



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

Issued by the Chief Inspector

Name of designated centre:	Acorn House
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	03 June 2025
Centre ID:	OSV-0008285
Fieldwork ID:	MON-0038455

About the designated centre

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

This is a service providing 24 hour care and support to three residents with disabilities. It comprises of a detached bungalow in close proximity to a large town in Co. Westmeath. A service vehicle is provided to the centre to accommodate residents' access to community facilities and other social outings. Each resident has their own bedroom in the centre which are decorated to their individual styles and preferences. The house comprises 4 bedrooms with 2 bathrooms, a utility room and separate toilet area. There is one large sitting room, one living room, a dining room, a kitchen and small dining area and a large garden to the rear of the house with a shed utilised for storage. The house is surrounded by well-maintained gardens and, ample on street parking is available to the front of the property. The service is management by a qualified and experienced person in charge who is a clinical nurse manager II (CNM II). One staff nurse and two health care assistants are on duty during the day and a staff nurse and one health care assistant works each night in the centre. Social and community based activities such as bowling, cinema, drives, walks around the lakes, attending exercise classes, carpentry and art classes, trips to the shops and local pubs, concerts, and swimming are offered to the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 3 June 2025	10:15hrs to 17:15hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

Systems were in place to meet the assessed recreational and social needs of the residents availing of this service. Feedback from one family representative on the service provided was positive and complimentary and on the day of this inspection, staff were observed to support the residents in a caring and person-centred manner. However, some issues were identified with the safeguarding process, residents rights and the premises. These matters will be discussed further, later in the report.

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

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

The centre comprised of a detached single-storey house in a residential setting just outside a large town in Co. Westmeath. The house had four individual bedrooms, a sitting room, a kitchen with a small dining area, a separate dining room-cum-TV room, a utility room, a staff office, two bathrooms and a small water closet. It was surrounded by well-maintained landscaped gardens with the provision of garden furniture for residents to avail of in times of good weather. There were also ample private parking facilities to the front of the property with additional on street parking.

On arrival to the centre, the inspector observed that the house was clean, warm, welcoming and well maintained. One resident was preparing to go out with staff on a social activity. They said hello to the inspector, appeared in good form and went on their way. Another resident was relaxing in their bedroom watching television. They invited the inspector to see their room and it was observed to be clean and decorated to their personal preference. The resident seemed very settled in their home and when asked were they in good form, they said that they were. This resident interacted with the inspector on a number of occasions over the course of the inspection and at all times they were smiling and appeared in good form. Staff were also observed to be kind, caring and person-centred in their interactions with the resident.

Another resident was finishing their breakfast and said hello to the inspector. This resident had a good sense of humour and enjoyed being in the company and

presence of the staff team. They also invited the inspector to see their room which was decorated to their individual preference. However, they said that the room was very small and the inspector observed that they had limited space to store some of their personal belongings. For example, some items were placed on the floor and there was inadequate space for a locker and or bedside table in this room. This issue was actioned under Regulation 17: premises. Notwithstanding, the resident appeared content in their home on the day of this inspection.

The inspector looked at a sample of the residents' weekly planners and saw that they were being supported to engage in learning opportunities and recreational activities of their choosing. For example, some residents liked to attend art classes, carpentry classes, exercise classes, go for walks in the countryside, go to the lakes and feed the swans, have meals and a coffee out, go for drives, go to the cinema, go bowling, play pool and go to town for some personal shopping.

One resident was also attending a day service where they got to meet up with friends and engage in activities of their preference. Another liked to play ball sports and had attended a game on the day of this inspection. The inspector met with the resident briefly after the game and they appeared to have enjoyed this sporting activity.

Some residents liked to help with the upkeep of their home. For example, some liked to keep the external part of their home clean and tidy while others liked to help out with recycling.

Later in the afternoon the inspector briefly met with two other residents when they returned from an outing earlier in the day. Both appeared in good form and one shook the inspector's hand. One was relaxing in the kitchen and the other in the dining room. Staff were observed to be kind and caring in their interactions with these residents who appeared comfortable in the company and presence of the staff team.

