



**Health
Information
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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:	Cull Water Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	28 January 2026
Centre ID:	OSV-0007821
Fieldwork ID:	MON-0040476

About the designated centre

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

Cull Water Lodge is a residential service providing care and support on a 24/7 basis to four individuals with Autism and/or Intellectual Disabilities and Mental Health issues. The centre comprises of a large detached two storey house in a rural setting in Co. Louth. On the ground of the property there are two one bedroom apartments. Each resident has their own ensuite bedroom and communal facilities in the main house include a large fully equipped kitchen cum dining room, two sitting rooms, a utility facility, a communal bathroom and large garden areas to the front and rear of the property. There is also adequate private parking space available and residents have access to transport for social and community based outings. The centre is staffed on a 24/7 basis by a person in charge, (who works full-time with the organisation), two shift team leaders, a team of social care workers and assistant support workers.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 28 January 2026	10:15hrs to 17:30hrs	Raymond Lynch	Lead
Wednesday 28 January 2026	10:15hrs to 17:30hrs	Sarah Guing	Support

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision for the ongoing registration of the centre. At the time of this inspection, there were six residents living in the house and the inspectors met and spoke with three of them on a number of occasions over the course of the day. Written feedback on the quality and safety of care from four residents was also viewed by the inspectors as part of this inspection process. Additionally, the inspector spoke with a three family representative over the phone so as to get their feedback on the quality and safety of care provided to their relatives.

The service comprised of detached two-storey house and two separate apartments (to the rear of the main property) in a peaceful rural setting in close proximity to a large busy town in Co. Louth. On arrival to the centre the inspectors observed that the house and apartments were on their own spacious, well maintained grounds with private parking available to the front and rear of the property. In the main house each resident had their own individual en suite bedroom. Although none of the residents invited the inspectors to see their rooms, they did say that they were very happy with their accommodation and that they chose for themselves, how their rooms were decorated. The main house was observed to be warm, welcoming, homely and inviting and, communal facilities included a large fully equipped kitchen cum dining room, two sitting rooms, a utility facility, a communal bathroom. One inspector also viewed one of the apartments and found that it was clean, warm, well maintained and decorated to this individual style and preference of the resident residing there.

The inspectors met with three of the residents on the morning of the inspection. All three appeared in very good form, smiled and welcomed the inspectors into their home. They spoke to the inspectors about their daily routines and things they liked to do each day. For example, one resident was in college studying a computer/administration course. They spoke about the different subjects they were studying and said that they very much enjoyed their three days a week at college. They also said that they enjoyed going shopping, having meals out and going to the cinema. Another resident was also in college studying a beautician course. They also said that they were enjoying the course and looked forward to going to college each week. They also liked to go personal shopping, having a meal out or relaxing at home watching television. The inspectors observed that these three residents got on very well with each other, were relaxed and comfortable in their home and, enjoyed being in the company and presence of staff.

Later on in the day one inspector spoke with two of the above residents in the sitting room. Both expressed they were happy in their home and that staff were

approachable. They also said that if they had any worries, they would feel comfortable talking to staff. Additionally, they were happy that their individual choices were respected in their home and, said that their bedrooms were personalised to their individual style and preference. One of these residents spoke of their love of music and was looking forward to going to a concert with staff support, later in the year. The other resident spoke of their love of cooking and baking cakes and over the course of this inspection, made some homemade cakes for the inspectors to enjoy. One of these resident's said they may be moving to a new house in the future and that they were happy with this decision (so long as they received the same level of support in this new home as they did in their current home). They had not had the chance to visit their proposed new home as of yet however, they said that when they did move, they would wish to visit one of their peers in their current home on a regular basis. Both residents informed the inspector that they were planning a shopping trip on the afternoon of this inspection and, had plans to get a take-away meal in the evening time.

