Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Duagh Heights
Name of provider:	Orchard Community Care Limited
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	23 September 2025
Centre ID:	OSV-0008994
Fieldwork ID:	MON-0046863

About the designated centre

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

Duagh Heights consists of a detached bungalow located in a rural area but within close driving distance to a nearby town. The centre provides respite care for up to four residents at a time. Residents availing of respite in this centre can be of both genders and over the age of 18 with intellectual disability and/or autism. Four individual bedrooms for residents are available and other rooms in the centre include a kitchen-dining room, a living room, an activity room, a utility room and bathrooms. Residents are supported by the person in charge, a team leader, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 September 2025	11:15hrs to 19:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Only two residents were present during this inspection. Both of these residents indicated that they liked coming to the centre. These residents seemed comfortable in the presence of staff on duty who interacted with residents in a pleasant way.

This centre operated as a respite service for a maximum of four residents at any one time. When the inspector arrived at the centre to commence the inspection, no resident was present in the centre having been closed for respite the day before. However, during the introduction meeting for the inspection, the inspector was informed that two residents would be coming to the centre later in the afternoon for respite. As a result, for the initial hours of the inspection the inspector focused on reviewing documentation and the premises provided.

Overall, it was seen that the premises provided for residents to avail of respite was presented in a clean, well-furnished, well-maintained and homelike manner in its general appearance. Communal facilities that were available for residents to use included a living room, a kitchen-dining room and an activity room. Televisions were seen to be in all three of these rooms with the activity room also having a radio, games and books present.

Four individual bedrooms were available for residents' use. Three of these were seen which beds and wardrobes had provided. Above the door for each bedroom, a name for the individual bedrooms had been painted on such as "Oak room" and "Cedar room". In addition, one wall in the corridor area of the centre had a tree mural painted on it which included the words fairness, respect, equality, dignity and autonomy. A garden area was located outside the centre.

As the inspection day progressed, the inspector spent time in the living room reviewing documentation. Amongst this documentation was records of five compliments, four of which had come from relatives of residents praising the services provided in the centre. The fifth compliment came from an external body praising how accommodating the services provided in the centre had been. Two complaints records were also seen but it was indicated that both of these had been resolved to the satisfaction of the complainants.

While reviewing further documents, one resident arrived at the centre accompanied by a staff member from their day service. This resident was greeted by a member of the centre's staff who explained to the resident about the inspector's presence and told the resident that the inspector was in the living room. The resident then went into the kitchen-dining area where the same staff member engaged jovially with the resident about television shows. The staff member went on to inform the resident that if they wanted to use the living room then the inspector would move. But the resident said they were fine where they were.

Shortly after this the resident was overheard being asked by staff what they wanted to do later in the day before asked which of the four bedrooms in the centre they wanted to use during their respite stay. After choosing the resident was helped to pack away their belongings by a staff member with the resident heard to say that they were in a good mood. The staff member supporting the resident at this time was overheard to interact with the resident in a friendly manner as they did so.

The second resident availing of respite in the centre on the day of inspection then arrived at the centre accompanied by one of the centre's staff. As with the first resident, this resident was overheard being informed about the inspector's presence with the resident also offered the use of the living room if they wanted this. The inspector did not overhear the resident's response to this but the resident went into the kitchen-dining room shortly after their arrival. The other resident also returned to this room soon after.

When the inspector went into this room, it was seen that one resident was on a couch watching television while the other was sat at the dining table. Both residents were having snacks at the time with the inspector briefly sitting the residents. One of the residents indicated that they had been at day services and had a good day. This resident also indicated that they liked coming to this centre for respite. When asked what they were doing later in the day, the resident told the inspector that they were going to have pizza and chips.

The second resident also indicated that they had been at day services and liked coming to the centre. In response to the latter point, the inspector asked the resident what they liked about coming to this centre. The resident responded by saying "happy". The atmosphere in the centre at this time was calm. A short time later, one of the residents was seen using a tablet device which they were using to look up about wrestling. When the inspector asked if they had ever been to a wrestling show, the resident indicated that a staff member in the centre had help them to look up some shows and that the staff was going to link in with the resident's family about this.

Near the end of the inspection, it was seen that both residents were sat together at the dining table with a member of the provider's management who had arrived at the centre. One of the residents had done some coloring which the inspector complimented. The manager present was overheard to chat with both residents. One of these residents then briefly left the centre with a staff before returning just before the end of the inspection. Near the end of the inspection, the other resident was seen relaxing on a couch watching television with a staff member sat beside them who was chatting away to the resident. Both residents seemed comfortable when in the centre and with the staff supporting them.

