



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

Issued by the Chief Inspector

Name of designated centre:	Hazel Grove
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	08 January 2026
Centre ID:	OSV-0003889
Fieldwork ID:	MON-0043604

About the designated centre

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

Hazel Grove comprised three bungalows and provided care and support to meet the needs of up to nine residents with disabilities on a full-time basis from the age of 18 years and over. Residents are supported by a team of Social Care Workers and/or Support Workers under the direction of a person in charge in delivering a social care model of service provision. Each residence is a 4 bedroom bungalow and comprises an entrance hall, a large and small sitting room, utility room and kitchen and dining room. Each resident has a double bedroom, with two bedrooms having their own en suite facilities in each house. There are also communal bathroom facilities provided. There are also office facilities provided for in the centre. Each house has large well maintained garden area and adequate parking facilities. Systems are in place so as to ensure the health and social care needs of the residents are provided for with access to GP services and other allied healthcare professionals as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

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
Thursday 8 January 2026	16:00hrs to 19:00hrs	Angela McCormack	Lead
Friday 9 January 2026	09:40hrs to 14:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, this inspection found that Hazel Grove provided person-centred and good quality care to residents. Residents' welfare and choices were promoted. However, improvements in the oversight of staff training was required to ensure the safety of residents.

This inspection was an unannounced inspection to monitor compliance with the regulations. The inspection was completed over two days, one evening and the following morning. The inspector provided a document called 'Nice to Meet You' that inspectors use to help to explain who they are and the purpose of the visit. The inspector went through the document with a resident when they first arrived, who acknowledged this by smiling. The inspector met with six residents, seven staff members and the person in charge during the inspection.

There were seven residents living across the three houses at the time of inspection. The inspector met, and spent time chatting, with six residents. One resident declined to meet with the inspector as they were feeling unwell and were resting in bed.

The inspector spent time in each house during the first evening, meeting with residents and talking with them. Residents communicated with the inspector in their preferred methods. These included verbal means, gestures, Lamh signs, the use of pictures and objects of reference. With support from staff members, residents spoke about their lives and their experiences living in Hazel Grove. The inspector observed that one resident communications were not always understood by staff members. While this resident had a comprehensive communication support plan and there were plans discussed to seek support from speech and language therapy, this needed to be progressed in a timely manner so that the resident could maximise their communication choices.

Some residents met with were happy to show the inspector around their home, including their bedrooms. One resident declined to show their bedroom, explaining that 'it was private'. This was respected by the inspector. Residents' bedrooms that were observed, were personalised and clearly reflected residents' individual interests. For example, one resident liked gaming and their bedroom had various posters and gaming related items. In addition, this resident had a dedicated area in the house for playing, and storing, their games and games consoles. They were observed relaxing here at times during the inspection. They also spoke about their favourite games with the inspector. Another resident spoke to the inspector about Christmas gifts that they got and appeared delighted to show all the gifts that they received. They also showed the inspector their bedroom and where they stored their clothes.

All residents spoken with said that they felt safe and liked living in their home. One resident told the inspector 'I have a great life'. One resident communicated that the vocalisations of another resident hurt their ears at times. However, they indicated that they felt safe. Staff spoken with about this confirmed that residents got on well in general. They explained about how they were supporting the resident to understand that this was their housemate's way of communicating at times. The inspector observed that the environment was designed to support residents to have individual space to relax in the communal areas and could see that residents had preferred areas to relax separate from each other.

Through observations, discussions and a review of documentation, it was clear that residents were provided with person-centred care and support. Support plans reviewed were found to be up to date and provided clear information on the supports residents required. Staff spoken with were familiar with residents' needs and were observed supporting them in line with their assessed needs.

The staffing levels and vehicles available in the centre supported residents to do activities that they chose. One house had identified the need for a bigger vehicle to support all residents to comfortably travel together. This was an action from a safeguarding incident that occurred last April, and was in progress.

From discussions had with residents throughout the inspection, the inspector could see that residents were supported to take part in activities that were meaningful to them. These included having lunch out, going to the cinema, going bowling, doing kayaking courses, getting beauty treatments, going on holidays and going on various day trips. Residents also enjoyed spending time with family members and friends, with many residents having regular visitors to their home.

