

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

Issued by the Chief Inspector

Name of designated centre:	Ivy House
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	25 November 2025
Centre ID:	OSV-0003371
Fieldwork ID:	MON-0039788

About the designated centre

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

This designated centre is a residential service for seven men and women over the age of 18 years who have an intellectual disability. The house is a large dormer bungalow outside a large town in Co. Meath. The house includes a kitchen/dining room with a sunroom, sitting room, office, utility room, relaxation room, seven bedrooms, five of which have en-suite facilities, and a separate bathroom. The house has a large garden area to the front and back of the house. It has adequate parking facilities at the back of the house. The centre has accessible transport available for residents to bring them to community and social activities in the local town and to appointments when required. The person in charge is employed full-time, and the centre is staffed by nurses and health care assistants daily and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 November 2025	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with regulations and standards, and to help inform a registration renewal decision.

There were six residents living in the centre on the day of the inspection, and the inspector met them all during the course of the inspection. Residents had been informed about the inspection and knew that there would be a visitor to their home, and they had given permission for the inspector to look around their home, and their bedrooms.

On arrival to the centre the inspector observed that one resident was getting ready to go off with staff on a shopping trip, and another was going out to a medical appointment. This resident came into the office as they were getting ready. They said that they knew that their medical appointments were helping them, and didn't mind the regular hospital visits that were required. They said that they had a day service available to them, but that they sometimes felt too tired to attend. They spoke about some of the activities they preferred to be involved in at home rather than going out all the time.

The inspector conducted a walk-around of the house, and found that the premises were nicely furnished and maintained, and were appropriate to meet the needs of residents. One resident came into the kitchen in their pyjamas to give the inspector some photo albums to look at which had photos of their family and of activities they had enjoyed. They had a chat with the staff, and spoke about other staff members who were off duty.

Another resident invited the inspector to visit their room. They were clearly proud of their room, and their belongings. They showed the inspector photos of their family members, and the new mattress on their bed, and opened the bathroom door to point out that they had their own bathroom.

Later in the day, another resident met the inspector. They spoke about a recent trip to the UK that they had undertaken with staff support. They spoke about all the sights they had seen, including their favourite football team's grounds. They then invited the inspector to see their room, and pointed out their music collection, their posters and photographs. They were particularly keen to show the inspector their en-suite bathroom which had been recently refurbished.

All residents appeared to be comfortable and happy in their home, and were observed to have an easy relationship with staff members.

Residents had been offered the opportunity to complete questionnaires sent out by the Office of the Chief Inspector in advance of the inspection. Some residents had been supported by staff to complete their questionnaires, however, they had written

in some comments themselves. For example, one resident had written 'we have a choice of food'.

Several residents had ticked the box to say they had been supported by their family to complete the questionnaire, and all their responses were positive. The family of one resident had completed the questionnaire on behalf of their relative, and said that the resident was supported to make their own choices, and said that the designated centre was the resident's home along with their friends.

A family member of another resident had helped the resident to complete the questionnaire, and commented that the resident had answered all the questions and that the relative had just recorded them. This resident said that they were happy in their home, that they had their own garden house and that they were happy with the staff team and the activities that they were involved in. This resident had signed the questionnaire in their own way.

Another resident had been supported by their family to complete the questionnaire. Again the resident had written some of their own comments, and said that they liked their room. Their family members had added comments which included acknowledgement of the importance of staff support, and gave an example of the way in which staff interacted with the resident that was important to them.

The inspector spoke to some family members of residents on the day of the inspection, and found that relatives were very happy with the quality of care and support offered to their relatives. They agreed to have their views included in this report. One family member said that 'everyone with a disability deserves to have an Ivy House' and that their relative would not have progressed as they had without the designated centre.

Another family member said that they felt that their relative had everything they needed. They said that staff were always thinking of new activities for their relative, and if it turned out that the resident didn't show any interest, staff went on to introduce them to something else. The family member said that the designated centre was their relative's home.

Overall, residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences, and there was a good standard of care and support in this designated centre, with only minor improvements required in the provision of some refresher training as further discussed under Regulation 7: Positive behavioural support of this report.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. She was knowledgeable about the support needs of residents, and about her role in relation to the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents. There was a registered nurse on duty both day and night, and additional nurses were rostered if residents required support for medical appointments.