Another resident returned home from an appointment later in the afternoon and spoke to one of the inspectors. They said that they were very happy with their home and would talk to the person in charge if they had any issues, They loved shopping and karaoke sessions and, the inspector saw pictures of them (hanging on the wall in their home) having fun and singing at a karaoke session in the local pub. They also loved music and had plans to attend a concert later in they year of which they said they were very excited about. They also said that they had decorated their room to their liking and that they loved shopping. At all times over the course of this inspection, staff were with the residents and the inspectors observed that residents got on very well with staff team. There was a friendly but professional and positive rapport between them.

Written feedback viewed by the inspectors from four residents on the quality and safety of care was generally positive and complimentary, For example, residents reported that the house was a nice place to live, they liked the food, made their own decisions and chose their own daily routines. They also said that they were afforded privacy when making phone calls or receiving visitors, they got to go on numerous social outings and trips, they had made friends living in the house, and staff knew what was important to them. One resident reported that the house was great, staff were very helpful and, the would recommend the service. Another reported that they had their own apartment, they liked it and staff were helpful.

However, when asked did they feel safe in the house, two residents said this could be better. Additionally, when asked did they get along with the people they lived with, one resident responded this could be better. This feedback is discussed in more detail under Regulation 8: protection.

One inspector spoke with three family members over the phone on the day of this inspection so as to get their feedback on the service. One reported that they were happy with the quality and safety of care and, that the staff team were very nice and supportive. They said their relative was very settled in the house and they got to go out and about each day on shopping trips or to the cinema. They also said they their relative got on very well with staff, saying that staff treat them very well.

If they or their relative had any issues, they could speak to the staff team at any time. They also said that they kept in very regular contact with their relative and, they had no complaints about any aspect of the service.

The second family member said that their relative was very happy in the service and was doing very well. They said that the service had given their relative the confidence to self-advocate and speak up if they had any issues. When they visited the house they said that they were made to feel very welcome and, that they also went out for lunch with their relative when visiting them. They were happy that their relatives personal possessions were being looked after, their relative was safe and overall, happy with the quality and safety of care provided. When asked had they any complaints about the service, they said they had none.

The third family member was equally as positive about the quality and safety of care provided in the service. They said that their relative was content and emotionally stable in the service and at this time, they had no issues. They also said that the house was lovely and their relative had everything that they needed. They did acknowledge that there could be a high turnover of staff however, they said that they could talk to the person in charge at any time if they had any issues. They said that their relative was supported to look well and regularly got their hair and nails done. If they visited the house they said they were made to feel welcome and overall their relative was very content in their home.

Some issues were identified with Regulation 6: healthcare, regulation 28: fire safety precautions and Regulation 9: resident's rights which are discussed in more detail in the Quality and Safety section of this report. Notwithstanding, on the day of this inspection residents appeared happy, settled and content in their homes and for the most part, feedback on the service from both residents and family representatives was both positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

On the day of this inspection, residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge had qualifications in a nursing and a management discipline. The inspectors spoke with the person in charge over the course of the inspection and they demonstrated a good knowledge of the residents' assessed needs. They were aware also of their responsibilities and remit to S.I. No.

367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters for the month of January 2026 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. .

Additionally, from a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. .

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

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of the designated centre in a timely manner and as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held qualifications in nursing and management and, were responsible for managing the day-to-day operations of the designated centre.

On the day of this inspection they demonstrated they had a good knowledge of the residents' assessed needs. They were also aware of their responsibilities and remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The person in charge ensured systems were in place so as to support residents to maintain interests, hobbies and social activities of their choosing. For example, two residents were attending college three days a week studying courses of their interest and choosing.

The inspectors also observed that the residents had a positive rapport with the person in charge. They appeared comfortable in the person in charge's company and on the day of this inspection, the inspectors observed that residents could speak with the person in charge at any time if they wished to.

The person in charge also had a regular presence in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

A review of the rosters for the month of January 2026 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. For example in order to support the six residents:

- eight staff were on duty each day (where required, 2:1 and or 1:1 staffing support was provided for)
- five and a half staff worked overnight in the centre (live waking nights)
- the person in charge was also working in the centre on two to three days each week.

