



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

Issued by the Chief Inspector

Name of designated centre:	The Paddocks
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	10 September 2025
Centre ID:	OSV-0002064
Fieldwork ID:	MON-0047953

About the designated centre

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

The Paddocks is a designated centre operated by Autism Initiatives Ireland Company Limited By Guarantee. The service provides full-time residential care and support to five adult people with Autistic Spectrum Condition (ASC) and associated conditions such as learning disabilities, mental health issues, epilepsy and other complex needs. The designated centre consists of a main home with a living room, conservatory, kitchen, bedrooms and bathrooms. There are also two self-contained single occupancy apartments located on the grounds of the main house. The homes that make up this centre are situated in close proximity to local transport links and driving distance to many local amenities. The centre is managed by a person in charge, the staff team is made up of two senior social care workers, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 10 September 2025	09:30hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. It particularly focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

The inspector used observations, conversations with staff, engagements with residents, and a review of documentation to form judgments on compliance with the regulations inspected. The inspector found that the centre was operating at a high level of compliance and that residents were safe and in receipt of quality and person-centred care and support that was meeting their needs and upholding their rights. Some improvements were needed to the areas of staffing and individual assessment of needs and personal planning and these are discussed further in the next two sections of the report.

On the day of the inspection, five residents lived in the centre, three residents were living in the main house and two residents were provided their own separate apartments.

Most residents living in the centre enjoyed routine and while they were provided choice in their daily lives, residents' weekly activity plans took their preference of routine into account. Some residents were provided with picture format weekly activity plans which were reviewed in consultation with each resident through their keyworkers on a monthly basis.

On the day of the inspection, the inspector got the opportunity to meet two of the five residents. One resident lived in the centre Friday to Monday only. One resident headed out with their staff member to meet with their family member. They also had plans to attend the Viking splash excursion in Dublin that afternoon. Another resident who lived in their own apartment, attached to the side of the premise, chose not to meet with the inspector.

One of the resident's who lived in the main house was having 'a day off' from their busy weekly activity timetable. The inspector met with them briefly during the day. The resident was enjoying their lunch in the company of management and staff. The inspector observed the resident to appear relaxed and happy in their engagement with management and staff during this time.

The inspector was informed that during the resident's 'day off' they were provided options such as taking time out in the sensory room, watching DVDs or enjoying a foot spa. The resident had a plan in place for each day of the week, some examples include, grocery shopping, going to the gym or for a swim, and day-long excursions to places of interest. A recent example includes, a day out at the Dublin zoo. The resident reviewed their activity plan on a monthly basis. Their choices and decisions were noted in their diary so that they were aware of their activity plan for the

coming month. The inspector was informed by staff that planned activities alleviated anxieties for the resident and gave them good notice of what was upcoming.

The inspector met another resident who lived in their own apartment which was located at the back of the main house. The resident greeted the inspector on arrival and was sitting at their kitchen table colouring pictures. The inspector observed the resident to appear relaxed and happy throughout the activity. Staff informed the inspector that this was an activity that the resident really enjoyed. The inspector observed that the resident's apartment included a lot of their artwork in frames and were hung around the walls of the apartment. The resident had a plan for the day that included going to their choice of restaurant for lunch. The resident told the inspector that they were going to eat out and have fish and chips for lunch.

On walking around the premise of the designated centre, the inspector saw that it was clean and tidy and overall, in good upkeep and repair. Some residents' bedrooms were minimal in style and layout and this was in line with their preference other residents' bedrooms included a lot of memorabilia and collectable items which was in line with their preferences. For example, one resident's room contained a large amount of DVDs and books which reflected their interests. The resident was provided ample storage for all the items they liked to collect. In the main house two residents' bedrooms were provided with a finger print locking system. This was to ensure each resident's privacy but also as a safeguarding measure to stop peers from entering resident's room.

Communal areas in the house presented as welcoming and homely. There were large colourful pictures on the walls of communal spaces such as the sitting room and hallway. There was a mural of a 'rights' tree which included a large tree, photographs of residents and details about human rights on the branches. There was also a notice board that provided a lot of easy-to-read and picture format information for residents. The information related to safeguarding, advocacy, the designated officer and other information that kept them informed about their home and service.