The inspector spoke to two staff members on duty and the person in charge during the course of the inspection, and found that they were knowledgeable about the care and support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was up to date with the exception of training in positive behaviour support as discussed under Regulation 7: Positive behavioural support. Training provided fire safety, safeguarding and infection prevention and control. Staff could describe their learning from their training, and relate it to their role in supporting residents.

There was a schedule of supervision conversations maintained by the person in charge, with a requirement that two of these conversations were held with each staff member each year. However, these were not all up to date, for example one staff member had only had one supervision conversation in July of this year.

The inspector reviewed the records of three supervision conversations and found that useful discussions were held including professional development, the roles and duties of staff and key working responsibilities. The discussions were also an opportunity for staff to raise any issues.

Whilst the formal supervision conversations were not up to date, staff were appropriately supervised on a daily basis.

Judgment: Substantially compliant

Regulation 22: Insurance

As part of the application to renew the registration of the centre, the registered provider had submitted a valid insurance certificate which included cover for the building and all contents and residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a registered nurse on duty at all times. All the required actions identified at the last inspection had been implemented including updating positive behaviour support plans to ensure that all the information was current, and attending to maintenance issues.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations and was available in the designated centre. The annual review was a detailed report of the care and support offered to residents. The views of residents and their families had been included in this report.

Six-monthly unannounced visits on behalf of the provider had taken place in April and October of this year, and again the views of families of residents were included. There was an overview of any complaints or compliments received, and it was evident that complaints had been responded to in a timely manner. Compliments were in relation to the care and support offered to residents, and the support for residents to have trips and holidays.

A range of audits had taken place, for example, audits of any accidents and incidents, fire safety, and residents' finances. The audits included comments supporting the findings.

Any required actions identified during these monitoring processes were monitored by the person in charge, and then by the person participating in management until complete. Any learning was shared amongst the staff team, and also with other designated centres operated by the provider in the form of shared 'Learning Notices'.

Staff team meetings were held monthly, and the inspector reviewed the minutes of the last meetings and found a useful discussion recorded. Communication with the staff team on a daily basis was managed by the use of a communications book in which any significant updates on residents were recorded, and an appointments diary.

Overall, staff were appropriately supervised on a daily basis, and the person in charge and senior management had good oversight of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal

planning system in place, and residents were supported to engage in multiple different activities. The residents were observed to be offered care and support in accordance with their assessed needs

The premises were appropriate to meet the needs of residents and were clean and well maintained throughout.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner. Residents indicated that they were happy living in their home. The rights of residents were supported and upheld.

Regulation 13: General welfare and development

There was a system of person-centred planning, and the plans were detailed about the support each resident required and were based on a detailed assessment of need. Within these plans there was a system of setting goals for achievement with residents, sometimes in relation to activities and hobbies, and sometimes in relation to learning new skills.

For example, one resident was learning how to use public transport, and had achieved the step of taking a train journey. Another resident was working on increasing their activity levels in relation to improving their health.

Residents were all supported to engage in various activities of interest to them, both in the community and in their home. Some residents had a weekly plan and others preferred to make their choices on a daily basis. Activities included concerts and trips to the cinema, and activities at home included gardening and cookery, and both an arts and crafts facilitator and a musician attended the house every week. One resident particularly enjoyed helping the maintenance staff with tasks, and was welcomed by them to be involved.

Residents were supported in making and maintaining friendships. The provider had introduced a local 'circle of friends' whereby residents from all the designated centres in the area enjoyed events and activities together.

Records were maintained on the activities of each resident, so that it was clear that residents were supported to have work and leisure activities of their choice, and to

be supported in personal development.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. There were various communal areas including the spacious gardens, and living rooms. They each had ample storage and there were sufficient bathrooms to meet the needs of all residents.

The designated centre was well maintained and visibly clean, and all staff members had been in receipt of training in infection prevention and control. The communal areas were nicely furnished and residents private bedrooms were decorated and arranged as they preferred.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained.