A safe staffing contingency plan was also in place informing that the minimal staffing levels by day was seven staff and by night it was five staff (waking night).

While Schedule 2 files were not viewed in their entirety, one inspector asked the person in charge to see evidence of vetting for the four staff. The inspector noted that all four staff had appropriate up-to-date vetting on file as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The person in charge and or shift lead managers also had systems in place for the supervision of the staff team. One shift lead manager informed the inspectors that on an occasion where the person in charge or shift lead manager were not available, an experienced staff member would be assigned as a shift lead. The supervision records for three staff were reviewed by one inspector

Additionally, the person in charge informed the inspectors that the service did not use agency staff. Instead, when required they called on staff from an internal relief panel.

Two staff spoken with were able to talk to the inspectors about residents care plans and aspects of their training, including what steps to take with regard to managing a safeguarding concern and what steps to take if a resident had a seizure.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix and a random sample of training certificates, the inspectors found that staff were provided with the required training to respond to the needs of the residents. For example staff had training in the following:

- fire safety
- manual handling
- ligature training
- positive behavioural support/safety intervention techniques
- safeguarding
- infection prevention and control (IPC)
- basic first aid
- food hygiene
- monitoring blood pressure
- protection and welfare
- supporting a person with autism
- safe administration of medication
- risk management.

Additionally, the person in charge confirmed that :

- 2 staff had occupational first aid
- 11 cardiopulmonary resuscitation (these staff also had basic first aid training)

One inspector asked to view the safeguarding certificates for three staff members, six certificates in infection prevention and control for six staff and certificates in understanding autism for five staff and, the person in charge produced all of these certificates for inspection prior to the end of the inspection process.

A number of staff were also provided with training on effective communication for individuals with complex needs (provided by a speech and language therapist) and, the inspectors were informed that all staff had completed this training on January 21, 2026. A recent team meeting also recapped this training.

19 staff also had training in a total communication approach and a number of basic signs, symbols and pictures were on display around the house in order to support an inclusive environment.

As above, two staff spoken with were able to talk to the inspectors about residents care plans and aspects of their training, including what steps to take with regard to managing a safeguarding concern and what steps to take if a resident had a seizure.

Judgment: Compliant

Regulation 22: Insurance

The provider has submitted up-to-date insurance details for the designated centre prior to this inspection as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The person in charge was responsible for the day-to-day management of the centre and they were supported in their role by two shift lead managers.

There was an out of hours on-call management service available to the centre. Additionally, night staff completed fob checks at 30 minute intervals which provided assurances to management, that these staff were active on night duty. (it was observed that one of these fobs in one of the apartments needed to be moved as when it was sounded, it was waking the resident). The person in charge said that this issue was reported and would be addressed.

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

For example, the above reviews identified the following:

- a review of nutritional intake charts were required
- an aspect of residents personal plans required review
- gaps in training needed to be addressed
- original receipts were to be provided for all financial transactions
- an IPC self-assessment audit was due for completion.

These issues had been addressed (or plans were in place to address them) at the time of this inspection.

2 staff spoken with said they would have no issue reporting a concern (if they had one) to the person in charge.

Judgment: Compliant

Regulation 3: Statement of purpose

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

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

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

It was identified that the statement of purpose (to include the sections on admissions, transfer and discharge and contracts of care) required review so as to ensure they were reflective of a standard operating procedure which was detailed in the policy on personal development, relationships and sexuality (this procedure impacted on residents with regard to their rights around intimate relationships). This issue was discussed and actioned under Regulation 9: resident;s rights.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed needs. However, some issues were found with Regulation 6: Healthcare, Regulation 9 : Resident's Rights and Regulation 28: Fire safety precautions.

