

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

Issued by the Chief Inspector

Name of designated centre:	Valley View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	03 July 2025
Centre ID:	OSV-0005399
Fieldwork ID:	MON-0038767

About the designated centre

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

The designated centre is based in a rural setting and is comprised of one dormer bungalow style building. This centre provides residential services seven days a week to five adult male residents with an intellectual disability, mental health diagnosis or an acquired brain injury. Residents each have their own daily plan of activities and are facilitated to attend leisure, education and social activities. The staff team consists of assistant support workers, social care workers, team leaders and a full-time person in charge. A clinical team is employed by the provider to support residents and the staff team. Each resident has their own bedroom. Four of the bedrooms have an en-suite facility. The designated centre also has two sitting rooms, a bathroom, a kitchen and dining room, a laundry / utility room, a staff office and a relaxation room. There were well maintained outdoor gardens to the front and rear of the property.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 3 July 2025	09:30hrs to 18:10hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in July 2024 as part of the current registration cycle. The findings of that inspection did not identify any actions required to be completed by the provider relating to the regulations that were reviewed.

On arrival, the inspector met with the person in charge. The inspector was informed all five residents were present in the house and were engaging in different parts of their morning routine or were resting in bed at the time. The inspector met with all five residents at various times during the day that best suited their routines and planned activities. Staff informed the inspector when a resident was ready to meet with them and this was facilitated immediately. Residents were offered the opportunity to speak with the inspector in private or with a staff member present.

One resident chose to speak with the inspector in private in the garden area. They provided the inspector with an update on their animals and plans they had to attain an number of personal goals relating to livestock. The resident had sold animals and purchased new animals since the previous inspection and spoke about their plans to purchase new equipment for themselves. The resident was observed to call their animals by name and the goats appeared at the fence upon hearing the resident's voice. The resident was aware of the supports being provided to them regarding their finances but explained they found this difficult at times due to delays they felt were occurring. Other issues were also discussed with the inspector that were difficult at times for the resident to deal with. The resident did identify a staff member with whom they could discuss these issues and acknowledged that they were able to voice their concerns so that assistance could be provided to them.

Another resident spoke with the inspector before they left the designated centre to begin their planned activities. The resident stated they were very happy with the supports being provided to them in the designated centre. They hoped to progress during the year to move to another location and live independently. To attain this goal they were learning new skills. These included money management, cooking and travelling on public transport. The resident was very proud of their improved coping skills relating to communicating their needs, recognising when they needed personal space and voicing issues rather than adversely re-acting to a situation. They resident spoke about their recent purchase of a goat. A peer was assisting them in learning how to care for the animal, this included getting up early every morning to feed the animal. This would previously have been difficult for the resident but they were enjoying it at present with the bright mornings. The resident was observed to be respectful of their peers. They stated they could not show the inspector other goats that did not belong to the resident without first asking the permission of their peers.

The inspector was invited to meet with the third resident in the sun room when they were ready to talk to the inspector. The resident had attained success with a weight loss programme which they were proud of. They spoke about going to the gym and other social activities that they enjoyed either individually with staff support or with peers in the designated centre which included going to the cinema. The resident was observed to engage in friendly banter about sporting teams with staff present. The resident also spoke of changes to their medications and how they felt this was working well for them. They spoke about attending educational programmes provided in a hub under the remit of the provider which included cooking. While speaking with this resident in the communal area another peer was observing and chose to engage at times with the banter but was not ready at that time to speak with the inspector.

During the morning a staff member advised the inspector that this resident was ready to meet the inspector. This was facilitated and the resident was sitting in the sun room. Staff were present to provide encouragement and topics of conversation as the resident at times found it difficult to engage in conversations. The inspector had observed the resident painting an external fence earlier in morning and when the inspector commented that the resident had done a good job they smiled. The resident spoke of a recent shopping trip and items which were purchased, this involved some banter with the staff who had been on the shopping trip with the resident. The resident was observed to smile at these positive and friendly interactions. The resident liked to spend time with one of their peers and this was supported in line with the expressed wishes of both parties. The inspector was informed social outings were encouraged to provide the resident with confidence engaging with others in the community. The resident was also observed to indicate they no longer wished to continue the conversation with the inspector and this was acknowledged and respected. The inspector thanked the resident for agreeing to speak with them.