Regular fire drills had been undertaken, including drills under night time circumstances. There was an up-to-date personal evacuation plan (PEEP) in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate, and there was evidence that these were updated following any issues identified during a fire drill. For example, one resident had declined to engage in a fire drill, their PEEP was updated to include guidance for staff in the event that they might decline to evacuate on another occasion.

The local Chief Fire Officer and their staff had visited the designated centre recently, and had checked over the fire plans and protocols. They had made some suggestion, including the installation of a smoke alarm in a garden shed that was used by residents, and this had been done.

Staff were all in receipt of fire safety training, could describe the actions they would take in the event of an emergency. The inspector was assured that residents could

be evacuated in the event of an emergency.

Judgment: Compliant

Regulation 6: Health care

There was a detailed medical history available for each resident, and an annual health review was conducted by the GP for each. Healthcare screening had been offered to each resident in accordance with their ages, and some residents had availed of this screening.

Where healthcare needs had been identified there were detailed care plans in place for both short term and long term conditions, and goals for optimum health were included in these plans. The inspector reviewed the healthcare plans for three conditions including diabetes and epilepsy and found them to be detailed and evidence based.

To support the understanding of residents there was easy-to-read information about conditions and any tests or procedures that might be required.

Consideration had been given to end of life care, and the topic had been introduced to some residents, with care being taken by staff to ensure that residents were ready to have such a conversation. Any preferences expressed by residents were included in their care plans.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were plans in place, based on a detailed assessment of needs. The inspector reviewed three positive behaviour support plans, and found detailed guidance for staff for the most part. Where the behaviour of a resident might have an impact on other residents the information in the plans was detailed, however, where the behaviour of one resident would only impact staff members, there was insufficient guidance in relation to the required response to the behaviour.

All the staff members who spoke to the inspector knew what their role was in the management of this behaviour, and could describe the steps that they would take at each level of escalation of behaviour presented by the resident. The inspector was assured that this was an omission of documentation rather than a lack of

knowledge. The person in charge undertook to rectify this immediately, and presented a draft management plan before the conclusion of the inspection.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident. However the training was not up-to-date for nine staff members, two of whom had been due for their refresher training in June 2024, and there was no scheduled training at the time of the inspection.

There were very few restrictive practices in place in the designated centre. Other than the locking of doors and the main gate to the road, the only other restrictive practices related to maintaining the safety of a resident who had epilepsy. There was a rationale for each of the practices, and a log of restrictions was maintained. Any restrictions were regularly reviewed and overseen by the 'Positive Approaches Support Group'.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred way in the management of behaviours of concern.

Judgment: Substantially compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

The inspector reviewed three safeguarding plans which had been developed in response to incidents and behaviour of residents. While all these plans were now closed, the information in them had informed the care plans and positive behaviour plans of residents, which included detailed guidance for staff to ensure that all residents were safe.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were knowledgeable about human rights and could discuss various aspects of

supporting the rights of residents. Staff spoke about the importance of recognising and upholding the rights of residents, and of supporting residents both in making choices, and in having respect for each resident.

There were various examples of residents being supported to make choices. For example, one resident had asked to move to a vacant room downstairs, and this had been accommodated. The inspector saw that the new room had been decorated as the resident chose, and repainted in their favourite colour.

The views of the residents were being taken into account at the time of the inspection in relation to a potential new resident. The person being considered was known to the current resident, for example through the local 'circle of friends' group.

There were regular residents' meetings, and a record was maintained of the discussions held at these meetings. The inspector was that residents had watched the video on HIQA inspections at a recent meeting in preparation for this inspection.

Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ivy House OSV-0003371

Inspection ID: MON-0039788

Date of inspection: 25/11/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Outstanding staff supervision for 2025 have now been completed with relevant staff. The schedule for 2026 staff supervision has been devised with a plan in place for 2026 ensuring that all staff receive supervision session in a timely manner.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The PIC has confirmed 2 training dates in Crisis Prevention Intervention which will capture the full staff team ensuring all staff are appropriately trained in management of behaviours of concern. Training Matrix will be further reviewed in Quarter 1 of 2026 to ensure that all training is kept up to date.</p> <p>The positive behaviour support plan where the behaviour of one resident would only impact staff members has been reviewed and updated to ensure there are detailed steps outlined in relation to the required response to the behaviour.</p>	

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	10/12/2025
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	31/12/2025