Residents' assessed needs were detailed in their personal plans and from speaking directly to the residents, they informed the inspectors that were being supported to

achieve goals of their choosing and frequent community-based and learning activities. Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. It was observed that a healthcare-related appointment was overdue for some residents however, the person in charge made contact with their general practitioner (GP) the day after this inspection in order to address this issue.

Residents were supported to experience positive mental health and where required, had access to mental health professionals and behavioural support. Positive behavioural support guidelines were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were some open safeguarding plans in place. However, these issues had been reported to the national safeguarding team, the Office of Chief Inspector, the police (where required) and residents had access to a team of multi-disciplinary supports as required. Systems were also in place to manage and mitigate risk and support residents safety in the centre.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. It was observed however, that one residents' personal emergency evacuation plan required updating so as to ensure it detailed all supports they required in evacuating the house during fire drills.

On the day of this inspection the premises (both internal and external) were also found to be clean, warm, welcoming and well-maintained.

While the individual choices and preferences of the residents were being supported and promoted in this service, the policy and procedure on *personal development, relationships and sexuality* required review with regard to the impact it potentially had on the rights of residents that lived together and who made an informed decision to engage in an intimate relationship.

On the day of this inspection residents appeared generally happy and content in their home and relaxed in the company and presence of the staff team. However (and as identified above), some issues were found with Regulation 6: Healthcare, Regulation 9 Resident's Rights and Regulation 28: Fire safety precautions.

Regulation 10: Communication

Residents were assisted to communicate in line with their needs and preferences and, their preferred style of communication were detailed in their individual care plans.

Residents also had access to portable computers, telephones and other media such as televisions and radio.

Additionally and as identified earlier in this report, a number of staff were also provided with training on effective communication for individuals with complex needs (provided by a speech and language therapist) and, the inspectors were informed that all staff had completed this training on January 21, 2026.

19 staff also had training in a total communication approach and a number of basic signs, symbols and pictures were on display around the house in order to support an inclusive environment.

One inspector reviewed one resident's communication passport and observed that it provided detail on how staff should support the resident with their communication needs. For example, the plan said to give clear directions, do not communicate in a loud voice and use visual aids. The person in charge spoke about this resident's communication passport with the inspectors and explained that the resident liked to keep the visual aids in their bedroom. The resident also had 1:1 staff support throughout the day.

Staff were also observed to understand and respect the communication preference the residents present in the centre.

The person in charge and two staff members spoken with were able to communicate and talk about a sample of the residents care plans/protocols with the inspectors.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' assessed needs were detailed in their personal plans and from speaking directly to three of the residents, they informed the inspectors that were being supported to achieve goals of their choosing and frequent community-based and learning activities.

As detailed in section 1 of this report '*What residents told us and what inspectors observed*' the residents spoke to the inspectors about their daily routines and things they like to do each day.

For example, one resident was in college studying a computer/administration course. They spoke about the different subjects they were studying and said that they very much enjoyed their three days a week at college. They also said that they

enjoyed going shopping, having meals out and going to the cinema. This resident also loved singing and going to one of the local pub for an evening of karaoke.

Another resident was also in college studying a beautician course. They also said that they were enjoying the course and looked forward to going to college each week. They also liked to go personal shopping, having meals out or relaxing at home watching television.

The three residents met with appeared to get on very well together and on the evening of this inspection, two of them had plans to go shopping in Newry and have a take-away meal when they got home.

Residents were also supported to keep in regular contact with their family members and three family members spoken with over the phone of the day of this inspection by one of the inspectors were positive and complimentary about the service provided to their relatives.

Judgment: Compliant

Regulation 17: Premises

As detailed in section 1 of this report '*What residents told us and what inspectors observed*' the premises comprised of detached two-storey house and two separate apartments (to the rear of the main property) in a peaceful rural setting in close proximity to a large busy town in Co. Louth.

The house and apartments were on their own spacious well maintained grounds with private parking available to the front and rear of the property.