The inspector met with the fifth resident after they had completed their morning routine. The resident spoke of the achievements and progress they had made in the previous 12 months. They felt they were currently doing well, their voice was being listened to and outlined their personal goals to attain greater independence in their everyday life. The resident spoke about their ongoing farming interests and associated activities. They continued to independently maintain business interests and had the support of an external party to assist with their finances when needed. The resident spoke of how they were communicating better with the staff team when issues relating to their health were affecting them. This was observed on the day of the inspection when the resident required review for a recurrent medical condition.

The inspector completed a walk around of the designated centre which was found to have multiple spaces for residents to have personal space if they chose to do so. The kitchen-dining area was the central hub and could be busy at times. Residents were observed to engage with staff if they chose to do so and move to another location when needed. The house was well ventilated as it was a bright summer's day windows were open and residents were accessing the external garden areas as they wished. Staff were observed to complete the daily safety checks of the building

both internal and external areas were part of this process. The inspector was informed of the procedure if any issues were identified. For example, one resident required a new bed with storage facilities underneath to store personal belongings. This had been ordered. Another resident's bedroom flooring damage evident. This had been logged on the provider's maintenance log and was awaiting to be replaced at the time of the inspection. The resident was being consulted regarding the type and colour of the new flooring that was to be purchased.

The inspector reviewed five completed questionnaires which the residents had completed either independently or with some staff support. A number of residents were happy living in their home and the supports being provided to them to increase their independence. The reduction of some restrictions in consultation with the residents was also a positive development in recent months but further progress would be welcomed. Assistance to attain personal goals was also positively documented. Each response was reflective of the individual and their current priorities which included being supported to live independently and from the service.

The inspector spoke with six members of staff during the inspection. This included the person participating in management, the person in charge, senior team members and assistant support workers. All staff demonstrated their awareness of their roles and responsibilities. They spoke of how they supported each resident to make choices and informed decisions. The staff spoke of the progress being made by residents in better communicating their needs and using a tool kit of coping strategies to help manage anxieties. The flexibility of the staff team was evident to ensure a good quality service and meaningful activities were being provided for each resident. This included supporting individual and group activities in line with residents preferences. For example, one resident had plans to travel on the train to the city with a staff member. They got delayed in the city and the resident phoned the person in charge to let them know of their change of plans during the inspection.

The staff spoke of the great progress made by the residents in the previous six months. A resident had begun engaging more in daily routines around caring for their new pet goat. Another resident was engaging well in regular music therapy with plans outlined of bringing the music therapy to the house to provide opportunities for another resident to engage if they wished to do so. Residents were engaging in constructive conversations regarding restrictions that were in place with the result that at the time of this inspection, the front door remained unlocked for two hours during the day. The timing of this lifting of the restriction was agreed with the residents for times that would be of greatest benefit to them. There was ongoing review of this reduction plan which the residents were aware of.

In summary, most of the residents felt their voice was being listened to. A reduction in restrictive practices within the designated centre was viewed as a positive development. Residents were being supported to manage health conditions, being provided with educational programmes to enhance and further develop skills to promote their independence. Residents were being supported to advocate for themselves. The staff team demonstrated how residents were supported to engage in hobbies, interests, occupational activities and educational programmes in line with

their expressed wishes and preferences. While it was evident a lot of support and ongoing education of the staff team had taken place in recent months some issues relating to administration of medications were identified during the inspection, these will be discussed in the quality and safety section of this report.

The next two sections of this report will present 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 the service being provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation the wishes they were expressing regarding how they wanted to spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident requested staff support regarding a medical condition and another resident was smiling during interactions with the staff team including while painting an external fence in the garden area of the designated centre.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. The inspector reviewed the annual review for the designated centre which was completed in December 2024. Internal six monthly provider led audits were also completed in September 2024 and February 2025. Details of actions were documented to have been completed with in short times frames. In addition, the provider had ongoing oversight with weekly and monthly audits being completed in the designated centre. A centre specific trending of incidents had also taken place and actions identified had all been addressed which included the person in charge providing centre specific training for the staff team in recent months.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements. Minor changes and clarifications were submitted in a timely manner by the provider.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located approximately 60 minutes drive away. They were available to the staff team by phone when not present in the designated centre.