The layout of the kitchen and sitting room had been slightly changed to enhance fire safety measures in this area. Dividing double doors had been removed and the areas now presented as a type of open plan space. This provided better ease of egress if residents needed to evacuation in case of fire. In addition, a resident's bedroom fire exit window had been changed to a fire exit door, which again provided enhanced ease of egress if they needed to evacuation in the event of a fire. This was a considered and effective initiative taken by the provider to ensure the most optimum evacuation arrangements were in place for residents.

The outside areas of the house were also well maintained. Since the last inspection there had been improvements made. For example, on one side of the house there was a seating area with garden furniture including tables and chairs and two large swing chairs for residents to use. There was also a non-stick decking pathway leading to the back of the house where a large sensory cabin was situated which contained an array of sensory items for residents to enjoy. For example, water beds,

projectors, bubble tubes, and a large sensory play-mat hanging on one of the walls.

The inspector inspected one of the two apartments. This was in line with one resident's preference who had expressed they did not want a visit from the inspector. The apartment viewed, clearly demonstrated that the resident was consulted in the layout and décor of the space. Photographs, pictures and memorabilia that were important to them, were placed around the apartment.

The provider and person in charge had implemented good arrangements to support residents to make choices and decisions, and consulted with them about their care and support, and on matters related to their home. The residents communicated using various means including speech and use of visual aids. Communication passports were in place to guide staff on communicating effectively with residents to ensure that they were understood.

Residents were consulted with through regular one to one consultation meetings. On review of residents' personal plans the inspector saw that some of the topics discussed at the meetings included keeping safe, advocacy, activity plans, annual report and progress of goals. Residents' goals were meaningful to them and there was good evidence of progression and achievement.

On speaking with the person in charge, the person participating in management and two staff in detail, the inspector found that residents were provided a good quality service, were provided with lots of choice, were part of the decision making and were happy in their home. The inspector found that residents' rights were promoted and upheld in then centre. Staff delivered person-centre care to residents and took into account their individual personalities, likes and preferences.

Some restrictive practices were implemented in the centre. Where restrictions were being implemented, they were done so in line with the provider's policy and in consultation with the residents concerned. The person in charge was striving to reduce restrictive practices as much as possible and looking at alternative way to do this. For example on the day of the inspection, all staff were wearing a hats. The person in charge advised that this measure reduced the requirement for staff to use physical interventions to manage hair pulling risks by providing a distraction for a resident, which in turn, mitigated the likelihood and impact of the behaviour. This was an example of an innovative and effective intervention which was providing a least restrictive option to manage a behavioural risk.

To mitigate the risk of behavioural incidents and safeguarding concerns in the centre, each resident was provided with a safeguarding plan. The plan included actions and guided staff on how to support residents and remove the risk of incidents occurring. Where appropriate, residents were also provided with a behaviour support plan which also assisted in reducing the risk of incidents occurring in the house and kept residents safe at home and in the community.

On speaking with staff, they advised that there was an open and transparent culture in the centre and that, if needed they could raise any potential concerns with the management team. In addition, the inspector found that staff knew what to do should a safeguarding incident occur. Staff talked confidently about using the

guidelines in residents' safeguarding and behavioural support plans.

Overall, the inspector found that the service provided to residents living in this centre was person-centre and in line with their assessed needs, wishes and personal preferences and enabled them to enjoy a good quality of life.

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

Capacity and capability

The inspector found that the provider and person in charge had implemented management systems which were effective in providing oversight of risks in the service and in ensuring that residents were safeguarded and in receipt of a good quality and person-centred service.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The provider and person in charge were striving to ensure that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. However, due to staff vacancies, continuity of care could not always be ensured.

Staff were provided training in safeguarding to enable them provide a safe service and support to residents living in the centre. Staff inductions and training programmes included safeguarding practices and training. Reflective practices and shared learning at team meetings also supported staff to understand their roles and responsibilities in reducing the risk of harm while promoting the rights, health, wellbeing and quality of life for each resident.

The provider recognised that effective governance and management ensured good safeguarding practice in the centre. Good leadership and management systems in place promoted an open culture where safeguarding was embedded in the provider's practices.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

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

Regulation 15: Staffing

On the day of the inspection the provider was striving to ensure that the number and skill-mix of staff was appropriate to meet the safeguarding needs of the residents. Depending on the location and activity, residents were supported by staff on a one to one basis or a two to one basis.

