Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	23 September 2025
Centre ID:	OSV-0004638
Fieldwork ID:	MON-0044495

About the designated centre

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

The centre provides a residential service for a maximum of five residents assessed as requiring a broad range of staff support. The support provided ranges from staff guidance and supervision to a higher level of staff support with some activities of daily living. The accommodation for residents is provided in four apartments within a larger apartment complex in a residential area. The maximum possible occupancy of each apartment is two residents. However, three residents live on their own in three of the apartments and two residents share the fourth apartment. The model of support strives to offer semi-independent living arrangements for residents but this changes as residents needs change. Staff are on site by day and by night and their presence in each apartment is guided by the level of support needed by each resident. The model of care is social and the staff team is comprised of social care and support workers with day-to-day management and oversight delegated to the person in charge supported by a co-ordinator and a lead social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 23 September 2025	10:15hrs to 17:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's compliance with the regulations. The findings of this inspection reflected a centre that was well-managed and where residents received the support that they needed to maintain their health and well-being and to enjoy a good quality of life. The centre was not without its challenges as resident's needs changed and increased and they required more support from staff. The provider was responding to these challenges. The provider confirmed however, that additional staffing put in place following the last HIQA inspection remained unfunded despite the efforts made by the provider with it's funding body. While the findings of this HIQA inspection were positive the provider did need to review and agree the stated purpose and function of the centre given the increasing needs of the residents, the stated resource constraints and the expressed will and preference of residents in relation to their living arrangements.

This designated centre is currently comprised of four separate apartments in a larger apartment complex. Two of the apartments are ground floor apartments while two are located at first floor level. Three of the apartments are located off a main stairwell while the fourth is accessed separately but is in close proximity to the other three apartments. Each apartment offers residents all of the facilities that they need for day-to-day living such as their own bedroom, some of which have ensuite sanitary facilities, kitchen, dining, laundry and living space. Residents have a clear sense of ownership over their apartments and are supported to make them homely and comfortable in line with their choices and preferences.

The centre is located in a residential area in close proximity to a range of services and amenities. For example, there is a shopping centre within walking distance and a stop for the local link transport service. At the time of this inspection the centre was registered to accommodate five residents as the provider had in 2024 reduced the footprint of the centre and removed a standalone bungalow that had been part of the designated centre. There were four residents living in the centre on the day of inspection. The inspector had the opportunity to meet and speak with each of the four residents. The residents engaged confidently with the inspector sharing their experiences of recent health challenges and their hopes and plans for the future.

The inspector arrived unannounced to the apartment where the staff office is based. The inspector noted the pleasant planting at the entrance to the apartment and the provision of a compact garden seating set. The inspector was greeted by the co-ordinator and the lead social care worker who support the person in charge in the management and oversight of the centre. There was another staff member in the apartment planning the day ahead with the resident. The person in charge who has an office nearby arrived to the centre to facilitate the inspection.

The inspector received a warm welcome from the resident living in this apartment. The resident remembered the inspector from the previous inspections and there was

a general catch-up on places known to the inspector and the resident. The resident looked very well, spoke of their plans for the day and described the full and busy daily schedule they enjoyed. For example, the resident said that they enjoyed going to the gym and attended two different community based day services during the week. When the inspector asked if the resident liked to relax at the weekends after such a busy week the resident said they attended mass in a local church and liked to eat out at least once each weekend. The resident told the inspector that everything was good. The resident was very facilitative of the inspector's presence in the apartment. The resident came and went with staff and attended to matters such as visiting their optician, doing some personal shopping, preparing their dinner and getting ready for attending the day service the following day.

In the evening the inspector met with the resident living in the separate ground floor apartment. The resident was recovering from a recent hospital stay. Earlier in the day the staff member supporting the resident told the inspector that the resident was recovering well and had requested to go shopping for a personal item. When the resident returned the inspector went to see the resident. The resident was having their evening meal. The inspector noted that the meal provided reflected the instructions of the residents safe eating and drinking plan and a staff member was providing the required supervision. The inspector apologised for interrupting the resident's meal and the resident said a little coyly that they had not been expecting visitors. However, the resident addressed the inspector by their name and spoke of their recent illness. The resident said that they were tired but "getting there slowly". Up until recently the resident had shared this apartment with a peer. When the inspector asked how they found living on their own the resident's response clearly communicated that they were managing well and happy at present living on their own.