Duties were delegated and shared among the staff team including audits, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team comprised of social care and assistant support workers.
- There were four whole time equivalent staff vacancies at the time of the inspection. The inspector was informed that two of these positions had been offered to successful candidates and one regular relief staff was also available to support residents when required.
- The person in charge had made available to the inspector actual rosters since 1 January 2025 and planned rosters until 31 July 2025. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and scheduled training for all members of the staff team.
- The staff team demonstrated flexibility to supporting the individual assessed needs of each resident in this designated centre. Day time shifts did not

commenced until 09:00 hours and ended at 21:00 hours. This facilitated residents to engage in more evening activities if they wished to do so.

- The staff team supported residents to visit relatives regularly. For example, activities and health care appointments for one resident were scheduled around their twice weekly visits to their family home.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 14 members which included the person in charge, three social care workers nine assistant support workers and one relief staff.

- All staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as managing behaviour that challenge, safety intervention, safeguarding of vulnerable adults and fire safety.
- Additional centre specific training had been provided by the person in charge to support the educational needs of the staff team regarding medication management and safeguarding.
- Actions identified in the most recent internal provider led audit that took place in February 2025 in relation to staff training needs had been addressed.
- The inspector was informed that staff supervisions were being delegated among the person in charge and senior members of the core staff team such as team leaders. The records of these meetings and supervisions to date were not reviewed by the inspector during this inspection.
- The person in charge and team leaders worked with and mentored the staff team at different times during each shift including weekends.
- Meetings notes of the monthly staff meetings that had taken place since January 2025 were reviewed by the inspector. There was evidence of review of each resident taking place and centre specific items with learning discussed. The meeting notes were sent to all team members who were required to acknowledge they had read the notes.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured a directory of residents had been maintained within the designated centre. It was subject to regular review with the most recent taking

place in June 2025. The directory included all of the information specified in paragraph (3) of Schedule 3

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. This documentation was submitted by the provider as part of their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

All actions identified in the provider's annual report and internal six monthly audits had been addressed/updated to the satisfaction of the provider. For example, following an audit on 17 and 18 September 2024 all actions had been documented as been completed by the person in charge by 7 October 2024. The most recent internal audit of 25 and 26 of February 2025 had all actions documented as being completed and addressed by 19 March 2025.

In addition, centre specific training was provided to staff where gaps in knowledge had been identified in a number of areas after trending had taken place of incidents that had occurred in the designated centre during the first quarter of 2025. This included medication management and the safe administration of medicines. A further trending of medication management in the designated centre was scheduled to take place in August 2025 to ensure consistent safe practices were being adhered to in the designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had taken steps to ensure all residents had a contract of care in place. These contracts were reviewed annually with each resident.

The contracts were individual to each resident, outlined the services being provided and consistent with the assessed needs of the resident for whom the contract had been prepared.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a policy on comments, compliments and complaints was in place and subject to review by the provider. The current policy had been effective since April 2024.

- Details of who the complaint officer was were observed to be available within the designated centre.
- There were no open complaints on the day of this inspection.
- Three complaints had been made since the previous inspection in July 2024. One complaint in October 2024 had been closed out following a mediation process that was deemed satisfactory to the complainant.
- Learning and recommendations had been documented following the complaints that had been made.
- Residents were aware of how to make a complaint and the topic was regularly discussed during residents meetings and key working sessions.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were being promoted, individuals were being encouraged to build their confidence and independence, and to explore different activities and experiences.

The staff team had systems in place including detailed daily handovers to ensure staff were provided with up-to-date information while providing support to each of the residents. The staff spoken to during the inspection were aware of personal preferences and choices of each resident. They were observed to ensure residents were consulted and included in decision making during the day. Where required residents were provided with time and space if they chose to not engage with the staff supporting them or the communal area became too noisy or busy for them.