Residents were also supported to identify goals for the future. Two residents agreed to show the inspector their person-centred plans. Residents spoke about some of the goals that they had achieved and plans for the future also. Goals included; going on holidays and going to music festivals. For example, two residents spoke about holidays that they went on last year, which included a sun holiday to Portugal for one resident, and a beach side holiday in Ireland for another. One resident proudly showed a bird house that they had made and painted and were observed discussing plans with the person in charge about where to put it in the garden. Another resident spoke about their hopes to get a lawn mower and be involved in this aspect of the upkeep of their home.

The inspector also reviewed three questionnaires that were completed by residents as part of the service's feedback process. The questionnaires reviewed included feedback from the resident that the inspector did not get to meet with, and two others with whom the inspector did not get to spend much time with. The information in the questionnaires showed that residents were happy with their home, food, staff members and choices. One resident said that they another resident annoyed them at times, but that they were friends.

All three houses were observed to be clean, homely and well maintained. There were framed pieces of art work, framed photographs, soft furnishings and sensory

lights for example. The premises promoted accessibility with hand rails and ramps. There were several communal areas for residents to relax in their own private space if they wished to. Areas of the houses were clearly designed to provide comfortable spaces for residents to enjoy their individual interests, such as music, gaming and sensory lighting and equipment.

Overall, the inspector found that residents were supported with their needs and were provided with a person-centred care.

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

Capacity and capability

This inspection found that overall there were good systems in place for the governance and management of the centre. However, the oversight of mandatory training required improvements to ensure that residents were supported by a staff member trained in fire safety at night-time.

The numbers and skill mix of staff appeared to meet the current needs of residents. Staff were supported through team meetings and one to one meetings with their line manager. There was one staff vacancy that was in progress for completion.

The systems in place for the monitoring and oversight of the centre included regular audits completed by the person in charge and six monthly unannounced visits by the provider. Actions identified through audits were kept under review for completion. Many actions were completed with some in progress.

In summary, this inspection found the arrangements for managing the centre was generally effective, with improvements in monitoring staff training required.

Regulation 23: Governance and management

The inspector found that there were good systems in place for the management and monitoring of the centre, However, one area for improvement was required as follows;

- A need had been identified for one of the houses to get a bigger vehicle so that all residents living there could travel together in comfort and safety and to reduce the risk of negative interactions. This need had been identified in

April 2025, and while in progress, this required completion in a timely manner.

There was a clear governance structure in place. Each employee had clear roles and responsibilities which were also clearly detailed in the provider's policies and procedures. The staffing skill mix consisted of social care workers and support workers. The inspector was informed that recruitment was in progress for one post of social care worker. The inspector looked at a sample of rosters for one house from 29 September 2025 to 04 January 2026 and could see from the sample that there was good oversight to ensure that the centre was resourced to meet residents' needs.

There were good arrangements in place for monitoring and oversight of the centre by the local management team and provider. The inspector reviewed provider audits, team meetings, training records, action plans and care plans. Overall, the systems in place were found to be effective in identifying and addressing actions to improve the care and support provided. However, as mentioned previously, the oversight of staff training and the timely progression of actions required improvements which would enhance residents' safety.

Judgment: Substantially compliant

Regulation 16: Training and staff development

This inspection found that improvements were required in the area of mandatory staff training.

The inspector reviewed the centre's current training matrix, where the following was found:

- Two staff who were working together in one house on the day of inspection did not have fire safety training, one of whom covered a sleepover shift. The risks of having two untrained staff supporting three residents had not been appropriately assessed to review the specific risks. This risk was mitigated somewhat through the induction that staff received that covered fire safety. However, ensuring that staff members complete all of the mandatory training to support residents' safety before working alone at night promotes a safer service.

Staff were found to be supervised and supported through regular supervision meetings. A sample of five meetings held with individual staff were reviewed by the inspector and showed that the meetings were occurring in line with the provider's policy.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were reported to the Chief Inspector of Social Services in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were clear arrangements in place for the receipt and management of complaints in the centre.