Residents even where they had their own apartments did live in close proximity to each other. Staff spoken with were familiar with the plans and protocols in place to manage challenges that could arise and the systems in place for reporting any incidents that did occur.

The inspector met with the third resident in their apartment. The resident was also recovering from a very recent hospital stay. The resident greeted the inspector by name, invited the inspector into their apartment and spoke openly about what had obviously been for them a very challenging illness and hospital stay. The resident said they were doing okay and had ventured out with a staff member on the day of inspection and had enjoyed a cup of coffee. The resident was looking forward to getting back to their normal routines such as volunteering but understood that they had to take it easy for another while.

The inspector found there were good arrangements in place for monitoring resident health and wellbeing, for ensuring residents had access to the services that they needed, received the care that they needed and were supported in times of illness and as they recovered. For example, the person in charge said that the provider had utilised agency staff yo augment the staffing levels so that residents had support while in hospital and while in other care settings.

The fourth resident had spent their day out and about and met with the inspector as they returned to their apartment in the evening. The resident invited the inspector to their apartment and was excited to share with the inspector the plan in place for them to live independently in the community with the support of the providers outreach staff. The resident said that they would miss their apartment and their peers but living more independently was a very important goal in life for them. The resident spoke of family, their roles in the community, in the provider's advocacy forum and the quilting class they were currently attending. The resident loved using the local-link transport service but said they had also started to use public transport independently in preparation for independent living. The resident said that they could and did talk to the staff team but they also liked and could speak to the management team. The resident knew that their new home would not be a "HIQA registered home" but said they would love for the inspector to visit and see their new home.

As the inspector was concluding the inspection the residents were getting ready to attend a house meeting facilitated by staff. The residents knew about this meeting and were looking forward to it.

Overall, based on this engagement with residents, records read and discussions had with staff and management, the service was responsive to the needs and wishes of the residents. The provider sought to support residents to have ongoing independence and autonomy while ensuring residents were safe. Residents were consulted with and had input into their care and support plans. Staff sought to support residents to make good and safe decisions. Residents were supported to understand and comply with the risk mitigating controls that were needed for residents to safely enjoy some independence. For example, devices to alert staff to a possible fall.

There were challenges as the provider sought to seek a balance between respecting resident's wishes and rights while also keeping residents safe. The inspector noted that there was good awareness, exploration and discussion during and after the most recent provider-led quality and safety service review of residents rights and potential restrictions.

These reviews and the annual quality and safety service review provided for consultation with residents and as appropriate their representatives. The feedback received from both parties was positive. Residents said that they liked living in the centre, had good choice, and felt supported by the staff team. Residents said that they would raise concerns and worries if they had them. Residents had named the designated safeguarding officer as one person they would speak with. Families who provided feedback described the service as excellent.

The findings of this inspection were informed somewhat by the reduced occupancy of the service at the time of this inspection. For example, the reduced occupancy meant residents received individualised support from staff on the day of this inspection and the provider was also carrying a reduced level of risk such as in relation to the night-time staff sleepover arrangement.

The inspection findings were satisfactory. Residents received a good person-centred service and the provider demonstrated a high level of compliance with the regulations reviewed. The inspector did find however that while incidents that had occurred had been managed, the Chief Inspector of Social Services had not been notified of all reportable incidents and events such as minor injuries sustained by residents, a near miss that required first-aid and peer-to-peer incidents between residents.

The next two sections of this report will describe the governance and management arrangements in the designated centre and how these assured the appropriateness, quality and safety of the service.

Capacity and capability

The provider had clear governance arrangements in place to ensure that a good quality and safe service was provided to residents. There were clear lines of responsibility and accountability. The provider had quality assurance systems that were used effectively to monitor the service provided to residents. However, the centre was not resourced to deliver on the stated purpose and function of the service.

The local governance structure currently consisted of the person in charge who was the community manager, a co-ordinator and a lead social care worker. There was a plan, that following a mentorship programme, the co-ordinator would assume the role of person in charge. The inspector spoke individually with each of these persons participating in the management of the centre. The inspector found good consistency between these discussions indicating good and effective communication that ensured clarity and consistency in relation to the management and oversight of the centre including the arrangements for meeting the care and support needs of the residents.