The provider and staff team were supporting two residents to navigate their way through the legal process of assisted decision making. The necessary staff and external supports were in place. Assessments had taken place during 2025 for both of the residents. One of the residents was working towards independent living and had personal goals with time frames to assist in their journey to achieve this aim. Staff were aware that the slow pace of such legal processes was difficult at times for one of the residents and staff were committed to providing the necessary supports required. This included supporting residents to communicate with staff and voice frustrations if they were experiencing difficulty.

Staff spoke of how a resident might interpret a request being made by them regarding accessing their finances as being delayed. The resident advised the inspector that they were able to contact the external independent legal representative as they chose to do and had regular meetings with this person. While the resident was being supported to access their finances in line with specific processes in place to protect a vulnerability that had been identified ongoing work by the staff team was being provided to ensure the resident was kept up-to-date on the progress being made. For example, the resident informed the inspector they had made a request to purchase a particular item. The person in charge explained that the required funds had been requested and were likely to be available on the day of the inspection. The time lines involved were also provided.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats and visual signage were available for a range of topics including safeguarding, advocacy and consent.

Information was available for staff on how to best support the residents communication needs. This included details relating to specific facial gestures or body movements/language that would be indicative of how the resident was feeling.

Residents were provided with education programmes and support to enhance their individual communication skills. This included recognising their need for personal space and informing others around them of this requirement. However, one resident's communication passport that was reviewed by the inspector was documented as being last reviewed in September 2023. This was discussed with the person in charge in the day of the inspection.

Residents also had access to telephone, television and Internet services in line with their assessed needs. Where protocols were required to be in place staff supports were provided.

Some residents spoken with during the inspection were aware of the process of how to make a complaint and who they would speak with if they had any concerns. There were information leaflets available in the designated centre which included who the complaints officer was.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured residents were supported to receive visitors in their home, if they wished to do so.

In addition, residents were supported to visit relatives regularly. This included pre-planned visits twice every week to the family home of one resident. Another resident frequently visited relatives at weekends.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured residents were supported to have access to and retain control over their personal possessions and property.

Residents were supported to acquire additional storage space when needed. This included a new bed with storage facilities underneath being ordered for one resident.

Residents were able to lock their bedrooms if they wished to do so.

Residents were supported to manage their own laundry.

Residents were supported in line with their assessed needs to manage their finances. All residents had their own bank accounts. There was ongoing work to support one resident who was expected to be discharged from the ward of court service by the end of 2025 which included supporting them to independently manage their finances. Another resident had the input of an external legal representative to manage their finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured each resident was being supported with appropriate care and support. For example, residents were supported where required in activities relating to their occupations, interests and hobbies.

Residents were supporting each other in activities of raising animals with one resident sharing their knowledge and skills with another peer in recent months.

Residents were being supported to engage in activities and training to further enhance their independence and skills knowledge in areas such as cooking and money management.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. Communal areas were large and spacious.

- Ongoing review of maintenance both internally and externally was evident. Issues identified such as replacement of flooring in one of the bedrooms was due to be completed once the resident had been consulted with the choices and types of flooring available.
- On the day of the inspection a staff member and resident worked together to paint an external fence.
- Each resident had their own bedroom with three residents having access to their own en-suite facilities.
- Bedrooms were decorated in line with personal preferences, one bedroom had recently been repainted.

- Communal areas had ample comfortable seating to suit the assessed needs of the residents.
- Residents were supported by staff to maintain areas that were being used to house farm animals in the rear garden area.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. An easy-to-read format of the guide was submitted by the provider following this inspection .

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk.

- There were no escalated risks at the time of this inspection.
- Following the completion of an internal audit in February 2025 centre specific and individual risks had been reviewed by the person in charge in March 2025 to ensure all risks were accurately evaluated with effective measures in place to ensure the safety of residents and staff in the designated centre.
- Further review had taken place in May 2025 by the person in charge.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included weekly, monthly, quarterly and annual checks being completed.

- All residents had a personal emergency evacuation plan (PEEP) in place. These were subject to regular review and were reflective of the supports and prompts that may be required for each individual.