On the day of the inspection, there were five staff vacancies in the centre. One social care worker, one shared night support worker, and three support workers. The inspector was informed that one new staff member, was due to commence early next month when the appropriate vetting was complete. Two other staff, who had taken a career break, were due to return to the centre by the end of the year. In the interim period, flexi part-time staff and agency staff were used to fill the gaps on the roster.

In line with residents' assessed needs, as well as their preferences, it was important that familiar staff supported them. On review of the roster, the inspector found that the person in charge was endeavouring to ensure that the same flexi part-time and agency staff covered the gaps to ensure continuity of care however, this was not always possible.

For example; A sample of planned and actual rosters over a five month period demonstrated that the same two agency staff were employed in June, July and August. There was a change in September and October where one of the two agency staff left and a new agency was employed.

Overall, the inspector found that, while there had been improvements to staffing arrangements since the last inspection, until a full core team was employed in the centre, continuity of care could not be fully ensured for residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided a range of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Staff training records showed that staff had completed training in relevant areas, such as fire safety, safeguarding residents from abuse, safe medication management, positive behaviour supports (that included a communication training) and training in infection protection and control.

Staff had also completed supplementary training that enhanced the safeguarding training already in place. For example, most of the staff had completed a face to face training programme on 'promoting a positive safeguarding culture'. On speaking with a staff member who had completed the course, they advised that it

was very beneficial and supported good discussion and shared learning in relation to safeguarding.

Staff were also requested, from time to time, to complete safeguarding competency assessments and this was to ensure that they were up-to-date and knowledgeable in areas relating to safeguarding. For example, the competency assessments considered areas such as safeguarding policy and procedures, training, knowledge of safeguarding principles, practical application of safeguarding, attitudes and values and record keeping.

There were effective arrangements for the support and supervision of staff. The person in charge provided formal supervision meetings, (practice support meetings), which were scheduled in line with the provider's policy. The inspector viewed the supervision records for three staff and found that they were up to date. Staff who spoke with the inspector about their practice support meetings said that they found them beneficial to their practice. One staff member noted that they were a good way of supporting them set, progress and achieve their personal development goals.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre with associated lines of authority and responsibilities. The provider's and person in charge's monitoring systems were found to be effective and resulting in quality improvements in the provision of service for residents and ensuring their safety, wellbeing and rights.

The person in charge was full-time and reported to the person participating in management. The person in charge was supported in their role by two senior social care workers who assisted them in the oversight of the service. The person participating in management visited the centre regularly and there were effective informal and formal systems for the management team to meet and discuss matters relating to the care and support of residents.

There were effective management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider had completed an annual review of the quality of care and support provided in the centre for 2024 and there was evidence to demonstrate that residents and where appropriate their family had been involved.

A six monthly unannounced review of the quality service provision had taken place over three dates within February and March 2025 and included an action plan, most of which had been completed. The person participating in management was currently in the process of completing the next six monthly unannounced inspection and had visited the centre on a number of days during August and September as

part of it.

These reviews took into account how well residents were safeguarded and reviewed the measures in place and their effectiveness. The provider had a live safeguarding register in place, that monitored that status of safeguarding concerns. It provided oversight to senior managers of the centres they were responsible for. For example, the register allowed them see that concerns had been reported in line with best practice and that safeguarding measures and actions had been completed as per interim safeguarding plans.

In addition, peer to peer reviews were taking place with the most recent review completed in November 2024. These reviews saw team leaders, or senior social care workers, from other designated centres, operated by the provider, carry out reviews of the quality and care and support provided to residents in this centre. They included areas such as the external and internal environment, health and safety, rights, safeguarding, complaints, food and nutrition, medical managements, learning and development and policy an procedures.

There was also a financial audit completed for all residents to ensure their money was safeguarded. Some of the areas the audits reviewed included, residents financial support assessments, monthly records, dockets, daily shift money counts and personal inventory lists.

Furthermore, a health and safety compliance check was completed in February 2025 on the internal and external areas of the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that many of the principles outlined in the National Standards for Adult Safeguarding were promoted in the service to ensure residents were receiving a service which promoted and upheld their rights and kept them safeguarded. However, some improvements were needed to ensure that all information within each resident's personal plan was up-to-date and relevant. This is addressed further under Regulation 5.