For example, the inspector found clarity in relation to the health status of each resident, their ongoing care and treatment and clarity on the centres staffing levels and arrangements. This included the arrangements for utilising agency staff and for supporting and supervising persons who were employed through community employment schemes.

The provider had arrangements for formally supervising the staff who regularly worked in the centre. The lead social care worker confirmed for the inspector that the supervisions were on schedule and were completed in line with the provider's supervision policy. Records seen such as the review and analysis of incidents that had occurred confirmed there was ongoing informal support and supervision for staff.

As mentioned in the opening section of this report the providers systems of quality assurance included the annual and at least six-monthly provider-led reviews of the

quality and safety of the service. The inspector read the reports of these reviews and saw that they were completed on schedule, provided for consultation with residents, staff and resident's representatives and a low number of quality improvement plans issued. That would concur with the positive findings of this HIQA inspection. For example, in relation to the completeness of residents care and support plans.

An action that did re-issue from these internal reviews was the issue of staffing resources and the open business case with the providers funding body.

Regulation 14: Persons in charge

The person in charge was the community manager. The community manager had the qualifications, skills and experience needed for the role of person in charge. As person in charge the community manager was responsible for the day-to-day management and oversight of the centre. The community manager had the supports and systems in place to ensure the consistent and effective operational management and oversight of the centre. On speaking with them the person in charge was fully informed in relation to the general management and oversight of the centre and the support and care provided to residents.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels on the day of inspection presented as adequate to meet the support needs of the residents. However, this finding is qualified by the fact that the centre was not at full occupancy on the day of this inspection and, the additional staffing put in place by the provider since the last inspection was not funded. This resource issue will be discussed in Regulation 23: Governance and management.

The inspector reviewed the actual and planned staff duty rota for September-October 2025. The rota was well-maintained, named each staff member on duty, their role and the hours that they worked. The staff duty rota reflected the staffing levels described and observed. For example, there was a minimum of three staff members on duty each day up to 16:30hrs, two staff members were on duty up to 20:00hrs and there was one staff member on sleepover duty. These staffing levels included the additional staffing put in place by the provider following the last HIQA inspection.

The model of care and the staff skill-mix was social. The co-ordinator confirmed that nursing care was available to residents from community based nursing services who were regularly visiting a resident following their recent hospitalisation.

The staff duty rota and staff spoken with demonstrated staffing arrangements that ensured residents received continuity of care and support. Some staff had worked for many years in the centre. The co-ordinator described how resident's plans were discussed and agreed each day so that residents had access to transport and staff support to go where they wanted to go and to do what they wanted to do. While currently utilising agency staff the inspector saw that these staff worked alongside regular staff or provided additional support for residents while they were in a different care setting.

The inspector discussed with the person in charge the procedures in place for utilising agency staff. The person in charge confirmed there was a contract in place between the provider and the staffing agencies setting out the responsibility of the agency to ensure the staff they provided were adequately trained and vetted. The provider could also request and had sight of these records such as proof of the person's identity.

The person in charge described to the inspector how they assured the adequacy and safety of the current staffing levels and arrangements such as the sleepover arrangement. This required for example, ongoing monitoring of residents needs and risks, the use of devices to alert staff, the monitoring of the use of these devices and ensuring that simulated evacuation drills tested the centres evacuation plan.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place for monitoring staff training needs and for ensuring that adequate training levels were maintained.

The lead social care worker described how they monitored staff training records and they were currently in the process of securing from staff certificates of the completion of on-line training. Staff spoken with confirmed they had completed training such as in safeguarding residents from abuse and fire safety.

In response to a new need arising the inspector saw that the co-ordinator had sought and received evidence based guidance for staff. The co-ordinator was also in the process of booking on-site infection prevention and control training for the staff team.

Records seen confirmed that the multi-discipliary team (MDT) also came to the centre, met with staff and provided staff with guidance on needs such as supporting residents to eat and drink safely and supporting residents to manage behaviour of concern.

