis for a condition of registration. During this inspection, it was found that a statement of purpose was in

place for the centre. This was seen to be present inside the centre's front door and was marked as having been reviewed in June 2026. Upon reading this statement of purpose, the inspector judged all information required under this regulation to be present. This included all of the information in the centre's current registration certificate, details of the staffing arrangements for the centre and details of the centre's fire precautions.

Judgment: Compliant

Quality and safety

No safeguarding concerns were identified on this inspection while regulatory requirements relating to personal plans were being met. Such findings contributed to a good level of compliance being found during this inspection.

The premises provided for residents to live in was generally seen to be well-presented although it was observed that parts of the external grounds were overgrown in places. It was noted though that the premises did have space for residents to receive visitors in private. A visitors' log reviewed confirmed that one resident had recently received visitors to the centre. Other documentation provided also indicated that residents had personal plans in place. These had been informed by assessments of needs that been carried out prior to residents' admissions to this centre.

Admissions practices need to account for the need to protect residents from abuse. No instance was identified during this inspection where a resident had suffered any form of abuse while availing of this centre. It was also noted that identified risks in the centre were subject to ongoing review based on risk assessment documentation read. On account of some of these identified risks, some restrictive practices were in use in the centre. These restrictive practices were also subject to ongoing review, and it was also found that the provider was making efforts to reduce the use of such practices in the centre.

Regulation 11: Visits

Based on the layout of this centre, which was divided into four separate apartments areas, space was provided for residents to receive visitors in private. Discussions with staff and management along with a visitors' log reviewed for June 2026 indicated that one resident had received visitors to the centre.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises provided for residents was seen to be clean, well-furnished and well-maintained internally. Four apartment areas were available for residents with each having their own bedroom, bathroom and living area. A communal kitchen-dining room was also present in the centre along with a utility room where laundry equipment was located. While such aspects of the premises were positively noted, it was seen that parts of the external grounds of the centre were overgrown. This included an enclosed garden area for one apartment that was in use by a resident at the time of inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place for this centre which was found to be consistent with the statement of purpose and to contain all of the required information under this regulation. This included details of how to access inspection reports for the centre. It was also seen that copies of the residents' guide were present just inside the centre's front door and within two of the apartment areas in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments relating to identified risks in the centre were seen by the inspector during the course of this inspection. Such risk assessments had all been reviewed in recent months and outlined control measures to mitigate the identified risks. The risk assessments reviewed reflected risks highlighted by staff and management spoken with as well as incident records reviewed for the centre since its registration. It was also noted that risk assessments were reviewed and updated following relevant incidents that had occurred in the centre. This provided assurances that matters related to risks in the centre were being kept under ongoing review.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, any new admission to a designated centre should have a comprehensive assessment of needs completed before their admission and have a personal plan created within 28 days of their admission. During this inspection, the inspector reviewed documentation relating to two residents. From this the following was noted;

- Prior to their admissions both residents had assessments of need completed which assessed their needs in areas such as their health and independent living skills.
- Both residents also had personal plans in place which had been developed following the residents' admissions to the centre.
- The personal plans reviewed were noted to contain guidance on how to meet these residents' assessed needs. This included areas such as their health needs, communication and personal care.

Such findings were consistent with the requirements of this regulation.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some restrictive practices were in use in this centre. These had been subject to a multidisciplinary review in March 2026 and have been reviewed by the person in charge since then based on restrictions documentation provided. Such documentation indicated that some restrictive practices, initially put in place after the first resident was admitted, had been discontinued. In addition, one resident had a restrictive practices reduction plan in place from June 2026 which was to trial the removal of another restrictive practice in this resident's apartment. Documentation reviewed for two residents also indicated that these residents had been informed about the restrictive practices that were in use and that the residents had consented to these.

Aside from restrictive practice, it was seen that recently reviewed behaviour support plans were in place for two residents. These plans outlined strategies to encourage the residents to engage in positive behaviour and had the input of a behavioural support specialist. Training records provided indicated that most staff had completed relevant training in this area. Some gaps though were identified which is addressed under Regulation 16 Training and staff development.

Judgment: Compliant

Regulation 8: Protection

This regulation requires that all residents be protected from all forms of abuse. The Chief Inspector had not received any notification of a safeguarding incident or allegation occurring in this centre since it was registered. Based discussion with staff and management, along with records reviewed (such as incidents reports since registration), no safeguarding incident or allegation was identified during this inspection. Training records provided confirmed that all staff working in the centre had completed safeguarding training. Two staff members spoken with demonstrated a reasonable knowledge of who to report safeguarding concerns to if they arose.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sunville House OSV-0009177

Inspection ID: MON-0049341

Date of inspection: 26/06/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All new staff are required to complete mandatory compliance training before commencing work in the designated centre. Where additional mandatory training is outstanding, this is booked during the staff member's induction period and monitored throughout their probation. Completion of mandatory training is reviewed during supervision and probation meetings by the Person in Charge to ensure staff complete all required training within the agreed timeframe. Following the inspection, all outstanding mandatory training has either been completed or booked for the next available training dates. The training matrix will continue to be reviewed on a regular basis to ensure ongoing compliance.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider has a Property Management System in place through which all maintenance requests are logged, monitored and managed by the Property Team. The maintenance request relating to the external grounds had already been reported through this system and was awaiting attendance by the landscaping contractor at the time of inspection.	

The enclosed garden area used by the resident will be prioritised and completed by 17/07/2026. The remaining external landscaping works will be completed by 31/08/2026. The Person in Charge will continue to complete regular environmental audits and report any maintenance requirements through the Property Management System to ensure the external grounds are maintained to the required standard.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2026