



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

Issued by the Chief Inspector

Name of designated centre:	Eden Hill
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	20 May 2025
Centre ID:	OSV-0008369
Fieldwork ID:	MON-0038605

About the designated centre

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

Eden Hill is a full-time residential service, operated by NUA Healthcare Services Limited providing care and support to six individuals with disabilities between the ages of eleven and 18 years. It is situated in a tranquil rural setting however, two modes of transport are available so as the individuals can access community based facilities. The service provides high quality living accommodation for up to six individual children and comprises of a large detached two-storey five bedroom house. Within the centre, there are also two stand-alone one bedroom apartments. All bedrooms in this centre are en-suite. Additionally, there are two communal sitting rooms, a fully equipped kitchen cum dining room, a utility facility, a staff office and a communal bathroom. The individuals availing of this service receive care and support on a 24-hour basis from a team consisting of a person in charge, two shift lead managers and a team of assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 20 May 2025	10:05hrs to 16:35hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

Systems were in place to meet the assessed educational, recreational and social needs of the individuals availing of this service. Feedback from family representatives on the service provided was positive and complimentary and on the day of this inspection, staff were observed to support the individuals in a caring and person-centred manner.

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 help inform a decision on the continued registration of the centre.

At the time of this inspection, there were three individuals living in the centre and the inspector met with two of them. Written feedback on the quality and safety of care from both individuals living in the house and 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 large detached two-storey house in a tranquil and rural location. The house comprised for four individual ensuite bedrooms, two sitting rooms, a kitchen cum dining room, a utility facility and a staff office. There was an ensuite, one bedroom self contained apartment attached to the house. This apartment had an open plan sitting room, dining room and kitchenette. Additionally, on the grounds of the property there was a stand alone ensuite, one bedroom apartment which also contained an open plan sitting room, dining room and kitchenette. The two apartments had their own private garden areas for the individuals to avail of in times of good weather. Additionally, the main house was surrounded by well maintained gardens and grounds with the provision of equipment such as a trampoline, swing set and basket ball net for the individuals to play with if they so wished. There was also ample private parking facilities to the side and rear of the property.

On arrival to the centre the inspector observed that the house was generally clean, warm, well maintained and welcoming. One individual was having their breakfast with staff support. Although they chose not to directly engage with the inspector, they appeared in good form and content in the company and presence of staff. Staff were also observed to be kind, caring and patient in their interactions with the individual. The individual directed their daily routine and liked to potter around their home and go for walks in the countryside or walk to the local village. Over the course of this inspection, staff supported the individual with these activities. Staff also provided some tutoring and learning support to this individual when they were

not in school however, later they were supported to attend school for a short period of time.

The other two individuals were already at school when the inspector arrived to the house. The person in charge explained that these two individuals attended school from Monday to Friday each week. The inspector saw a framed photograph of one of these individuals academic achievements which they had on display in their home. The person in charge reported that this individual was doing well in school and studying for a number of upcoming exams.

The individuals also liked social and recreational activities such as swimming, bowling, going to the cinema, cycling, taking trips to Dublin, taking walks in the countryside, going for drives, having an ice-cream out and visiting with family members. Additionally, a trampoline, swing set, basketball net and tennis game was available to the individuals on the grounds of their home. The inspector saw a number of pictures of the three individuals engaged in some of the above activities and they appeared to have enjoyed themselves very much.

Each individual had their own private ensuite bedroom which were decorated to their individual style and preference. Some had pictures of family of their walls and had their own personal items on display. One of the individuals used a manual sign system to help communicate their needs and, a number of these signs were on display in their apartment so as to support staff better understand and respect the individual style of communication. The individual had also been reviewed by a speech and language therapist so as to help support them with their communication needs. Additionally, staff had been provided with bespoke training regarding the communication style and preference of this individual.

Later in the afternoon the inspector briefly met with a second individual on their return from school. They appeared in good form, shook the inspector's hand but did not engage any more with the inspector. Staff explained that the individual was hungry and set about making some soup for them. The individual was relaxing on an armchair when the inspector left their apartment and appeared comfortable in the company and presence of staff members.

Two family members and one staff member had supported the individuals to provide written feedback on the quality and safety of care provided in their home. This feedback was both positive and complimentary. For example, the individuals and family members reported that the house was a nice place to live and they liked the food options available. One family member said that the food was fresh and cooked daily however, they would like to see more fruit available. The inspector observed on the day of this inspection the the fridge contained a mixture of fresh fruits.