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

However, prior to this inspection there had been some ongoing peer-to-peer compatibility-related issues that were impacting on some residents' peaceful enjoyment of their home. For example, because of these issues one resident reported that at times they did not feel safe and they did not get along with the people they lived with. Another resident reported that they didn't get along with some of their peers and that things could be better regarding this situation. This

issue was discussed and actioned under Regulation 8: protection, and Regulation 9: resident's rights.

One family member also spoke over the phone to the inspector on the morning of this inspection. They reported that they were very happy with the quality and safety of care and support provided in the house. They also reported that their relative was comfortable and they would know if they had any issues. They were satisfied that staff were aware of the needs of their relative and said that staff were always approachable. Additionally, when they visited the house they said that they were always made to feel welcome. The resident loved to get out and about for walks and the family member said staff always facilitated this. They were happy that the healthcare-related needs of their relative were being provided for and that staff kept them updated on their relative's progress. While they did say that their relative's bedroom was a bit on the small side, they had no complaints about the quality or safety of care provided in the service. They also said that if they did have any issues, they would have no problems speaking with a staff member or person in charge.

In written feedback on the service reviewed by the inspector, it was observed that two family representatives were also complimentary of the quality and safety of care. They reported that they were very satisfied with the respect shown to residents by the staff; staff were helpful and courteous and that the residents' needs were being met. While one family representative said that they would like for their relative to have a bigger bedroom, both reported that the service met with their expectations and that overall, it was an excellent service.

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

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

Capacity and capability

The residents living in this house appeared settled and content on the day of this inspection and systems were in place to meet their assessed needs. However, some

issues arose under a number of regulations which are discussed in the next section of this report: Quality and Safety.

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

A review of a sample of rosters from 1 April to 30 April 2025 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.

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

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

Regulation 14: Persons in charge

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

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

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

The person in charge was also found to be aware of their legal remit in line with the regulations, and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from 1 April to 30 April 2025 indicated that there were sufficient staff members on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example:

- one staff nurse and two healthcare assistants worked each day in the centre
- one staff nurse and one healthcare assistant worked waking night duty in the centre.

This meant that there were appropriate staffing levels available in the centre to provide for the assessed needs of the four residents. It also meant that there was a qualified staff nurse on duty on a 24/7 basis.

The person in charge explained to the inspector that where required, familiar relief staff and or the full-time staff would cover gaps in the staffing roster where or if required.

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

In summary, from speaking with one staff member, the inspector observed that staff were good advocates for the residents and played an important role in delivering care and support in a dignified and respectful manner. Staff were observed to be kind in their interactions with the residents. There was also continuity of staffing which enabled the building of relationships between staff and the residents they supported. A family member spoken with was also complimentary of the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

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

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

- fire safety
- manual handling
- cardio-pulmonary resuscitation (CPR)
- Children First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- medication management (for nursing personnel only)
- management of behaviours of concern and or positive behavioural support
- open disclosure
- safeguarding
- supporting decision-making
- complaints training
- infection prevention and control
- risk and incident management
- human rights
- autism training
- administration of emergency medication
- person-centred care
- falls assessment and prevention.

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

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by an experienced director of operations and two shift lead managers.

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

For example, the auditing process identified the following:

- person-centred training was required for some staff
- part of the external premises required cleaning
- some furnishings required upholstering

- the statement of purpose required review
- fire training was due for some staff.

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

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

It was observed however, that there were some peer-to-peer compatibility-related issues ongoing at the time of this inspection however, plans were at an advanced stage to address them. This issue was discussed and actioned under Regulation 8: protection and Regulation 9: residents' rights.

In summary, the governance and management arrangements in place ensured the service provided was consistent and in line with the statement of purpose, was tailored to the needs of the residents and was being monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

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

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

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

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

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their assessed needs however, issues were found with Regulation 8: protection, Regulation 9: residents' rights and Regulation 17: premises.

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

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

While systems were in place to safeguard the residents, the safeguarding process required review. There were a number of peer-to-peer related issues ongoing at the time of this inspection and the oversight of residents' personal possessions required review.

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

The house was found to be clean, warm and welcoming on the day of this inspection however, one resident's bedroom was observed to be small and this required review.