In the main house each resident had their own individual en suite bedroom. Although none of the residents invited the inspectors to see their rooms, they did say that they were very happy with their accommodation and that they chose for themselves, how their rooms were decorated.

On the day of this inspection, the main house was observed to be warm, welcoming, homely and inviting and, communal facilities included a large fully equipped kitchen cum dining room, two sitting rooms, a utility facility, a communal bathroom.

One inspector also viewed one of the apartments and found that it was clean, warm, well maintained and decorated to this individual style and preference of the resident residing there.

Additionally, staff had training in infection prevention and control and, one inspector saw that cleaning items such as mops, buckets and cloths were colour coded and stored appropriately in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

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

There was a policy on risk management available and each resident had a number of individual risk management plans on file so as to support their overall safety and well being. For example, where a ligature risk was identified, the following controls were in place:

- the resident in question was on 2:1 staff support by day and 1:1 staff support at night
- their apartment has been ligature assessed so as to ensure there were no ligature points
- staff had training in ligature cutting.

Additionally, where a resident was at risk of ingesting inedible objects, the following controls were in place:

- staff supervision throughout the day
- no small objects were kept in their environment
- chemicals and cleaning products were stored in a locked press.

The inspectors also observed that one resident could make allegations about staff members. In order to manage the risk associated with this the following controls were in place:

- all allegations were dealt with via the safeguarding pathways
- they were reported to the designated officer
- they were reported to the Office of Chief Inspector
- there were reported to An Gardaí (if required)
- there were reported to the national safeguarding team
- there were reported to the employee relations team for investigation
- safeguarding plans were developed and put in place in order to support the residents safety.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, and emergency lighting.

Equipment was being serviced as required by the regulations. For example:

- the fire alarm system was serviced in January, June, August and December 2025 by a fire consultancy company
- the emergency lighting system was serviced on the same dates as above by a fire consultancy company
- the fire extinguishers were serviced on January 30, 2025 by a fire consultancy company (they were due another service two days after this inspection).

Fire drills were being conducted as required by the regulations. For example:

- a fire drill conducted in September 2025 indicated that it took six residents and eight staff 2 minutes to evacuate the premises during a fire drill and this drill was deemed to be very good
- another drill conducted in December 2025 informed that it took six staff and six residents 2 minutes and three seconds to evacuate the house during a fire drill and again, this drill was deemed to be satisfactory.

Each resident had an personal emergency evacuation plan in place which detailed the supports the needed to evacuate the house safely during fire drills. However, one of these plans needed further review and updating. This was because one resident could become upset and anxious when the fire alarm was sounded. The person in charge and the two shift lead managers were able to inform the inspectors of the steps to take and reassurances to give to the resident when the fire alarm was sounded however, these supports were not adequately detailed in this residents individual personal emergency evacuation plan.

Notwithstanding, the inspectors noted that no issues were reported with evacuating the house on the fire drills conducted in September and December 2025 as detailed above.

Judgment: Substantially compliant

Regulation 6: Health care

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

This included as required access to the following services:

- GP
- optometry
- chiropody
- dentist
- dietitian
- podiatry

- audiology.

Additionally, each resident had a number of healthcare-related plans and or protocols in place so as to inform and guide practice and two staff nurse spoken with, demonstrated they were familiar with these plans/protocols.

Hospital appointments were also facilitated as required.

Residents were supported to experience positive mental health and where required, had access to mental healthcare professionals to include psychiatry, psychology and behavioural support.

It was observed that some healthcare-related appointments were overdue for some residents at the time of this inspection however, the next day the person in charge made contact with their GP in order to address this issue.

Judgment: Substantially compliant

Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the residents and where or if required, safeguarding plans were in place.

At the time of this inspection there were some open safeguarding plans in place so as to support the residents safety and well-being. However, in their written feedback on the service when asked did they feel safe in the centre, two residents reported that this could be better.