The inspector reviewed the provider's policies where it could be seen that there was an up-to-date complaints policy in place that outlined the arrangements for dealing with complaints. This was available to residents in an easy-to-read version and discussed with residents at residents' meetings. There were no open complaints at the time of inspection. There were three complaints made by residents during 2025. The inspector reviewed these complaints and could see that they were resolved in a timely manner and to the satisfaction of the residents. This showed that the system in place for the reporting of complaints was followed through and every effort made to resolve the complaint within the time frames.

Judgment: Compliant

Quality and safety

This inspection found good compliance with the regulations related to the quality and safety of care of residents. The timely completion of some actions required improvements however. These related to a service vehicle and communication supports for one resident.

Notwithstanding that, residents were provided with person-centred care and support. Residents' rights, health, wellbeing and protection were promoted in the centre. Comprehensive assessments were completed of residents' needs. Support plans were in place and found to be up-to-date and kept under ongoing review. This meant that any change in need was quickly identified and responded to.

Overall, Hazel Grove provided good quality, person-centred care to residents.

Regulation 10: Communication

The provider had a policy and procedures in place to promote and support residents' with communication through a total communication approach. The following was found:

- While it was identified that one resident would benefit from further support with communication aids it was not clear on the day of inspection if a referral had been made to progress this. This need was discussed at a meeting in March 2025, and remained an unmet need at the time of inspection.

The inspector reviewed three residents' communication support plans. These were found to provide clear information on individual residents' communication preferences. They also provided clear guidance to staff on how to support with residents' individual communications. Staff were observed responding to residents' communications in a caring and respectful way. Through the inspector's observations throughout the inspection, it was clear that staff members knew residents well and were responsive to communications. In addition, residents had access to gaming consoles, mobile phones, televisions, music players, magazines and the Internet in line with their individual preferences.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents' general welfare and development were supported in the centre. Residents had access to an external day service that they attended each day, in line with their choices.

Residents spoke about the wide range of activities that they enjoyed. These included; going out for meals, visiting family and friends, bowling, going to concerts, getting their hair done, going on shopping trips and going on day trips. One resident spoke about how they enjoyed weekends, as they went for drives with staff to various locations and had meals when out.

Within the house residents had access to a range of leisure and recreational activities such as; arts and crafts, televisions and technological devices to use the Internet. One resident spoke about their preferred games to play on their gaming consoles.

Links with family members and the wider community were promoted and encouraged. On the evening of inspection, one resident was gone out with a family member, while another resident was expecting their sibling to visit.

Judgment: Compliant

Regulation 17: Premises

The houses were spacious, clean, bright and well maintained. Each resident had their own bedroom that was decorated in line with their individual preferences. Some residents proudly showed the inspector their bedrooms. Residents also had space to store personal belongings securely.

There were ample communal areas for residents to relax and have visitors. The rooms were bright, clean and contained well-maintained, comfortable furniture. Residents had access to individual aids and appliances as required. There were suitable bathroom and laundry facilities to meet the numbers and needs of residents. Kitchens had cooking equipment to enable residents to cook meals and do baking

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had a policy and procedure in place for the safe administration of medicines. One staff member talked through, and showed the inspector the medication management arrangements and the records maintained for one resident. The inspector found that there were good arrangements in place with clear records maintained to ensure the safe administration of medicines for residents. This included arrangements for the ordering, receipt, safe storage, and the disposal of unused or spoiled medicines.

The resident's individual assessment on their capacity to self-administer their medicines was reviewed by the inspector and found to be up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed and regularly reviewed with individual personal plans in place.

The inspector reviewed a sample of three residents' care plans, where it was found that a comprehensive assessment of each residents' health, personal and social care needs was completed. A range of care and support plans were in place to guide

staff in the supports required. These included; behaviour support plans, feeding, eating, drinking and swallowing (FEDS) plans, and protocols for managing medical conditions such as diabetes. These were kept under review and updated if there was a change in need.