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

Residents were protected from risk through appropriate control measures in place so that they could enjoy life and engage in activities that were meaningful to them. The inspector found that residents were given lots of choice from a range of activities

provided in their home and local community, and in a safe way.

The provider and person in charge promoted a proactive and positive approach to managing behaviours that challenge. Where required, residents were provided with a positive behaviour support plan to support the reduction of behavioural and potential safeguarding incidents. Where restrictive practices were in place, these were in line with centre and national policy and efforts were made to ensure they were the least restrictive option and were reviewed on an ongoing basis.

The provider and person in charge were promoting a culture of open disclosure and reporting of concerns. Where safeguarding or potential safeguarding incidents occurred these were followed up appropriately and in line with the centre's and national policy. In addition, the person in charge had put arrangements in place to ensure that there was shared learning and reflective practice after each incident.

The provider and person in charge were striving to promote residents' rights, as well as empowering residents to be knowledgeable and aware of their rights. Residents were provided information about their rights in a communication format that was in line with their assessed needs.

Regulation 10: Communication

The provider and person in charge were striving to ensure that residents were assisted and supported to communicate in accordance with their needs and preferences.

The residents living in this designated centre communicated using different means including spoken words, body language, facial expressions, use of pictures, photographs and social stories. Visual aids were used to help residents make choices and understand their day-to-day routine. For example, personalised social stories had been prepared to help residents understand topics such as going on social activities, using community services, keeping safe, informing them of their rights and information on advocacy, pursuing personal goals, use of restrictions, and personal care. Staff spoken with, had completed safeguarding training and were familiar with residents' communication support plans. Staff were provided positive behaviour supports training which incorporated communication training.

The inspector reviewed a sample of two residents' communication passports. These documents were provided in an easy-to-read format for each resident so they could understand the content. The passports also guided staff on how to communicate with each resident in line with their needs as well as preferences. For example, each communication passport included an introduction to the resident, their home, their family and their likes and dislikes. They provided information on how the resident liked to communicate and how staff can communicate with them.

The person in charge had organised a speech and language and talk assessment for two of the residents by an external health professional. The speech and language

therapist visited the residents' home in July 2025 and there were notes about the visit in each of the resident's visitor logs. However, as of the day of the inspection, the report with recommendations, had not been received. On the day the person in charge emailed and telephoned the therapist seeking an update.

An alternative assistive aid was discussed at the meeting for one resident, as it was felt by management and staff that it would be beneficial for the resident. The person in charge told the inspector that, should the aid be recommended in the report, training on how to use the assistive aid would be provided to staff to ensure everyone knew how to support and engage with the resident when they were using it.

The provider had also ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the house was clean and in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for residents on a daily basis.

There had been improvements made to the internally and externally to the premises since the previous inspection. For example, in the main house, double doors between the kitchen and sitting room had been removed to provide a type of open plan space. This change also provided a safer environment in relation to fire safety and an optimum route for egress in the event of fire. In addition, a resident's apartment had also been provided with a fire exit door in place of a fire exit window. This supported an easier evacuation route for the resident.

The provider had also upgraded the decking at the side of the house to non-slip decking, which meant it was safer for staff and residents to walk on during wet weather. The side of the house had been improved with newly laid chippings, garden furniture and swing chairs. The changes better ensured the safety of residents and well their wellbeing and enjoyment of their home, internally and externally.

The residents expressed themselves through their personalised living space in the house. Residents were consulted in the décor of their bedrooms. Some residents preferred a minimalistic décor and layout while other residents liked to include a lot of items that were important to them. There was ample storage in each resident's bedroom and in particular, for residents who kept large collections of items, such as DVDs. There were adequate number and size of shower and toilet facilities that ensured residents could be supported with their personal care in a safe and dignified

manner.

A sensory cabin was available to residents that included sensory items, furniture and lights. This was a space where residents could come to relax and spend time on their own. There was also a conservatory area just off the kitchen in the main house. The inspector was advised that this space was also used as a place for residents to relax or take time out when they or their peers were feeling upset and needed quiet time.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider ensured that the risk management policy and procedures safeguarded residents. The risk management policy met the requirements as set out in the regulations. The policy was last updated in May 2023 and was due for renewal in May 2026.