Based on records seen, staff spoken with, and practice observed there was a competent staff team who demonstrated good knowledge of the support needs and

plans of the residents. For example, staff spoken with were clear on the controls in place for managing risks and were familiar with safeguarding protocols.

The provider had a system in place for the support and supervision of all staff. This included the on-site support and supervision provided by the co-ordinator and the lead social care worker and the convening of regular staff meetings. The co-ordinator confirmed they had ready and regular access to the person in charge and welcomed the support and learning of the mentorship programme. The systems of supervision and training included all persons supporting residents including those employed through the community employment scheme.

Staff spoken with confirmed staff meetings were occurring and said there had been a recent staff meeting specifically to discuss the recent challenges for staff in supporting residents in times of illness and increased need. Staff said there were no obstacles to staff raising queries or concerns. Management described staff as good communicators with management and with each other.

Judgment: Compliant

Regulation 23: Governance and management

Based on the findings of this inspection this was a well managed centre. The provider had governance and management arrangements that ensured the service provided was safe, appropriate to residents needs, consistent and effectively monitored. However, the inspector was advised that the centre was not resourced to operate in accordance with the centres statement of purpose.

The inspector found clarity on roles, responsibilities and reporting relationships. The inspector found accountability for the quality and safety of the support and care provided to residents. For example, based on records seen there was a high level of staff reporting of accidents and incidents and other concerns that arose. Staff spoken with were familiar with the out-of-hours arrangements for reporting issues and seeking guidance. The inspector found good consistency between what was discussed with management and staff and what was read in records seen such as the care and support notes completed each day by the staff team.

The annual review and the six monthly provider-led reviews were occurring in line with the requirements of the regulations. The provider ensured that residents, representatives and staff members were consulted with as part of these reviews. The inspector read the report of the most recent provider led review and saw that it was comprehensive and explored themes such as practice that may have had the unintended potential of restricting resident rights. The person in charge explained to the inspector how there was follow-up discussion with the auditor, staff and residents to explore and clarify the findings further. There was also evidence of local learning as routines were reviewed, explained or changed further to the findings of the internal review.

The primary governance issue arising in this centre was the evidence that the centre was not adequately resourced to deliver on the stated purpose and function of the centre. The original objective of the centre was to provide a semi-independent living arrangement for the residents. However, with age, increasing health needs and increasing risks residents had an increased need for staff support and supervision. This has been a repeat finding of previous HIQA inspections of this centre.

The provider had put additional staffing in place in response to the last HIQA inspection. The reduced occupancy of the centre meant the current staffing levels presented as adequate on the day of inspection to meet the needs of the remaining four residents. However, the provider advised the inspector that funding had not been received for the increased staffing put in place after the last HIQA inspection. The person in charge was monitoring the ongoing safety and suitability of the night-time staffing arrangement to the needs of one resident. In addition, it was evident from records seen and what a resident said that shared living arrangements brought challenges and a resident may have had a preference to live on their own. It was also possible the resident may develop a need for staff support at night and the vacant bedroom would be needed to accommodate staff.

In summary, in the context of the reported resource constraints and residents changing needs the provider needed to review the stated purpose of the centre including the number of residents that could be accommodated and the range of needs that could met so that the centre operated safely and effectively.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Better arrangements were needed as reportable events had not been reported to the Chief Inspector of Social Services. This finding was concluded based on records seen in the designated centre and the inspector's review of notifications that had been submitted to the Chief Inspector. For example, the inspector noted that the most recent internal review had commented on matters that required notification and manager oversight of incidents that had occurred earlier this year had clearly instructed that minor injuries sustained by residents and a pattern of peer-to-peer interactions were to be notified to the Chef Inspector. However, the incidents had not been reported.This was a retrospective finding.

Judgment: Substantially compliant

Quality and safety

Based on the findings of this inspection the provider had arrangements in place that ensured the care and support provided to residents was of a good standard and evidence based. This was a busy centre. The provider responded to resident's changing needs, supported residents in times of illness and sought to ensure that residents had the autonomy and independence that they valued while keeping residents safe. Residents enjoyed a good quality of life and were meaningfully connected to family, friends and the wider community.