Individuals and family members also reported that people were kind, they felt safe living in the house, their daily routines were supported, they could make phone calls/receive visitors in private and they were supported to go on trips and social outings. The feedback also informed that the individuals felt staff knew what was important to them (to include their likes and dislikes) and that staff provided support when it was required. They also reported that management and staff listened to

them and informed them about any changes happening in their home. One family member reported that although they would like more engagement with behavioural therapy for their relative, they were happy with the care provided to their relative and thankful for the service provided. Another family member reported that everything was lovely, the individuals' bedrooms were beautifully decorated and the ensuite facilities were fantastic.

One family member was also spoken with over the phone by 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 for their relative, the placement had worked out really well and they were settled. They said that their relative was happy in the house and that it was like a '*home from home*'. The family member also spoke highly of the person in charge and key workers saying that staff were respectful of their relative's personal belongings and, were very easy to talk to. They also said that staff were great with their relative, they spoke with the person in charge on a regular basis and that their relative's healthcare-related needs were provided for. Finally, they said that had no complaints whatsoever about any aspect of the quality or safety of care provided in the house and that they were delighted with the service provided to their relative.

In written feedback on the service reviewed by the inspector it was observed that some allied healthcare professionals were also complimentary of the service. For example, a general practitioner (GP) was complimentary of the service and its impact on one of the individuals living there and a social worker praised staff commitment. Additionally, a family member was very complimentary of their relative's key worker reporting they were a credit to the service.

Over the course of this inspection the inspector observed staff supporting the individuals in a professional, person-centred and caring manner at all times. They were attentive to the needs of the individuals and the individuals were observed to be relaxed and comfortable in the company and presence of the person in charge and staff team. Additionally, feedback from the individuals and family members on the quality and safety of care was 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 individuals' living in this service.

Capacity and capability

The individuals living in this house appeared settled and content on the day of this inspection 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 and two shift lead managers. The person was a qualified social

care professional and demonstrated a good knowledge of the individuals' assessed needs. They were also aware of their legal 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 from April 01 to April 30, 2025 indicated that there were sufficient staff on duty to meet the needs of the individuals as described by the person in charge on the day of this inspection.

One staff member spoken with had a good knowledge of individuals' care plans. 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 individuals.

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. There was also a clear and planned approach to new admissions to the centre to include appropriate consultations with individuals and their family representatives.

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 March 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 social care professional who also had an additional qualification in management.

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 individuals' residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the individuals' needs and spoke to the inspector about the various supports in place and plans for the individuals.

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 were responsive to the inspection process.

In summary, the person in charge led by example and ensured that the quality of life and safety of the individuals was promoted. They also had a focus on person-

centred support promoting a rights-based approach to care where the principles of fairness, respect and dignity were upheld.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from April 01 to April 30, 2025 indicated that there were sufficient staff on duty to meet the needs of the individuals as described by the person in charge on the day of this inspection. For example:

- the three individuals had 2:1 staff support each day - this meant that there were six assistant support workers working in the house each day (one of those being a shift lead manager)
- there were five waking night staff on duty each night
- additionally the person in charge worked every day Monday to Friday in the house (they reported that this was flexible and they could also work at weekends if required).

This meant that there were appropriate staffing levels available in the centre to provide for the assessed needs of the three individuals.

The person in charge explained to the inspector that the centre was working with a shortfall of two full-time staff at the time of this inspection however, the staff team and or regular relief staff were covering this shortfall. Additionally, there were plans in place to address these vacancies. The person in charge also maintained copies of actual and planned rosters in the centre.

The person in charge also explained to the inspector that another individual was due for admission to the centre by the end of July, 2025. With this admission, six additional staff were being recruited to work in the centre to include one social care worker.

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 individuals 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 individuals enabling them to feel safe and secure in their home. There was also continuity of staffing which enabled the building of

relationships between staff and the individuals they supported. A family member spoken with also said that staff were great with their relative.

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 individuals living in this house.

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

- safe administration of medication
- fire safety
- manual handling
- safety interventions
- basic online first aid
- protection and welfare
- risk assessment
- safeguarding of vulnerable adults
- management of challenging behaviour
- providing intimate care
- autism
- Children's First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- ligature training
- self harm
- intellectual disability studies (Modules 1 and 2)
- human rights
- infection prevention and control (IPC)
- hand hygiene
- donning and doffing of personal protective equipment.