Overall this inspection found that the residents living in this house were being supported to live their lives based on their assessed needs with input and support from allied healthcare professionals and family members. However, issues were identified with safeguarding, premises and rights.

Regulation 10: Communication

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

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

Residents were able to communicate their needs to staff and staff were observed to be respectful of the individual communication preference of each resident.

Residents also had access to telephones and appropriate media such as televisions and easy-to-read information.

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

Judgment: Compliant

Regulation 13: General welfare and development

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

As detailed in section one of this report 'What the residents told us and what we observed', residents were being supported to attend art classes, carpentry classes, exercise classes, go for walks in the countryside, feed the swans, have meals and a coffee out, go for drives, go to the cinema, bowling, play pool and go to town for personal shopping.

One resident was also attending a day service where they got to meet up with friends and engage in activities of their preference. Another liked to play ball sports and had attended a game on the day of this inspection. As identified above, the inspector met with the resident briefly after the game and they appeared to have enjoyed this sporting activity.

Some residents also liked to help with the upkeep of their home. For example, some like to keep the external part of their home clean and tidy while others liked to help out with recycling.

Residents were also supported to keep in contact with their families. One family member spoken with said that their relative loved to get out and about for walks and staff always facilitated this.

Judgment: Compliant

Regulation 17: Premises

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

As identified earlier in this report, the centre comprised of a detached single-storey house in a residential setting just outside a large town in Co. Westmeath. The house had four individual bedrooms, a sitting room, a kitchen with a small dining area, a separate dining room-cum-TV room, a utility room, a staff office, two bathrooms and a small water closet.

The house was also surrounded by well-maintained landscaped gardens with the provision garden furniture for residents to avail of in times of good weather. There was also ample private parking facilities to the front of the property with additional on street parking.

It was observed that one resident's bedroom was small with inadequate space for the resident to store some of their personal belongings. The resident brought this to the attention of the inspector on the day of this inspection. Going forward, this required review so as to ensure the resident had adequate space for the storage of personal belongings and so as additional furniture could be placed in the room such as a bedside locker.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

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

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

For example, where a risk related to a healthcare-related condition was identified, the following control measures were in place:

- a care plan was in place to guide practice
- there was a nurse on duty on a 24/7 basis
- all staff (including non-nursing staff) had training in the administration of rescue medication
- the resident had been referred for a neurology review.

Additionally, where a risk related to falls was identified, the following controls were in place:

- floor coverings and or mats were intact with no tears
- pathways were kept clear
- handrails were provided at the steps of the entrance into the house
- residents had access to occupational therapy (OT) where required
- there was good lighting around the house.

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

Judgment: Compliant

Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers and emergency lighting and or signage.

Equipment was being serviced as required by the regulations.

For example:

- the fire detection and alarm system was serviced in January and May 2025
- the emergency lighting had also been serviced in January and May 2025
- and the fire extinguishers had last been serviced late in 2024.

Staff also completed as required checks on all fire equipment in the centre, and from reviewing the training matrix it was noted that they had training in fire safety.

Fire drills were being conducted as required with no concerns noted. For example:

- a drill conducted in March 2025 informed that it took two staff and four residents one minute and nine seconds to evacuate the house
- another drill facilitated in May 2025 informed that it took three staff and four residents one minute and eight seconds to evacuate the house.

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

It was observed that some fire doors were not closing fully on the day of this inspection. However, the person in charge contacted the fire consultancy company on the day of this inspection so as to have this issue addressed.

In summary, the provider had ensured that the residents living in this house had the right to live in a home that had effective and sustainable fire safety arrangements and fire management systems in place. The person in charge also ensured that their staff team had training in fire safety awareness.

Judgment: Compliant

Regulation 6: Health care

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

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

- medication reviews
- general practitioner (GP)
- advanced nurse practitioner
- occupational therapy
- dentist
- optician
- speech and language therapy
- chiropody.

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

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

In summary, the service had implemented a proactive model of care that was centred on the needs of the residents. The health and wellbeing of each resident was promoted and supported and each resident had access to a range of allied healthcare professionals to support them in experiencing a good quality of life. One family member spoken with over the phone on the day of this inspection said they were satisfied that their relative's healthcare-related needs were being provided for.