The inspector discussed the general care and support needs of all of the residents and reviewed one personal plan. The plan was based on a comprehensive assessment of the resident's needs, abilities and wishes. The inspector saw there was an ongoing assessment of those needs and the plan was updated in response to new or changed needs. The plan was developed and updated in consultation with the resident and their representative.

There was good documentary evidence that plans of support and care were informed and advised by the wider MDT. For example, in relation to supporting residents to eat and drink safely, to mobilise safety and to reduce the risk of falls. Staff spoken with and practice observed confirmed that staff were familiar with the needs of the residents and their care and support plans. For example, staff were logging the resident's use of their falls alert device and any activations of the device.

The personal plan confirmed that the health care needs of residents were monitored and staff sought advice, care and treatment for residents. Residents were supported to access their general practitioner (GP), the providers own MDT and other healthcare professionals. Staff supported residents to attend clinical appointments as an assurance that residents heard and understood what was said.

The personal outcomes plan clearly set out what it was the resident would like to do. Good records were maintained of the progress and achievement of the goals. Overall, based on what was discussed and what residents said, residents had good and consistent opportunities to do things that they enjoyed with the support of the staff team. This included supporting one resident to plan and prepare for transitioning to independent living.

Residents were spoken with about their support and care needs, their social needs and, the general running and routines of the house. This included the use of social stories to explain to residents the care and support they needed.

There were times when residents could be challenged to manage how they were feeling and communicated this through behaviour of concern. Staff spoken with were aware of a safeguarding protocol in place. Residents had ongoing support from the MDT. A positive behaviour support plan was in place.

Overall, the inspector was assured that the provider was consistently monitoring and responding to risks that arose in the centre primarily in relation to residents changing needs. The arrangements in place sought to achieve a reasonable and safe balance between the autonomy and independence that residents wanted and the provider's duty to ensure residents were safe. Residents were consulted with and the controls in place were proportionate to the risk that was being managed. Good

oversight was maintained of incidents that did occur and there was evidence of responsive actions such as re-referral to the MDT and feedback to staff individually and collectively.

Regulation 10: Communication

Residents were good and effective verbal communicators and engaged openly and confidently with the inspector. Residents gave a good account of the things they enjoyed doing, the recent challenge posed by ill-health and their hopes for the future.

While good communicator's staff understood there were still ways to enhance good and effective communication with residents. For example, staff understood that residents valued their autonomy and independence and communication that was perceived as an instruction or directive was not beneficial. The use of social stories maximised the use of plain English and the presentation of information in a visual and accessible format. The inspector saw that staff had sought information from a relative as to certain phrases used by a resident so as to better understand their meaning and purpose.

There was a good understanding that behaviour was at times a way for residents to communicate how they were feeling physically and emotionally.

All residents had good access to a range of media and good information about local facilities, services and events.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place that ensured residents had ongoing access to home and family as appropriate to their individual circumstances. Residents spoke of the importance of family and time spent with family. Family were kept informed of any changes in residents needs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had good opportunity to lead active lives and to be meaningfully engaged in line with their expressed wishes and interests. There was good evidence that the

care and support provided to residents considered those wishes and interests but was also evidence based.

What residents did was community based, varied in line with each resident's interests and abilities and reflected the individuality of the service. For example, residents were supported to enjoy the experience of paid work and to volunteer in their local community. One resident had a longstanding connection with a local garage and another resident was a member of the local branch of the Irish Red Cross. One resident loved art and attended local art classes. Another resident spoke of their attendance at two different community based day services and clearly looked forward to going to them. Residents liked to go to mass and were supported to attend a local church at the weekend.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate arrangements were in place for the identification, management and ongoing review of risk. Based on the evidence available to the inspector the providers system for reporting incidents, reviewing incidents and how they were management was used as intended by the provider so as to ensure the safety of residents.

The inspector reviewed the risk register, records of incidents that had occurred, the providers own analysis of incidents that had occurred and a resident's individual risk management plan. The inspector discussed particular incidents that had occurred, how risk was managed and how mitigating controls were reconciled with resident's preferences for autonomy and independence. The inspector found confidence, clarity and good consistency between records seen and staff spoken with. For example, a staff member described the spot-checks mentioned in a risk assessment that were completed to ensure that residents support plans were implemented in practice.