On the day of this inspection the inspector requested to see certificates in safeguarding of vulnerable adults and Children's First for five staff members. The person in charge showed the inspector evidence of these five certificates prior to the end of the inspection process.

The person in charge also informed the inspector that a number of staff had undertaken first aid responder training and one of those staff were on duty each day in the centre.

Additionally where required, staff were provided with specific training bespoke to the needs of the individuals. For example, staff were provided with a specific type of training relevant to one of the individuals preferred style of communication.

In summary, the inspector found that the person in charge had ensured that their staff team completed as required training so as they had the knowledge and skills to support the assessed needs of the individuals in their care.

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 March 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:

- staff were to complete key working sessions with the individuals
- aspects of some personal plans required review
- weekly checks were to be conducted on vehicles in use in the centre
- a review of any restrictive practices used in the centre was to be undertaken quarterly
- the person in charge was to ensure that each individual's comprehensive assessment identified their health, personal and social care needs.

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 individuals' 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.

In summary, the governance and management arrangements in place supported positive outcomes for the individuals' by embedding a person-centred, rights-based approach in the service. They also ensured the service provided was consistent in line with the statement of purpose, was tailored to the needs of the individuals and effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge ensured that for the next individual due to move into the service (end of July 2025), they and their representatives would be provided with an opportunity to visit the house before their admission.

The person in charge had already met with the individual and their family representatives to provide information on the service, start to build a relationship with them and to help support a smooth admission for the individual into the service. This process also supported the service in compiling a report on the assessed needs of the individual.

In the coming weeks the individual and their representatives were due to visit the house so as to get familiar with it and the staff working there. The person in charge also explained that the individual would have the opportunity to spend a weekend in the house prior to their admission.

They also informed the inspector that six staff were in the process of being recruited to the house based on this new admission. Additionally, as the individual had epilepsy, the person in charge informed the inspector that all staff would have training in epilepsy to include the administration of rescue medication prior to working with and supporting this new admission.

In summary, there was a clear and planned approach to this future new admission to include appropriate consultations with the individual and their family representatives. Opportunities were also being provided to the individual and their family representatives to visit the centre prior to moving in. Visiting the house before moving in was an important part of the admissions process as it helped ensure the house could meet the specific needs of new admissions to the centre. It also meant that the provider could put in place any modifications or adaptations if required to ensure the premises were appropriate and suited to new admissions.

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 individuals.

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 recognised the rights of the individuals availing of the service and set out how the service was designed and delivered to meet each individuals needs. It also detailed how rights would be supported in the service by promoting each individuals independence and safety.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre in line with the regulations.

The provider and person in charge supported a culture of openness, transparency and accountability. Where incidents occurred, they were being managed and reviewed as part of the provider's continual quality improvement measures. This was with the providers objective of enabling effective learning and preventing a possible reoccurrence.

Staff spoken with over the course of this inspection said that they would have no issue reporting any concern they may have about any aspect of the quality or safety of care provided to the individuals living in this service.

In summary, the provider and person in charge had effective governance arrangements in place to ensure the centre was complying with statutory notification requirements.

Judgment: Compliant

Quality and safety

The individuals living in this service were supported to live their lives based on their assessed needs and, supports were in place to meet their assessed health, educational and recreational needs.

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

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

Systems were in place to safeguard the individuals and where or if required, safeguarding plans were in place. At the time of this inspection there were no active safeguarding concerns on file. Systems were also in place to manage and mitigate risk and support individuals safety in the service. However, one element of the risk management procedures required review.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was being serviced as required by the regulations.

The house was found to be spacious clean, warm and welcoming on the day of this inspection and, laid out to meet the needs of the individuals.

Overall this inspection found that the individuals 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.

Regulation 10: Communication

The individuals' were being supported to communicate their choices and decisions in line with their needs and wishes. This was achieved by supporting the individuals to communicate in a format they preferred and the individuals communication preferences was understood and respected by staff.

From speaking with the person in charge and one staff member, the inspector observed that they recognised behaviour as a form of communication and were aware that behaviours of concern could arise due to an unmet need the individual may not have been able to express. However, staff knew the individuals communicative format and were open, flexible and adaptable with the communication strategies used.

