



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

## Issued by the Chief Inspector

Name of designated centre:	Hyland View
Name of provider:	St John of God Community Services CLG
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	02 July 2025
Centre ID:	OSV-0003619
Fieldwork ID:	MON-0038660

## About the designated centre

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

This is a service providing full-time residential care and support to seven adults (male and female) with disabilities. The centre comprises of a large detached house in Co. Monaghan and is in close proximity to a large town. Transport is provided for residents so as they have ease of access to community based facilities such as hotels, shops, shopping centres, restaurants, cinema and to go on holidays. Each resident has their own large private bedroom, all of which are en suite. Residents' bedrooms are tastefully decorated to their individual style and preference. Communal facilities include a large well equipped fully furnished kitchen cum dining room, a comfortable spacious sitting room, utility facilities, adequate storage space and well maintained gardens to the rear of the property. Adequate private parking is also available to the front of the premises. There are systems in place to ensure the assessed social, emotional and healthcare needs of the residents are comprehensively provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge. They are supported in their role by a number of senior staff nurses, nursing professionals, social care workers and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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 2 July 2025	10:20hrs to 17:25hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

Systems were in place to meet the assessed needs of the residents. Feedback from two family representatives on the service provided was positive and complimentary and on the day of this inspection, staff were observed to support the residents in a caring, patient and person-centred manner. However, the staffing arrangements required review as did some of the fire safety precautions. These matters will be discussed further, later in the report.

This inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to help inform a decision on the continued registration of the centre.

At the time of this inspection, there were seven residents living in the centre and the inspector met with all of them at different times, over the course of the day. Written feedback on the quality and safety of care from all residents living in the house was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with two family representatives (one in person and one over the phone) so as to get their feedback on the quality and safety of care provided in the centre.

The centre comprised of a detached single-storey house in a tranquil residential setting beside a large town in Co. Monaghan. The house had seven individual bedrooms (all ensuite), a sitting room, a kitchen cum dining room, a utility room, a staff office, a large bathroom and a small water closet. It was surrounded by a large well-maintained tiled patio with the provision of garden furniture for residents to avail of in times of good weather. There were also ample private parking facilities to the rear of the property.

On arrival to the centre, the inspector observed that the house was clean, warm, welcoming and well maintained. One resident welcomed the inspector into their home and said hello. They appeared in very good form and sat with the inspector for a short time going through one of their picture albums. They showed the inspector pictures of themselves celebrating important events such as birthdays and Christmas, attending concerts, at a wedding, at a barbecue and attending a football match. They appeared happy going through the pictures with the inspector, smiling and talking about the different events they had attended.

They also said that they had recently completed a college course and showed a picture of their graduation to the inspector. They appeared very proud of their achievement and staff informed the inspector that the resident had really enjoyed the course. Before they left for their day service, the resident invited the inspector to see their room. It was observed to be decorated to their individual style and

preference with pictures of family and friends and other personal items on display. When asked were they happy with their room the resident said yes.

On reviewing the resident's personal plans, the inspector observed that they were also a member of a local social club where they met with friends every week and had fun. They also liked being out and about in their community, going to restaurants for a meal and or a coffee, going to pantomimes, planting flowers on the patio and going on short holiday breaks.

Three other residents were relaxing in the sitting room watching television. All three said hello to the inspector and appeared in good form. One of these residents spoke for a short time to the inspector. They said that they were happy in the house and happy with their room. They also liked activities such as radio bingo, knitting, attending music event and or concerts and getting their nails done. Later in the day this resident went on a trip to town with staff support. On their return to the house, they rested in their room for some time.

Another resident was observed over the course of the day listening to music in the hallway. The resident had their own armchair and liked to sit in it, listening to their favourite singers and songs on their personal computer and or voice activated device. Anytime the resident needed support with this, staff were on hand to provide help. The resident also appeared in good form.

The inspector met briefly with two other residents later in the day. Although neither spoke directly with the inspector, they appeared comfortable in their home and staff were observed to be attentive to their needs.

The inspector viewed written feedback from all seven residents on the quality and safety of care provided in their home. Staff supported the residents in compiling this feedback and it was observed to be both positive and complimentary. For example, the residents reported that the house was a nice place to live; they made their own choices and or decisions each day, they had adequate money to spend, they could have visitors and make phone calls in private and they got to go on trips, events and social outings. They also reported that staff knew what was important to them - to include their likes and dislikes, staff provided help when it was needed, staff listened to them and they were involved in decisions about their home.