The overview report of incidents and accidents in the centre for the first two quarters of quarter two of 2025 was comprehensive. The reviews were completed by the person in charge, the reviews and corrective actions taken were overseen by management. Those actions included meeting with staff individually and collectively, enhanced input from the MDT for the staff team and with individual residents. These corrective actions were evident in records seen such as recent occupational therapy reviews.

The inspector saw the risk-mitigating controls specified in the risk management plans such as a device to alert staff that a resident may have fallen, a meal provided in the recommended consistency and the use of two separate entrance doors which was a cited control in a safeguarding plan. The co-ordinator described plans in

progress for further safety interventions such as improved lighting as part of a falls prevention plan.

Residents were spoken with in relation to these controls. The controls were proportionate to the risk that presented to resident safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector saw that a comprehensive assessment of resident health, personal and social care needs had been completed. Support plans were put in place in response to the findings of the assessment such as any support needed for personal care, communication, behaviour support and general safety needs.

The co-ordinator confirmed that all of the residents participated in the process of personal planning. Each resident had a key-worker. The co-ordinator was currently reviewing each resident's personal plan with the key-workers. The completeness of the personal plans was also monitored during the provider-led reviews. The personal plan reviewed by the inspector set out a clear pathway of assessment and planning, re-assessment, updating and the creation of new plans as needed. For example, following recent hospitalisation.

The inspector saw that residents were spoken with and had input into their personal plans. For example, one resident discussed with the inspector their visit to their optician on the day of inspection and the adjustments made to their spectacles. Representatives were invited to attend the annual personal planning meeting and were kept informed of any changes in resident needs.

There was good documentary evidence of ongoing MDT input and support and the use of communication tools such as social stories with residents to explain aspects of their plan to them.

The personal plan included the plan for identifying, agreeing and progressing residents personal goals and objectives. The goals were meaningful to the interests of the residents. Good notes were maintained of the progress and achievement of the goals and objectives.

Judgment: Compliant

Regulation 6: Health care

The provider had good arrangements in place so that residents enjoyed good health and had access to the healthcare services that they needed in times of illness. The

person in charge and all staff spoken with had good knowledge of each residents healthcare needs, any changes in those needs and the care being provided in response.

In the personal plan the inspector saw plans of care and support for identified healthcare needs. For example, the inspector saw plans for maintaining good and safe mobility, plans for supporting residents to eat and drink safely and for maintaining good dental hygiene.

Staff monitored resident health and wellbeing and sought advice from the person in charge and on-call when they had concerns. There was good documentary evidence that residents had access as needed to their general practitioner (GP) and to the MDT including, psychiatry, psychology, positive behaviour support, speech and language therapy and occupational therapy. Assessment was ongoing in response to recent changes in needs.

Staff spoken with described how residents continued to receive support in times of illness and hospitalisation. The inspector saw that residents were making a good recovery and continued to receive any care they still required such as nursing care and re-assessment of their mobility including their risk for falls.

The inspector saw that staff maintained detailed records of the care provided each day to residents. The inspector saw how the care provided was informed by recent illness, new needs and interventions to prevent a reoccurrence. For example, staff were maintaining records of the amount of fluids consumed each day by a resident.

The inspector saw a plan for supporting end-of-life care. The plan was very personal to the resident and captured the resident's wishes and character. For example, the resident said that at end-of-life they would like to have visitors but not "loads" of them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Arrangements were in place to support residents to manage behaviour of concern and to support staff to respond to those behaviours. Good oversight was maintained of interventions that met the benchmark of a restrictive practice.

The inspector's review of the providers own analysis of incidents that had occurred indicated a high level of reporting by staff of such incidents and an overall increase in incidents. Staff spoken with explained how factors such as resident overall well-being had contributed to the increased level of incidents. Responsive actions to support residents included referral to the MDT including psychology, psychiatry and the positive behaviour support team.

The positive behaviour support plan seen by the inspector reflected behaviours that were displayed, their origin and their possible purpose and function. That analysis provided a good basis for understanding the behaviour and responding to it.