Judgment: Compliant

Regulation 8: Protection

While policies, procedures and systems were in place to support the residents' safety, the safeguarding process required review.

As identified in section one of this report, at the time of this inspection there had been some ongoing peer-to-peer compatibility-related issues that were impacting on some residents' enjoyment of their home. For some time, one resident had been unsettled in the house and had been presenting with verbal aggression and threatening behaviour towards some of the other residents. Because of these issues one resident reported in their feedback on the service that at times they did not feel safe and they did not get along with the people they lived with. Another resident reported that they didn't get along with some of their peers and that things could be better regarding this situation.

The inspector acknowledged earlier in this report that the provider had plans in place, which were at an advanced stage, to address this above issue.

Additionally, in January 2025 the person in charge observed that personal possessions belonging to two residents were missing. These were clothes with an estimated value of €150 and toiletries to an estimated value of €26. The person in charge had completed an incident management form and brought the issue to the attention of an assistant director of nursing once it was identified. However, at the time of this inspection this issue had not been resolved and the two residents had not been reimbursed.

Notwithstanding, the inspector noted the following:

- one staff spoken with said they would have no issue reporting a safeguarding concern to management and or the person in charge if they had one
 - details of the safeguarding team were on display in the house
 - feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service
 - there were no complaints about any aspect of the service on file at the time of this inspection
- safeguarding was discussed with residents.

Additionally, staff had training in the following:

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

However, at the time of this inspection the safeguarding measures in place in this service required review so as to ensure the service provided was at all times safe and to ensure systems were in place to adequately safeguard residents' personal belongings.

Judgment: Not compliant

Regulation 9: Residents' rights

On the day of this inspection, staff were observed to support the residents in a person-centred way, and residents were observed to have freedom and choice over their daily routines. Staff also had training in human rights and appeared to be good advocates for the residents.

However, and as identified earlier in this report, prior to this inspection there had been some ongoing peer-to-peer compatibility-related issues that were impacting on some residents' peaceful enjoyment of their home. In their feedback on the service one resident reported that at times they did not feel safe and they did not get along

with the people they lived with. Another resident reported that they didn't get along with some of their peers and that things could be better regarding this situation.

Notwithstanding, all four residents also provided positive feedback on many aspects of the service. For example, they said that the house was a nice place to live, they made their own choices and decisions, they had adequate money to spend, they could have visitors and make phonecalls in private and they got to go on trips, events and social outings. They also reported that staff knew what was important to them, staff provided help when it was needed, staff listened to them and, they were involved in decisions about their home.

However, due to the ongoing peer-to-peer compatibility-related issues identified above, the systems in place to review how residents' rights were being promoted and embedded into the service required review.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Acorn House OSV-0008285

Inspection ID: MON-0038455

Date of inspection: 03/06/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A review of premises and resident's bedroom was conducted by the Person participating in Management and suggested reconfiguring furniture in resident's bedroom to ensure adequate space for the storage of personal belongings, or reconfiguring current Office/Visitors room into a bedroom. PIC discussed these options with the resident and resident decided to reconfigure furniture and has been supported to purchase additional furniture.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: An Application to Vary had been submitted to HIQA prior to the Inspection with a plan to transition one resident to another house mitigating any compatibility issues. Safeguarding plans and responsive behaviour support plans are in place and reviewed routinely to ensure the safety and wellbeing of residents A comprehensive review the incident of missing property has been conducted, and the property has been replaced by the HSE in value. Improved recording and monitoring structures inclusive of enhanced auditing has been implemented to ensure corrective action are adequate	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>An Application to Vary had been submitted to HIQA prior to the Inspection with a plan to transition one resident to another house addressing the compatibility issues. In the meantime safeguarding plans, and responsive behaviour support plans are in place and reviewed routinely to ensure the safety and wellbeing of all residents.</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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	01/07/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/07/2025
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,	Substantially Compliant	Yellow	28/07/2025

	professional consultations and personal information.			
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