One family member spoke to the inspector while visiting their relative on the morning of this inspection. They said that service was a home from home for their relative and that they were comfortable living there. They also said that the staff team displayed great empathy and compassion and ensured the needs of their relative came first and were provided for. They were kept up-to-date on how their relative was doing and said that the personal care provided by staff was excellent. They also said that the person in charge and staff team were good advocates for their relative and, were also supportive to the families of the residents. They were also satisfied that the healthcare-related needs of their relative were being provided for.

Additionally, they reported that the overall service provided was 'brilliant' and was the best possible place for their relative to live in. They finished up by saying the service could lead and set the standard with regard to residential care.

One family member also spoke to the inspector via telephone on the morning of this inspection. They reported that they were definitely happy with the quality and safety of care provided in the house. They said that the staff team were dedicated and the service provided a home from home for their relative. They reported that staff knew the needs of their relative very well and that their relative was relaxed and happy living in the house. They also said that their relative's personal belongings were well looked after and that their room was personalised to their individual style and preference. When visiting the house they said that they were always made to feel welcome, they could speak with staff about anything if they needed to and that they had no concerns or complaints about the quality or safety of care provided in the service.

The inspector looked at some written feedback on the service and noted that four other family representatives were also complimentary of the quality and safety of care. For example, they reported that they were very satisfied with the service and happy with the quality and safety of care provided. They also reported that staff were courteous, helpful and respectful to the residents. They were satisfied with how well their relatives' personal possessions were looked after and with the level of recreation and social activities on offer. All four said that the service met with their expectations, they would recommend the service and that overall, it was excellent.

On review of the annual review of the quality and safety of care the inspector observed that there had been no complaints made about the service in 2024. However, the service had received a number of compliments. The person in charge also informed the inspector that at the time of this inspection, there were no open complaints. The inspector looked at some of the compliments and noted that in February 2025, a GP and consultant were visiting the centre to meet with some of the residents. The GP said that the designated centre was head and shoulders above anything else they had seen in the community with regard to the dedication, care and support provided to the residents.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred, kind and caring manner. They were attentive to the needs of the residents and the residents were observed to be relaxed and comfortable in the company and presence of the person in charge and staff team. Additionally, feedback from the residents and family members on the quality and safety of care was positive and complimentary. However, this inspection found issues pertaining to the staffing arrangements and fire safety precautions.

The next two sections of the report outline 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 care provided to the residents living in this service.

## Capacity and capability

The residents living in this centre appeared settled and content on the day of this inspection and systems were in place to meet their needs. However, the staffing arrangements required review.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge was a qualified nursing professional and demonstrated a good knowledge of the residents' assessed needs. They were also aware of their legal remit under S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from May and June 2025 informed that there were at least three staff on duty each day and two staff on live waking nights each night. However, taking into account the assessed, changing and significant needs of the residents, this arrangement required review.

Four staff members spoken with had a good knowledge of residents' care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary knowledge to meet the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and a six-monthly unannounced visit to the centre had been carried out in May 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

## Regulation 14: Persons in charge

The person in charge was a qualified nursing professional who also had an additional qualification in leadership and management.

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis with the organisation and overall demonstrated that they had the appropriate qualifications, skills and experience required to manage the day-to-day operations of the designated centre.



The person in charge was also found to be aware of their legal remit in line with the regulations, and was found to be responsive to the inspection process. For example, the person in charge was aware that the statement of purpose required review on an annual basis or sooner as required by the regulations.

Judgment: Compliant

### Regulation 15: Staffing

A review of a sample of rosters from 05 May to 31 May 2025 and 02 June to 29 June 2025 informed that there were at least three staff on duty each day and two staff on live waking night duty each night. However, and as identified above, taking into account the assessed, changing and significant needs of the residents, this arrangement required review.

The rosters informed that:

- one qualified nurse and two non nursing personnel (health care assistant and or a social care worker) worked each day from 8am to 8pm
- one qualified nurse and one non nursing personnel (health care assistant or a social care worker) worked waking night duty from 8pm to 8am

This arrangement required review for a number of reasons. For example, the last inspection of this service on 16 May 2024 identified that the person in charge had presented a business case to management for additional staffing hours. This was necessary as a number of the residents had significant and changing support needs. This issue had not been addressed at the time of this inspection and no additional resources had been deployed to the centre. The person in charge had to submit another business case one year later in May 2025 again requesting additional staffing resources. These additional resources were to ensure the ongoing and timely support regarding residents' mental health needs, intimate and personal care needs, nutritional needs, support and supervision levels, social goals and community inclusion.