The risk management policy included arrangements for the identification, recording, investigation and learning from safeguarding incidents. The provider and person in charge had ensured that safeguarding risks been identified, assessed, and put appropriate measures and actions in place to control the risks.

The provider had put appropriate safeguarding measures in place to keep the residents safe.

For example:

Where there was a risk of failure to respond to a resident's complaint, the provider had put appropriate measures in place. Some of these included, having a complaint's officer in place, up-to-date complaint's policy and procedures, complaints and compliments logs submitted to the health service executive. As well as internal and external quality audits and a complaint forms sign off.

Where there was a risk relating to road safety, a number of measures were in place. Some of these included, training and education for residents, risk assessment in place for each resident, support plans in place, activity planning and skills teaching.

Where there was a risk of a resident absconding, the provider had put appropriate measures in place. For example, support plans were in place, implementation of individual risk assessments, activity planners, education and training, missing persons' policy and procedures, positive behaviour support plans, visual aids and on-call systems.

Where there was a risk of abuse of vulnerable persons, the provider and person in charge had put appropriate measures in place.

Some of these measures included, safeguarding policies and procedures, a designated officer assigned to the centre, staff provided with training in safeguarding vulnerable adults, Garda vetting in place, restrictive practice audits and review, internal and external quality audits, unannounced service visits, clinical input, intimate care policy and consultations with residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

On a sample of three residents' personal plans, the inspector found that the person in charge had ensured that residents' health, personal and social care needs had been assessed to inform written care plans.

The plans included important information on residents' personalities, interests, preferences, individual needs and goals, and were written in a person-centred manner that respected each residents' individuality. Some of the social care plans and goals had also been prepared in an easy-to-read format using pictures to make them easier to understand.

The inspector found that residents' files were readily available to guide staff on the interventions to provide effective care and support to residents. For the most part, the plans were up to date, and reflected input from multidisciplinary team services.

However, some improvements were needed to ensure all plans within residents' personal plans were up-to-date so that they provided current guidance for staff. For example, one residents 'About me' document, contained within their personal plan, noted that it had been completed in August 2023 and due for review in February 2024.

The information in the 'About me' document provided pertinent details about the resident and supported staff in meeting the resident's assessed needs. In addition, on review of the resident's most up-to-date assessed needs document, which was not contained within their personal plan, directed staff to the resident's 'About me' document on numerous occasions.

On raising this issue during the inspection, the inspector was shown a copy of the resident's 'About me' document that was dated January 2025 however, only six out of the twenty four paged document had been completed. In addition, this plan was not included in the resident's current working file (personal plan).

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by appropriate professionals.

For example, on review of one resident's positive behaviour support plan, the inspector saw that it had been reviewed in July and August 2025 by the organisation's positive behaviour support coordinator, the person in charge, who was also a behaviour support trainer, the resident's keyworker and staff members working in the centre.

Staff were provided training in positive behaviour supports that included annual in-house face to face refresher training. The inspector was informed that a new positive support behavioural therapist had been recently employed by the organisation.

The inspector saw that where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

There was a restrictive practice summary in place and it provided details of the restrictions for each resident. The summary included the date the restriction was introduced, frequency of use, where it was recorded, support plans in place for residents to develop skills, that once learned, would remove the restriction.

On review of residents personal plans, the inspector saw examples of specific purpose consultation meetings between residents and their key working staff to help them understand about the restrictions in place.

The person and charge and staff were endeavouring to reduce restrictions as much as possible. An initiative for staff to wear hats on their heads allowed for the potential reduction of a physical restraint used to release hair pulling.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had implemented effective systems to safeguard residents living in this designated centre from abuse.

The person in charge kept a safeguarding folder in the centre that included details of safeguarding incidents and follow up. The inspector saw that where there had been safeguarding incidents, the person in charge had followed up, reviewed, screened, and reported the incident in accordance with national policy and

regulatory requirements. The person in charge ensured that all incidents were discussed at staff meetings to ensure shared learning and mitigate the risk of recurrences.

The provider had implemented a live safeguarding risk register for the organisation. This provided oversight of incidents received by the designated officer for each service run by the provider. The register contained information relating to the date of the concern, the service it related to, the resident that was impacted, as well as date that the preliminary screening was submitted and responded to. The live register also kept oversight of any ongoing investigations, their progress and outcome.