In summary, the premises provided for residents to avail of respite in was seen to be well-presented on the day inspection. Positive feedback was received from residents while five compliment records were also read during this inspection. Some regulatory actions identified during this inspection which mostly related to administration matters. These will be discussed further elsewhere in this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

No significant concerns were raised around the services provided in this centre since it was registered. A number of regulatory actions were identified though during this inspection.

This centre was newly registered by the Chief Inspector of Social Services as a respite service for adults in April 2025 following a site visit that was conducted the month before when the centre was vacant. After registration, communication was subsequently received confirming that the centre had its first admission in May 2025. A decision was subsequently made to conduct the centre's first inspection to assess compliances with regulations and the operations of the centre since registration. During the introduction meeting for the inspection, it was indicated that the centre was still building up capacity but that 32 different residents had availed of respite in the centre since its registration. The overall inspection findings did not raise any significant concerns regarding the supports provided to residents. However, a number of regulatory actions were identified in areas such as staff rotas and the submission of required notifications. Such findings did raise some queries as to the administration and oversight of the centre.

Registration Regulation 7: Changes to information supplied for registration purposes

Under this regulation, the registered provider must notify the Chief Inspector of a change of person participating in management (PPIM) of a centre within 28 days of the change. When this centre was registered in April 2025, a PPIM for the centre was in place in addition to the person in charge. However, during the current inspection it was indicated that this PPIM had left their role with the provider in June 2025. Despite this, the provider had not formally notified the Chief Inspector of this in the context of this designated centre at the time that this inspection took place.

Judgment: Not compliant

Regulation 14: Persons in charge

In applying to register this centre, the provider submitted documentation regarding the person in charge appointed for this centre who remain in post at the time of this inspection. This documentation indicated that the person in charge had the necessary qualifications and experience required by this regulation to fulfil the role. This regulation also outlines how a person in charge can be a person in charge for more than one centre once the Chief Inspector is satisfied that they can ensure the effective governance, operational management and administration of the designated centres concerned. Following the registration of this centre, the person in charge had a remit of two centres.

Since registration, a provider unannounced visit for Duagh Heights was conducted in August 2025 which found that the person in charge needed to increase their presence in this centre. While the person in charge, and other staff spoken with during this inspection, indicated that they were regularly present in this centre, the current inspection found a number of actions. Some of these were administrative in nature, such as staff rotas and the notification of certain events, and were the direct responsibility of the person in charge under the regulations. Taking this in account, the inspection findings did fully not assure that the person in charge's remit was ensuring effective administration of the Duagh Heights.

Judgment: Substantially compliant

Regulation 15: Staffing

During the introduction meeting for this inspection, it was indicated that the provider was still in the process of building up its operations for this centre. As part of this the inspector as informed that three staff members were in the process of on-boarding with the provider for work in this centre while there was one social care worker vacancy. Staff members spoken with during this inspection indicated that, since the centre had been become operational, there had been a good consistency of staff working in the centre. Having a consistency of staff is important in promoting a continuity of care and professional relationships. The inspector was also informed that no agency staff (staff sourced from an agency external to the provider) had worked in the centre.

Aside from discussions, the inspector was provided with staff rotas. Under this regulation such rotas must be maintained in planned and actual formats. The inspector reviewed staff rotas from 21 July 2025 on which also indicated a good consistency of staff support. However, some issues were noted with the maintenance of these rotas which included:

- While the actual rotas showed the hours that a team leader for the centre worked, the planned rotas did not include the team leader.
- The planned rotas did not indicate the hours that night-time shifts covered.

- It was unclear from both the planned and actual rotas, what roles individual staff had.

In addition to the above points, when reviewing the planned rotas it was seen that these rotas did not include the person in charge. While the person in charge was included in the actual rotas provided, based on these actual rotas, the person in charge had not been present in the centre since 19 August 2025. Given that an absence of the person in charge of 28 days or more must be notified to the Chief Inspector, the inspector queried this with the person in charge who was present during this inspection. The inspector was subsequently informed that the person in charge had worked in the centre since 19 August 2025. As such, this meant that rotas provided during this inspection were not an accurate reflection of who actually worked in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory for residents was being maintained for this centre which was made available for the inspector to review. This directory was seen to include some required information such as residents' name and their dates of birth. However, while it was acknowledged that the directory contained a high number of residents given the nature of this centre, some required information was missing from the directory. The missing information included residents' gender, residents' marital status and some required addresses such as the address of any authority, organisation or other body who arranged residents' admission to the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the centre was in the process of building up its operations at the time of inspection, including the on-boarding of new staff, there were indications that the centre was well resourced to support the residents who availed of respite in the centre. For example, the inspector was informed that three vehicles were available to the centre for residents to avail of. Aside from resourcing, there was evidence of some monitoring that had been done within the centre. This included a medicines audit and a person in charge audit. It was further noted that the provider's Chief Executive Officer had visited the centre in the days before this inspection based on a visitors' log reviewed.