Additionally, the last six monthly unannounced visit to the centre on 06 May 2025 identified on three occasions that a review should be considered of the staffing resources to ensure that there was an appropriate number of staff to support the residents taking into account their complex and assessed needs. At the time of this inspection that review or recommendation had not been addressed and no additional resources were deployed to the centre

This issue was also discussed and highlighted at staff meetings in September 2024, March 2025 and May 2025

The inspector noted that four residents required 2:1 staff support to evacuate the building during night time fire drills. Three required 2:1 support as a ski sheet was required to evacuate them safely and one required 2:1 support as they needed a

wheelchair for evacuation purposes. Taking into account that there were only 2 staff working night duty, this arrangement required review. This was required so as the service could be assured there were adequate staff available at night time to evacuate the residents in a safe and timely manner in the event of a fire breaking out in the centre. This issue was also discussed and actioned under Regulation 28: fire precautions.

The provider and the person in charge were found to have gathered the required information for staff listed under Schedule 2 of the regulations. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre to include photographic evidence of their identity, dates they commenced employment, details and documentary evidence of relevant qualifications and vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The information for two staff members was reviewed prior to this inspection and met the requirements of the regulations.

In summary, from speaking with one staff member, the inspector observed that staff were good advocates for the residents and played an important role in delivering care and support in a dignified and respectful manner. Staff were observed to be kind and caring in their interactions with the residents. Two family members spoken with was also exceptionally complimentary of the staff team. Notwithstanding, for the reasons identified above, the staffing arrangements required review.

Judgment: Not compliant

## Regulation 16: Training and staff development

From reviewing the training matrix, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- fire safety
- manual handling
- Children First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- medication management (for nursing personnel only)
- management of behaviours of concern and or positive behavioural support
- open disclosure
- safeguarding
- infection prevention and control
- human rights
- administration of emergency medication

- basic life saving
- dysphagia.

On the day of this inspection, the inspector requested to see certificates in safeguarding of vulnerable adults and basic life saving for the four staff members on duty. The person in charge showed the inspector evidence of these certificates prior to the end of the inspection process.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by a senior member of the management team.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out on 06 May 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- some areas of training required review
- some parts of the premises required painting.

These issues had been addressed at the time of this inspection.

It was observed that one action arising from the auditing process with regard to resources was not addressed at the time of this inspection. This issue was discussed and actioned under Regulation 15: staffing.

The person in charge had systems in place to support and facilitate staff to raise concerns about the quality and safety of care and support provided to the residents' living in this service. For example, staff spoken with said they would have no issues reporting any concern to the person in charge if they had one.

In summary, the governance and management arrangements in place ensured the service provided was in line with the statement of purpose.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations. A minor edit was required to the statement of purpose however, the person in charge addressed this issue promptly once brought to their attention.

In summary, the statement of purpose set out how the service was designed and delivered to meet each resident's needs.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

### Quality and safety

The residents living in this service were being supported to live their lives based on their assessed needs and preferences however, issues were found with Regulation 28: fire precautions.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of interest to them and frequent community-based activities of their choosing.

Residents were being supported with their healthcare-related needs and had access, as required, to a range of allied healthcare professionals to include speech and language therapy (SALT) and behavioural support.

Systems were in place to safeguard the residents and at the time of this inspection, there were no safeguarding concerns in the centre. Residents personal belongings were also kept safe in the centre.

Systems were in place to manage and mitigate risk and support residents' safety in the service. Firefighting systems were also in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. However, aspects of the fire precautions required review.

The house was found to be homely, clean, warm and welcoming on the day of this inspection and residents rooms were personalised to their individual preference and taste.

Overall this inspection found that the residents living in this house were being supported to live their lives based on their preferences and assessed needs with input and support from allied healthcare professionals and family members. However, an issue was identified with the fire precautions in place in the centre.

### Regulation 10: Communication

The residents' were being supported to communicate their choices and preferences in line with their needs and wishes.

This was achieved by supporting the residents to communicate in a format they preferred and the inspector observed that their individual communication preferences was understood and respected by staff.

Staff were very familiar with how each resident communicated and one resident had been assessed by a speech and language therapist twice over the last few months. At the time of this inspection, the person in charge was awaiting a report from the speech and language therapist so as the resident's communication passport could be updated accordingly.