For example, as detailed in section one of this reports *'What the residents told us and what we observed'* one of the individuals used a manual sign system to help communicate their needs and, a number of these signs were on display in their apartment. This helped support staff better understand and respect their individual style of communication. The individual had also been reviewed by a speech and language therapist so as to help support them with their communication needs. Additionally, staff had been provided with bespoke training regarding the preferred communication style of this individual.

The individuals also had access to telephones and appropriate media such as televisions, visual display boards and easy-to-read information.

In summary, the provider demonstrated respect for human rights by ensuring the individuals were supported to communicate in line with their assessed needs, preferred style of communication and wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector examined the systems to assist individuals' with their finances and found that the provider and person in charge effectively supported the individuals in managing their finances.

During the review, the inspector looked at the information of one individual. The person in charge said this individual was being supported in opening personal bank account (with family input and support). There were systems in place to safeguard the individual's finances as staff members checked their finances daily, and receipts were kept alongside their funds. The inspector looked at this individual's finances and found that they were being maintained and checked by staff every time a purchase was made. Additionally, all individuals' finances were also reviewed as part of the organisations financial auditing processes.

The person in charge also kept a list/inventory of individuals assets in the service.

The inspector also noted that each individual had adequate space for personal storage to include secure storage for their finances.

In summary, the review of the information indicated that appropriate measures were in place to support the safety of individuals' personal possessions. Individuals' had access to their finances when needed (with family and or staff support where required), and the staff team conducted daily checks on their finances to minimise the risk of financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

The individuals 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'* individuals were being supported to attend school each day. One individual had a framed photograph of their academic achievements on display in their home and the person in charge reported that this individual was doing well in

school and studying for a number of upcoming exams. Another individual was availing of some home tutoring.

From reviewing a sample of plans individuals' were also being supported to engage in social and recreational activities of their interest and choosing. For example, this included swimming, bowling, going to the cinema, cycling, taking trips to Dublin, taking walks in the countryside, going for drives, having an ice-cream out and visiting with family members.

Additionally, a trampoline, swing set, basketball net and tennis game was available to the individuals on the grounds of their home. As identified earlier, the inspector saw a number of pictures of the three individuals engaged in some of the above activities and they appeared to have enjoyed themselves very much

In summary, the service was implementing care based on the individuals' areas of interest, supporting them to attend school and encouraged their inclusion and participation in community based activities. They were also supported to maintain regular contact with their family members.

Judgment: Compliant

Regulation 17: Premises

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

As identified earlier, the centre comprised of a large detached two-storey house in a tranquil and rural location in Co.Longford. The house comprised for four individual ensuite bedrooms, two sitting rooms, a kitchen cum dining room, a utility facility and a staff office. There was a ensuite one bedroom self contained apartment attached to the house. This apartment had an open plan sitting room, dining room and kitchenette.

Additionally, on the grounds of the property there was a stand alone ensuite one bedroom apartment which also contained an open plan sitting room, dining room and kitchenette. The two apartments had their own private garden areas for the individuals to avail of in times of good weather.

The main house was also surrounded by well maintained gardens/grounds with the provision of equipment such as a trampoline, swing set and basketball net for the individuals to play on if they so wished. There was also ample private parking facilities to the side and rear of the property

Each individual had their own private ensuite bedroom which were decorated to their individual style and preference. Some had pictures of family of their walls and had their own personal items on display.

The provider had also ensured that the premises offered space for the individuals to spend time alone if they so wished and promoted their privacy and dignity. Individuals could also receive visitors in private.

In summary, the house was stimulating offering individuals opportunities for recreation but also offered opportunities for rest and relaxation. Quality outdoor space was available to the individuals that provided direct access to nature, space to exercise, fresh air and exposure to sunlight. The provider recognised that a homely and accessible living arrangement helped to provide a *'home-like'* environment that promoted activities of daily living and supported the individuals with everyday tasks. One family member in their feedback on the service said the house was like a *'home from home'* for their relative.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep individuals safe in the centre. However, one aspect of the risk management process required review.

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

For example, where a risk related to behaviours of concern was identified, the following control measures were in place:

- 2:1 staffing support was available
- staff had specialised training in managing behaviours of concern (to include safety intervention techniques and de-escalation techniques)
- behavioural support guidelines formed part of the individuals care plans
- as required access to multi-disciplinary support (to include behavioural support) was provided for
- staff carried communication devices on their person so as to ensure they could contact each other in an emergency.

Risk assessments were also reviewed and updated as required in the service.