- Residents were reminded during their key working sessions not to keep their bedroom doors in the open position to ensure the doors could close in the event of the fire alarm activating.
- No exits were observed to be obstructed during the inspection.
- The emergency evacuation plan had been subject to regular review.
- Regular fire drills had been completed with all of the residents, both planned and unplanned. Drills documented scenarios and the promptness of response by each resident. During the feedback the inspector informed those present that a minimal staffing fire drill had not been completed since the previous inspection. However, on review of evidence and notes taken during the inspection a minimal fire drill had taken place on 31 July 2024 with all five residents and two staff supporting them while three staff were documented as shadowing during the drill.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had processes and practices in place relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

- Residents were supported in line with their assessed needs and expressed preferences to manage their medications. For example, one resident had requested staff support regarding the administration of their medications. The resident would request the medications from staff. Their prescribed medications had been documented by the general practitioner to facilitate time for the resident to make such requests. If the resident did not approach staff themselves within the time line they were reminded by staff that it was time to administer their regular medications. This process was in place to assist the resident to progress to greater independence relating to the self administration of their own medications.
- Following a review of medication incidents during quarter 1 2025 it had been identified the process for prescribing antibiotics by general practitioners was not in line with the provider's medication policy and leading to incidents being recorded. This was as a result of antibiotics being prescribed for seven days for example. However, if the resident did not commence the antibiotic until later in the day missed doses were being recorded as incidents occurring even though the resident had not been prescribed the medication until during the first day. The person in charge explained how this was discussed with the general practitioners and a revised way of prescribing the antibiotics had been agreed to ensure residents were given their full dose of antibiotics as prescribed while adhering to the provider's policy.
- The person in charge had provided centre specific training to the staff team to address gaps in knowledge that had been identified. A further review of

medication documentation was planned in August 2025 to ensure staff were consistently completing documentation in line with the provider's policy.

- As part of the oversight in the designated centre there was ongoing twice daily reviews of all medication recording documentation to ensure all staff were consistently adhering to the provider's policy. A sign had also been put in place on the office door to advise anyone entering if medications were being dispensed.
- The provider's regional nurse also visited the designated centre weekly to provide support and learning to the staff team while also conducting spot audits.
- However, on the day of the inspection, it was noted not all staff ensured the medication press had been locked as required. On one occasion the external door to the medication press was found to be closed but unlocked by the inspector when checked. A short time later a staff was observed to ensure the press was locked when they had finished the process of dispensing medications for the resident they were supporting. The inspector acknowledges that another staff requested the inspector to leave the office area while they were dispensing medications which was as outlined in the centre specific processes in this designated centre.
- On review of the medications for one resident with the person in charge, the inspector observed no date of opening had been documented on an opened tube of prescribed cream.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of the personal plans of three of the residents during the inspection. All were found to be subject to regular review with the resident and their key worker. The person in charge also completed regular reviews of each residents personal plan.

- The profiles were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on health issues, supports required with activities of daily living and likes and dislikes. Details of measures where they were required to support specific preferences or assessed needs such as with food choices, engaging with peers in activities and community activities were reflective of staff knowledge and supports being provided to each resident.
- It was discussed during the inspection with the person in charge that the communication passport of one resident had not been documented as being updated since September 2023 and it contained a photograph that was not reflective of the resident's current appearance. The person in charge did try to locate a more up-to-date version of this document which would be available electronically for staff but was unable to do so during the inspection.

- It was evident residents were being supported to develop meaningful goals which were being updated as they progressed. For example, one resident was to visit Dublin Zoo and this was attained with another peer. Other goals included social events that the resident had an interest in such as going to a local food festival in May 2025. Another resident had enjoyed a boat trip in April 2025.
- Long term goals for residents included providing opportunities for education and developing their skills to attain greater independence, engage in music therapy and attend more social events such as concerts and sports fixtures.

Judgment: Compliant

Regulation 6: Health care

The person in charge had ensured residents were being supported to access appropriate health information both within the designated centre and in the wider community to make informed choices, such as healthy eating.