Residents also had access to telephones and appropriate media such as person computers, televisions, radios, voice activated devices and easy-to-read information/pictures.

In summary, the provider ensured residents were supported to communicate in line with their assessed needs and preferred style.

Judgment: Compliant

### Regulation 12: Personal possessions

Each resident had access to and control of their personal property and possessions and, where necessary, support was provided by staff and or family representatives to residents in order to manage their financial affairs.

The person in charge informed the inspector that all residents had their own bank accounts and were supported to keep cash in the house for day-to-day living and social outings. Receipts were maintained for all items purchased by the residents and staff did a daily check on their finances so as to ensure all monies spent could be accounted for.

The inspector reviewed one residents finances and found that receipts were available for any item they purchased and the balance of money available in their individual petty cash box was correct and signed off by two staff members.

Residents also had their own personalised furniture and furnishings into their rooms and had adequate storage space for their clothes, personal property and possessions.

Where required, a personal inventory was available detailing each residents personal assets to include items such as pieces of jewellery, computers and televisions.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents were being actively supported and encouraged to engage in social, learning and or recreational activities in line with their assessed needs and preferences. They were also being supported to maintain very regular contact with their families.

As detailed in section one of this report *'What the residents told us and what we observed'*, residents were being supported to attend concerts, go to the theatre, go to pantomimes, go shopping, have a meal and or a coffee out, attend football matches and take day trips to the marina.

Some residents liked to cook with staff support, liked to participate in the upkeep of their garden patio by planting flowers and liked to celebrate holidays such as St. Patrick's Day and Easter in the house. Residents also had plans to hold a summer barbecue in the home and invite their family and friends to it later in the year. Others were planning to take a short holiday break and attend various music events that they were interested in.

One resident was also attending a day service where they got to meet up with friends and engage in activities of their preference. This resident had recently completed a college course and showed the inspector pictures of their graduation and there certificate.

Residents were also supported to keep in contact with their families.

Judgment: Compliant

### Regulation 17: Premises

The house was found to be homely, warm, welcoming, clean and well maintained on the day of this inspection.

As identified earlier in this report, the centre comprised of a detached single-storey house in a tranquil residential setting beside a large town in Co. Monaghan. The house had seven individual bedrooms (all ensuite), a sitting room, a kitchen cum dining room, a utility room, a staff office, a large bathroom and a small water closet. It was surrounded by a large well-maintained patio with the provision of garden furniture for residents to avail of in times of good weather. There were also ample private parking facilities to the rear of the property.

Residents bedrooms were also observed to be decorated to their individual style and preference.

It was observed that some parts of the kitchen (to include some presses) needed attention however, the person in charge was aware of this and had commenced plans to address this issue.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents' safety in the centre.

There was a policy on risk management available and each resident had a number of risk assessments on file so as to support their overall safety and wellbeing.

The main risk in the centre regarding the residents was the risk of falls. However, there were a number of controls in place to help mitigate this issue. For example:

- residents had access to a physiotherapist and an occupational therapist
- where required specialised equipment was provided to support residents mobility to include hip protectors and or splints
- 2:1 staffing support was provided to transfer residents where required
- a wheelchair was available to one resident that needed it
- a wireless lazer sensory alarm was in place for one resident that alerted staff as to when they needed support

- where required, grab rails were in place
- additionally, high low beds were in place where required
- for those who were able, light exercise was promoted
- all residents had as required access to general practitioner (GP) services.

Overall, the safety and quality of life of the residents living in this service was promoted through a positive and proactive approach to risk taking.

Judgment: Compliant

## Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers and emergency lighting and fire signage. However, aspects of the fire precautions required review.

Equipment was being serviced as required by the regulations.

For example:

- the fire detection and alarm system was serviced in February and May 2025
- the emergency lighting had also been serviced in February and May 2025
- and the fire extinguishers had last been serviced late in April 2025.

Staff also completed as required checks on all fire equipment in the centre, and from reviewing the training matrix it was noted that they had training in fire safety. Three staff were due refresher training in fire safety however, the person in charge had all three pencilled in to attend this training on 04 July 2025, two days after this inspection.

Fire drills were being conducted as required. For example:

- a drill conducted in April 2025 informed that it took three staff and seven residents two minutes and 18 seconds to evacuate the house
- another drill facilitated in June 2025 informed that it took three staff and four residents two minutes and 24 seconds to evacuate the house.