Notwithstanding, the service had taken a number of steps to support all residents safety in the service. For example, there were eight staff on duty each day so as to ensure each resident where required, had 2:1 and or 1:1 staff support in place.

The inspectors also noted the following:

- two staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- a shift lead manager was able to talk the inspectors through the safeguarding pathways of the organisation
- information on advocacy, complaints and safeguarding was available in the centre
- feedback from three family representatives on the quality and safety of care provided in the service was positive and complimentary and, they raised no concerns saying they had no complaints
- three residents spoken with by the inspectors on the day of this inspection said they were happy living in the house
- safeguarding was discussed at both resident and staff meetings.

Additionally and as identified under Regulation 26: risk management precautions, it was observed that one resident could make allegations about staff members. In order to manage the risk associated with this and to support the resident's safety, the following controls were in place:

- all allegations were dealt with via the safeguarding pathways
- they were reported to the designated officer
- reported to the Office of Chief Inspector
- reported to An Gardaí (if required)
- reported to the national safeguarding team
- reported to the employee relations team for investigation
- safeguarding plans were developed and put in place in order to support the residents safety.

Staff also had the following training

- safeguarding
- protection and welfare
- providing intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were being supported and promoted in this service.

Notwithstanding, the inspectors noted some concerns that could impact on residents rights in some of the documents reviewed. The statement of purpose (to include the sections on admissions, transfer and discharge and contracts of care) did not outline specific arrangements that were included in a standard operating procedure outlined in a policy titled '*personal development, relationships and sexuality*' that the registered provider had implemented. This policy and procedure supported residents rights to intimate relationships ensuring no unnecessary barriers were placed in the way of personal relationships. However, it also noted that should residents who were living together in a designated centre, be involved in an intimate relationship, one of those residents would have to be discharged from the centre (regardless of capacity). This procedure potentially impacted residents with regard to their rights around intimate relationships.

The statement of purpose for the centre (which also provided details on the admissions, transfer and discharge of residents from the centre and details regarding residents' contracts of care) were not reflective of the above policy and procedure with regards to the implications it would have for residents (living in the same residential centre) who made an informed decision to have an intimate relationship.

This required review and the statement of purpose (to include the sections on admissions, transfers and discharge and contracts of care) required updating. This was to ensure that residents and their representatives were aware of the above policy and the implications it could potentially have on their rights regarding security of home and intimate relationships.

Judgment: Substantially 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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cull Water Lodge OSV-0007821

Inspection ID: MON-0040476

Date of inspection: 28/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> The Person in Charge (PIC) will review and update the Personal Emergency Evacuation Plan (PEEP) of the Individual identified during the inspection to reflect the assessed needs linked to the emergency evacuation of the Centre. <p>Due date: 31 January 2026 - Completed</p> <ol style="list-style-type: none"> The PIC will communicate changes to the PEEP to all Team members at the handover and upcoming Team meeting. <p>Due date: 28 February 2026</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> The PIC to register all Individual's on their outstanding healthcare-related appointments with the HSE. <p>Due date: 31 January 2026 - Completed</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> The PIC in consultation with the Director of Services, will review the Policy and Procedure on personal development, relationships and sexuality to ensure that Individual's rights are upheld at all times while balancing the potential risks associated where intimate relationships occur. <p>Due date: 20 March 2026</p> <ol style="list-style-type: none"> The PIC will review and update the Statement of Purpose to reflect the Policy and 	

Procedure on personal development, relationships and sexuality.

Due date: 20 March 2026

3. The PIC will review and update the Contract for the Provision of Services to reflect the Policy and Procedure on personal development, relationships and sexuality.

Due date: 20 March 2026

4. The PIC, will review both the Admissions and Transitions and Discharges policies in consultation with the relevant Department head, to reflect the Policy and Procedure on personal development, relationships and sexuality.

Due date: 20 March 2026

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 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	28/02/2026
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	31/01/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and	Substantially Compliant	Yellow	20/03/2026

	personal information.			
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