- Each resident was subject to regular health checks in line with their expressed wishes.
- None of the current residents were in the age profile for screening programmes.
- Residents were supported to attend a general practitioner of their own choice. If a resident was unable to physically attend a clinic, phone calls had been facilitated with the allied health care professional to assist a resident where required. This included ongoing supports and education relating to good mental health.
- The staff team provided ongoing supports in line with residents expressed wishes relating to their healthcare and the management of ongoing medical conditions. For example, one resident required further review by a medical team on the day of the inspection. The resident had requested to be supported to visit the general practitioner earlier in the day and this had been facilitated.
- Residents were also supported to attend appointments with other allied healthcare professionals such as consultants as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that all residents had access to appointments with health and social care professionals such as, psychiatry, psychology and behaviour support specialists as needed.

Residents who required behaviour support plans had these in place. There were systems in place and evidence of oversight by the person in charge to ensure regular review of these plans was occurring. The reviews ensured the specific plans were effective in supporting the assessed needs of the residents for whom they were in place. This included reviews when residents experienced a decline in their mental health or a change in their assessed needs.

The residents had ongoing input from allied healthcare professionals including a behaviour support specialist. All restrictions currently in place in the designated centre had been subject to regular review with the most recent taking place in April 2025. All current restrictions had been reported to the Chief Inspector as required by the regulations.

Both residents and staff spoke of a reduction in the use of a particular restriction to the environment since 30 June 2025. Following a review of the requirement for exits to be locked it had been agreed with the residents a reduction plan would be trialled and subject to regular weekly review regarding the front door. At the time of this inspection the door remained unlocked for a period of two hours. The timing of this had been agreed by the residents and all parties outlined how this was having a positive impact in the designated centre. One resident spoke of their intention to seek further reductions in other restrictions which included the possible removal of a fence in one area of the garden which they felt was not in keeping with a homely environment.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There was one open safeguarding plan at the time of this inspection. A safeguarding plan was in place and actions taken to ensure the wellbeing and safety of the resident.
- Four safeguarding plans had been closed out by the safeguarding and protection team actions and measures were in place to ensure the well being of the residents.
- The personal and intimate care plan for one resident was clearly laid out and written in a way which promoted the resident's rights to privacy and bodily

integrity during these care routines. The remaining residents had care plans in place that respected their independence in their own self care

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre.

- Residents were being supported to self advocate for themselves. This included being part of discussions regarding restrictions in place in their home.
- Staff were encouraging residents to part take in more community activities and engage in hobbies and interests regularly such as music, sports and farming events.
- Residents were supported to manage their personal finances. Where the assessed needs of a resident were deemed to legally require additional supports these were available directly to the resident themselves such as contacting an external legal representative.
- Two residents were being supported to navigate the pathway of being discharged from the ward of court system and engage in the assistant decision making assessments.
- Some residents were being supported in developing their business opportunities. For example, one resident had requested to obtain a livestock number but did not meet the criteria at the time that they had applied. The staff team continued to provide support to the resident to continue with their hobby of farming.
- Residents are offered the opportunity to complete a survey weekly regarding the services being provided to them.
- Residents were being supported to be part of their local community, both in developing small enterprises and socially interacting in settings such as cafes and barbers.
- Where required residents were being supported through key working sessions and education sessions to enhance and develop their social skills. This included providing effective communication and coping strategies to enable residents to manage a situation that they may find difficult or cause them anxiety. From speaking with the residents during the inspection this had being of benefit to them in recent months and those who spoke about this to the inspector, self-identified they were coping much better in their day-to-day lives.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Valley View OSV-0005399

Inspection ID: MON-0038767

Date of inspection: 03/07/2025

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>1. Policy and Procedure on Safe Administration of Medication [PL-C-010] will be discussed at the next Team Meeting and included on the minutes for Team Members to sign off as read and understood.</p> <p>Note: Those not in attendance will be required to review the minutes of the meeting and sign off to acknowledge action and read the policy.</p> <p>Due Date: 31 August 2025</p> <p>2. All Team Members, inclusive of the Management Team, will re-complete e-training on Safe Administration and Management of Medication System (SAMMS) Module 1 and 2. A test of knowledge will be completed at the end of e-training and results will be retained on file.</p> <p>Due Date: 15 September 2025</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	15/09/2025