However, the fire evacuation procedures at night time required review by a competent person and or authority. As identified and actioned under Regulation 15: staffing, four residents required 2:1 staff support to evacuate the building during night time fire drills. Three required 2:1 support as a ski sheet was required to evacuate them safely and one required 2:1 support as they needed a wheelchair for evacuation purposes. The inspector also observed that during a simulated night time drill facilitated in October 2024, three residents evacuated the centre and four did not. It was deemed that this was adequate as the process of compartmentalisation



was used regarding the four residents that remained in the building and, there were two fire doors between them and the fire.

Taking into account that there were only 2 staff working night duty, the fire arrangements review by a competent person and or authority. This was required so as the service could be assured there were adequate staff available at night time to evacuate the residents in a safe and timely manner in the event of a fire breaking out in the centre. It was also to ensure that the process of compartmentalisation used during night time fire drills was safe and appropriate.

Each resident had an up-to-date personal emergency evacuation plan in place. The inspector reviewed all of these plans which detailed the support and guidance the resident required in evacuating the house during a fire drill.

Judgment: Not compliant

## Regulation 6: Health care

The residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

From reviewing two residents' files, the inspector observed that they had access to the following services:

- GP
- advanced nurse practitioner
- occupational therapy
- physiotherapy
- dentist
- optician
- speech and language therapy
- clinical nurse specialist in dementia
- clinical nurse specialist in behaviour
- orthotic services
- psychiatry.

It was observed that some residents were waiting on dental appointments through the primary care system however, where required the person in charge said they had made private dental appointments for those residents that required it. They were also actively following up on this issue.

Additionally, each resident, where required, had healthcare-related plans in place so as to inform and guide practice. One staff nurse spoken with was familiar with the assessed needs of the residents.

Hospital appointments were facilitated if required and each resident had a hospital passport on file.

In summary, the service had implemented a proactive model of care that was centred on the needs of the residents. The health and wellbeing of each resident was promoted and supported and each resident had access to a range of allied healthcare professionals to support them in experiencing a good quality of life.

One family member spoken with over the phone on the day of this inspection said they were satisfied that their relative's healthcare-related needs were being provided for in the centre.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where required positive behavioural plans were in place and residents had access to psychiatry support, a clinical nurse specialist in behaviour and a registered advanced nurse practitioner specialising in behaviour.

Staff had training in positive behavioural support and one staff member spoken with, was familiar with the content of one resident's positive behavioural support plan. Behavioural plans were also being reviewed as required.

There were some restrictive practices in place to support the residents overall safety and wellbeing. However, the person in charge was keeping these under review and they had also been referred to the organisation's human rights committee for review and approval.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and at the time of this inspection, there were no safeguarding concerns in the centre.

However, the inspector noted the following:

- four staff spoken with said they would have no issue reporting a safeguarding concern to management and or the person in charge if they had one. All four were able to identify who the designated safeguarding officer was for the service
- one of those staff were able to talk the inspector through the reporting procedures regarding a safeguarding concern

- details of the safeguarding team were on display in the house
- feedback from two family members on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service
- there were no complaints about any aspect of the service on file at the time of this inspection
- safeguarding was discussed with residents at their meetings
- safeguarding was also discussed at staff meetings
- information on how to contact an independent advocate was available in the centre.

Additionally, staff had training in the following:

- Children First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding
- communicating effectively through open disclosure
- trust in care.

Judgment: Compliant

## Regulation 9: Residents' rights

On the day of this inspection, staff were observed to support the residents in a person-centred and dignified manner. Some staff also had training in human rights and appeared to be good advocates for the residents.

One staff member spoken with said it was important to respect and promote the everyday small choices and decisions of the residents. For example, support their decisions regarding their preferred daily routines, what clothes they would like to wear, what they would like to eat and support preferred social outings.

They also said that it was important to respect the privacy and dignity of each of the residents and consult with them regarding their personal and intimate care. They said that it was important to knock on the residents bedroom doors prior to entering and at residents meetings, they also discussed rights and choice with the residents.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hyland View OSV-0003619

Inspection ID: MON-0038660

Date of inspection: 02/07/2025

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels have been reviewed due to the changing needs of the residents and a business case for an additional staff during the day shift has been sent to the funding authority on 27.06.25 & 05.08.25.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Fire review risk assessment was carried out by a Competent fire consultant which stated that no additional fire controls are necessary.  A repeat nighttime fire drill will be conducted following the above new review / assessment.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	05/08/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	22/08/2025