The person in charge ensured that checks of the residents' finances were carried out to ensure each resident's money was maintained appropriately.

The person in charge and local management ensured that all staff had received up-to-date training in safeguarding and protection of vulnerable adults. Staff spoken with were familiar with the safeguarding procedures and reporting systems in place, should a safeguarding concern arise.

Residents were provided with a safety support plan. The plan, entitled, 'My safeguarding plan', was in easy-to-read format to better support residents' understanding of the content. The plan included what residents can do to stay safe every day, as well as what staff can do to ensure residents' safety. Staying safe in their home, community and during activities was considered in each resident's safeguarding plan.

Residents were provided with a specific purpose consultation meeting regarding their safety plan and this was to support them understand the content, and for some residents, in line with their communication needs and preferences, an additional social story was also put in place.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the safeguarding arrangements in the centre had due regard for the assessed needs of residents. For example, residents' right to access information was promoted and upheld. The resident's communication needs had been assessed and appropriate supports were in place for them to relay and receive information in a way that they understood and was of preference to them.

On the day of the inspection, the inspector observed social stories, visuals and engagements between residents and staff that demonstrated residents were provided with choice and consulted about matters that were important to them and in a way they understood.

Residents were also provided one-to-one consultation meetings regarding subjects that mattered to them, but also kept them safe and promoted their rights. For example, residents were provided with a specific topic consultation regarding their safeguarding plan. Residents were also provided consultation meetings to explain what advocacy meant and how and where to find an advocate.

The person in charge and staff ensured that residents were informed of and could exercise, their rights. There was an initiative in place called 'The Right of the month' where each month one human right was reviewed and discussed with residents on a one to one basis. For example, the inspector saw that the current month's right was, 'the right to have my voice heard and support access to an advocate when required.' The information about this right was relayed to residents in a way they understood, for example one resident was supported to understand the information through a social story.

There was also a section in resident's personal plans about consent and in particular, what they had consented to. For example, a resident had given consent for their personal plan to be viewed and read by the inspector. Residents were also provided consultation meetings to explain to them what consent meant and what services were available to them about consent and decision making.

There were some restrictions in place in the centre and the provider and person in charge had systems in place to ensure that they were in line with best practice and policy. They had also ensured that there were oversight systems in place to ensure they were the least restrictive for the shortest duration.

The person in charge relayed to the inspector about how they explained restrictive practices to one resident, who communicated verbally, and in particular, about the rationale for the restriction as well as the safety aspect to it. For other residents, in line with their communication needs, there was easy-to-read information and social stories in place to explain the use restrictive practice.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Paddocks OSV-0002064

Inspection ID: MON-0047953

Date of inspection: 10/09/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:	
Recruitment day was held for the organisation on the 15th September and further recruitment days will be scheduled over the next 6 months to further promote recruitment.	
The organisation has begun using a new recruitment platform, Rezoomo, to support candidate relationship management and applicant tracking, to further promote effective recruitment.	
Since the inspection and as outlined in the report one staff vacancy has been filled and onboarding commenced in September, thorough induction process will commence in October to support continuity of care.	
The organisation will continue to use regular agency staff and own panel of flexi part time staff to cover shifts, ensuring these staff receive the same supervision and training as full time staff to support retention and continuity of care.	
The organisation has signed up to Fáilte Back, the free online event designed for Irish citizens living abroad who are planning or considering a return to Ireland, this event is scheduled for November 25th,	
The organisation are currently engaging with funders and other relevant parties to support the section 39 pay parity agreement to further support recruitment and retention.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:	

Personal plan review day has been scheduled in the service for managers to conduct a thorough review of residents plans to ensure all documents have been reviewed and updated with an action plan completed outlining person responsible and timeframe for completion,

Practice support meetings will be scheduled with key workers following the above-mentioned review day to ensure all documents pertaining to residents personal plans have been updated and reviewed as outlined in the action plan.

Working file audits will be reviewed on a monthly basis by service managers to ensure documents outlined for review are being completed in a timely manner, this will be recorded on manager weekly checklist,

Provider unannounced audits will continue to identify documents outstanding update and review and will be adapted moving forward to assign the key worker responsible for completing the review.

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(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	07/02/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	07/12/2025