Residents were supported to achieve meaningful, personal goals for the future. Two residents showed the inspector their person-centred plans where it could be seen that goals were kept under review so that they were achieved in a reasonable time frame. In addition, the plans reviewed were accessible to residents and included photographs. Annual reviews were completed, two of which were reviewed by the inspector, which showed participation by residents and their representatives.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted in the centre.

From the inspector's review of three residents' care plans, it could be seen that residents were supported to attend appointments and consultations with various healthcare professionals as required. In addition, residents were supported to access and avail of national screening programmes and vaccines. Where residents declined vaccines for example, their decision was respected.

The centre had a range of easy-to-read booklets and documents on various health and wellbeing topics that were accessible to residents and discussed with them as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Staff received training in behaviour management.

Support plans were developed as required with input from a behaviour specialist. The inspector reviewed two residents' support plans developed to help with anxiety and behaviour management. It was evident that every effort was made to establish the causes of behaviours or mood dips, such as ruling out possible physical causes. Staff spoken with appeared knowledgeable about how to support residents.

There was one restrictive practice in use in the centre. The inspector reviewed the documentation for this, where it could be seen that it was assessed to ensure that it was the least restrictive option for the shortest duration. It was evident that the

resident affected was involved in the decision and that they were supported to understand the reason for same. This template for reviewing and assessing restrictions also included a section to assess the impact of restrictions on residents' human rights. This demonstrated that restrictions were robustly assessed to ensure the minimal impact on residents' rights.

Judgment: Compliant

Regulation 8: Protection

The centre promoted residents' protection through the adherence of the policies and procedures in place for safeguarding and for the provision of intimate care. Staff completed training in safeguarding vulnerable adults and were knowledgeable about what to do in the event of a safeguarding concern.

In addition, safeguarding was a regular agenda item at both staff meetings and residents' meetings. Residents were supported to learn about how to self-protect through accessible easy-to-read information. Residents spoken with by the inspector said that they felt safe. As mentioned previously one resident said that another resident's vocalisations affected them, but they did not indicate nor were they seen to be feeling fearful. Staff spoken with described ways that they were supporting the resident to understand about how their peer was expressing themselves. The environment and staffing in the house supported residents to spend time alone if they wished.

Where safeguarding concerns arose these were taken seriously and followed up in line with the safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted about the running of their homes through regular meetings, where their everyday life choices and input about the centre was sought. Residents were provided with information on rights and advocacy services in an easy-to-read format.

In addition, it was clear that residents' religious preferences were respected. Residents spoke about the range of activities that they chose to do. It was clear from communications and observations that residents' choices about how they lived their lives were respected and promoted.

One resident was supported to use the decision support service and was provided with a social story about the role of their co-decision maker.

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 23: Governance and management	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Grove OSV-0003889

Inspection ID: MON-0043604

Date of inspection: 09/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider is reviewing its transport fleet to identify an alternative larger vehicle to ensure comfort and safety for all residents living in one of the house attached to the designated centre.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge has reviewed all staff training matrix's to ensure all other staff working in the designated centre have completed their fire safety training.</p> <p>To ensure the safety of all residents, the Person in Charge reviewed the staff roster on the evening of the inspection to ensure the two staff identified as not having completed fire safety training were not rostered together or on sleep over duties.</p> <p>Since the inspection, both staff members have completed their fire safety training.</p> <p>The Person in Charge will review each staff member's training matrix on a quarterly basis to ensure all staff working in the designated centre have up to date fire safety training completed.</p> <p>The Person in Charge will ensure that all new and locum staff have completed their fire</p>	

safety training prior to working in the designated centre.

Regulation 10: Communication

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
A referral was submitted to the community Speech and Language Therapist following the inspection however, they have advised they do not take referrals of this nature.

The Provider has linked with their internal communication resource to assess the resident's need and determine supports for optimum use of communication aids. If it is deemed necessary, the Provider will seek a private appointment with a Speech and Language Therapist.

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 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	30/04/2026
16 (1) (a)	Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	16/01/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Substantially Compliant	Yellow	30/04/2026

	needs, consistent and effectively monitored.			
--	--	--	--	--