It was observed however, that one aspect of the risk management procedures for one individual required some review. This was because the individual no longer required 3:1 staffing support and their risk assessment has not been updated to reflect this. Additionally, some of the specialised training staff had undertaken had not been identified as part of the control measures to support the individual's safety in their risk assessment. It was also observed that the individual could access the main house from time to time and they could be exposed to some risks related to ingestion of inedible objects. While the person in charge was able to inform the inspector of the control measures in place to support the individual's safety when they accessed the main house, some of these controls were not identified in their

risk assessment. It was important that these assessments were updated so as to ensure staff would be consistent in their approach to managing these risks.

Notwithstanding and for the most part, the safety and quality of life of the individuals living in this service was promoted through a positive approach to risk taking.

Judgment: Substantially compliant

Regulation 28: Fire precautions

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

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

- the fire detection and alarm system has been serviced in August 2024, December 2024 and again in March 2025
- the emergency lighting had also been serviced in August 2024, December 2024 and March 2025
- the fire extinguishers had last been serviced in March 2025.

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

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

- a drill conducted in January 2025 informed that it took eleven staff and the three individuals two minutes to evacuate the premises with no concerns noted
- a drill conducted in March 2025 also informed that it took six staff and the three individuals two minutes to evacuate the premises with no concerns noted.

It was also observed that there was a schedule of fire drills in place for 2025 and the one scheduled for July 2025 was a night time fire drill.

Each individual had an up-to-date personal emergency evacuation plan in place which detailed the support and guidance they required in evacuating the house during a fire drill. There was also a fire emergency response plan in place in the service which was updated in 2025.

In summary, the provider had ensured that the individuals 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 individuals living in this service were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

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

- GP services
- dentist
- optician
- occupational therapy
- speech and language therapy
- dietitian
- chiropody.

Additionally, each individual 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 individuals.

Hospital appointments were facilitated if required and each individual had a hospital passport on file. This contained important information about the individual so as to ensure medical staff understood their needs if they had to attend hospital. The person in charge also confirmed that a first aid responder was on duty each day.

Individuals also had as required access to psychiatry and or a behavioural support specialist so as to support their overall quality of life and support them in a person centred manner with managing behaviours of concern.

In summary, the service had implemented a proactive model of care that was centred on the needs of the individuals. The health and wellbeing of each individual was promoted and supported and each individual had access to a range of allied healthcare professionals to support them in experiencing a good quality of life.

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the individuals and where or if required, safeguarding plans were in place. At the time of this inspection there were no active safeguarding plans in place. The person in charge talked the

inspector thorough the reporting procedures of a safeguarding issue and or allegation of abuse. They reported that if a safeguarding concern arises it would be escalated to the director of operations and the designated safeguarding team. The designated safeguarding team reviewed all concerns and provided feedback to the person in charge and director of operations. If required, they could request additional documentation/information in order to establish if grounds for concern exist. The person in charge also reported that they liaised with other professionals/agencies in relation to all concerns arising in the centre for example, the Child and Welfare Agency.

The inspector also 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.
- easy-to-read information on safeguarding, advocacy and how to complain was available in the centre
- details of the safeguarding team was 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 at staff meetings.

Additionally, staff had training in the following:

- Children's 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 of vulnerable adults
- protection and welfare.

The inspector also observed that the person in charge had systems in place to support and facilitate staff to raise concerns (if they had any) about the quality and safety of care provided to the individuals living in this service. The person in charge also confirmed that all staff have training in Children's First and safeguarding of vulnerable adults. They also confirmed that all staff working in this service had Garda Vetting on file and they had been garda vetted prior to starting their induction training with the organisation.

In summary, the provider had put in place safeguarding measures to promote and protect the individuals' human rights and their overall health and wellbeing. Each individuals' welfare was promoted and care and support was provided in an environment where every effort was made to prevent the risk of harm.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Eden Hill OSV-0008369

Inspection ID: MON-0038605

Date of inspection: 20/05/2025

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>1. The Person in Charge (PIC), in collaboration with the Behavioural Specialist, will conduct a full review of all Risk Management Procedures to ensure that current control measures, including staffing supports and specialised staff training, are accurately reflected in each Individual's Risk Management Plan. Due Date: 04th July 2025</p> <p>2. The Risk Management Policy and Individual Risk Management planning processes will be discussed at the July team meeting to guide staff on accurately recording, updating, and implementing risk assessments and associated action plans. Due Date: 15th July 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/07/2025