The inspector saw a suite of social stories that had been developed to support resident understanding of their rights and the restrictions that were in place. These restrictions were largely risk mitigating controls such as devices to alert staff to a possible fall or controls to restrict the use of laundry equipment at night-time. As discussed previously in this report there was good awareness, oversight and exploration of practices and routines during the most recent internal review. This provided assurance that practice that had the potential to be or could be seen as a rights restriction was explored, clarified and addressed as needed.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place for safeguarding residents from abuse.

Staff spoken with confirmed that they had completed safeguarding training. Staff were familiar with the safeguarding plan, protocol and reporting procedure for incidents including incidents that could occur between residents.

Staff confirmed that safeguarding was a standing agenda item at the house meetings held with residents every four to six weeks. Residents were familiar with the designated safeguarding officer. Records seen referred to visits made to the centre by the designated safeguarding officer who met with and discussed safeguarding with residents.

Records seen confirmed that residents were comfortable speaking to staff, raised concerns with staff and staff reported these concerns and worries. For example, where a shared living arrangement had not been working well for one resident. Due to the reduced occupancy of the centre this was not an issue on the day of the inspection. However, shared living arrangements did require due consideration as the provider reviewed the stated purpose of the centre.

The personal plan reviewed by the inspector included a plan for supporting the resident's personal and intimate care needs.

Judgment: Compliant

Regulation 9: Residents' rights

There was a strong focus on respecting and promoting residents rights. This could be challenging at times as the provider sought to achieve an agreeable balance between managing risk and supporting resident independence and autonomy. There was evidence of discussion and resident input into decisions about their care and support. There was a strong understanding that where controls were needed they were more likely to be successful if residents understood the reason for them and the benefit of them. For example, a staff member described how a resident had been supported to choose a falls alert device that they themselves liked and therefore would wear. The resident enjoyed having sometime alone and was supported to understand that the falls alert device was necessary to safely support that independence.

Conversely, staff had raised concerns with management about recent SLT recommendations as they had noted the increased anxiety they had created for the resident. While the current recommendations continued a reassessment was planned to see if there was scope to safely refine the recommendations.

One resident was on a pathway to independent living. The resident was delighted with the progress of this important life goal and happy with the support they were receiving from the provider.

Staff were flexible and supportive of resident's wishes. For example, the inspector reviewed records where a staff had agreed to support a resident to attend a low-impact movement class that was outside of the agreed working hours of the staff duty rota.

Residents were supported to exercise their religious beliefs and to vote where this was important to them. Two residents were actively involved in the provider's internal advocacy forum.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	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-0004638

Inspection ID: MON-0044495

Date of inspection: 23/09/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will take the following steps to ensure compliance with Regulation 23: Governance and Management: • The PIC and coordinator will carry out a review of staffing ratios per day and individual schedules to ensure that the roster is reflective of the current needs of the individuals residing in the center. [Planned completion: 31/11/2025] • A revised business case will be submitted to the HSE following this review of the support hours required which will ensure that relevant funding is sought based on the future needs of all the current residents. [Planned completion: 15/12/2025] • If required rosters will be revised based on the needs of the service area and this will be carried out in a planned, consultative manner with all staff members. [Planned completion: 31/03/2026] • The provider will ensure that the capacity of the center remains at four in the interim to ensure that the current and future needs of all residents are met. The vacancy remains unfunded and will not be filled until such time as the required funding is in place to adequately meet the needs of the current residents and any future admissions to the center.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The registered provider will take the following steps to ensure compliance with Regulation 31: Notification of incidents:	

• Two retrospective notifications to be submitted to capture peer to peer incidents between residents in the center. [Completed]
• PIC and coordinator will ensure going forward that any peer to peer incidents – which may not meet the threshold for Adult Safeguarding are managed appropriately in the DC and also notified as per NF06 to the regulator.
• The Designated officer will meet with PIC/Coordinator on a quarterly basis to review such incidents to ensure appropriate oversight and management. [31/10/2025]
• Any minor injuries which do not required medical/hospital review will form part of the quarterly returns to HIQA. [31/10/2025]

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/03/2026
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Substantially Compliant	Yellow	31/10/2025
Regulation 31(3)(f)	The person in charge shall	Substantially Compliant	Yellow	31/10/2025

	ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any other adverse incident the chief inspector may prescribe.			