Two other representatives of the provider had also conducted an unannounced visit to the centre in August 2025. This visit was reflected in a written report which was

provided to the inspector. This was noted to consider matters relevant to the quality and safety of care and support provided to residents and focused on key regulations. Some areas for improvement were identified in the provider unannounced visit for 11 regulations. Under Regulation 23 Governance and management an action plan must be put in place in response to such issues but no action plan was with the written report provided to the inspector. When the inspector queried this, he was informed on the day of inspection that there was no action plan in place because all actions had been completed.

However, the day following this inspection, the inspector was provided with an action plan for this unannounced visit. This indicated that some actions had been completed but that some had not while one action had no responsibility or time frame assigned for it. Another area for improvement identified in the unannounced visit around developing a standard operating procedure for medicines was not included in the action plan. It was particularly notable that for some actions that were marked as being completed, the current inspection found similar areas for improvement as had been found during the August 2025 provider unannounced visit.

For example, the August 2025 provider unannounced visit included an action to ensure that residents with an epilepsy diagnosis were to have detailed epilepsy management plans in place. Despite the inspector being informed on the inspection that all actions were done and the action plan provided the day after this this inspection also indicted that this epilepsy action had been completed, this was found not to be the case on the current inspection. This is discussed further under Regulation 5 Individualised assessment and personal plan. As such, while the current inspection found no significant concerns and it was acknowledged that the centre had supported a large number of residents in a short time, the information provided on this inspection indicated that greater oversight was needed regarding the follow through and oversight for identified actions.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

In keeping with this regulation, the provider is required to agree with residents (or their representatives) upon residents' admission to a centre, a contract for the provision of services. Such contracts should outline the services residents are to receive in a designated centre and the fees to be paid. During this inspection, the inspector saw contracts for three residents who been admitted to the centre and had availed of respite in the centre before this inspection. While these contracts contained details of the services and fees related to the centre, there was no documentary evidence provided that these contracts had been agreed to by residents (or their representatives). When queried, it was acknowledged by the person in charge that these contracts still had to be finalised.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A provider is required to have a statement of purpose in place for a centre. This is an important governance document which describes the services to be provided in a centre and which also forms the basis of a condition of registration. Under this regulation, the statement of purpose must also contain specific information. During this inspection the inspector requested a copy of the centre's statement of purpose was provided with one that was dated March 2025. While this was found to contain most of the required information, it had not been updated to reflect that the centre was had been registered since April 2025. As a result, some information that was contained in the centre's certificate of registration was not included in the statement of purpose. The statement of purpose had also not been updated to reflect that a PPIM for the centre was no longer in their role.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector must be notified of any occasion on which the fire alarm equipment was operated on a quarterly basis other than for the purposes of fire practice, drill or test of equipment. During this inspection, it was identified that the fire alarm for the centre had activated on three occasions during June 2025. As such, these activations should have been notified for the second quarter of 2025 by 31 July 2025. However, they had not been notified.

In addition to such fire alarm activations, the Chief Inspector must also be notified of any loss of power within three working days. When reviewing records in the centre, the inspector noted reference was made to a loss of electricity in the centre occurring in June 2025. No notification about this had been received. When queried on this inspection, it was suggested that the electricity loss had been a momentary loss of electricity. In keeping with relevant guidance issued by the Chief Inspector, a power loss for such a period does not need to be notified.

Judgment: Not compliant

Regulation 34: Complaints procedure

Based on records reviewed, since the centre was registered two complaints had been made concerning the centre. The records provided indicated that these

complaints were followed up on and resolved to the satisfaction of the complainants. Information on the complaints process was on display in the centre which identified the complaints officers for the centre. The complaints information on display also indicated that a resident could contact their key-worker (a staff assigned to specifically support a resident) to help them with a complaint. However, when the inspector asked if residents using this centre had key-workers, he was informed that they did not. As such the complaints information on display, that was viewable to residents, was not specific to this centre.

Judgment: Substantially compliant

Quality and safety

Personal plans were in place for residents and a system was in operation to get updated information about residents before they came to the centre for respite. Aspects of risk management were found to need some improvement.

Given that this centre provided respite care, residents came to this centre at varying intervals. Before they came for respite, a pre-arrival call took place as part of the systems used by the centre to get updated information for residents. This was evidenced in records reviewed within residents' personal plans. The personal plans of three residents were reviewed and found to contain information on residents' needs. Some areas for improvement were identified though related to these personal plans particularly regarding the content of epilepsy management plans. The personal plans reviewed also contained risk assessments for residents but it was found that a resident's vulnerability risk assessment had not been updated to reflect some recent incidents. Other risk documentation reviewed, including the centre's risk register, were also found to need further information or updating.

Regulation 11: Visits

Based on the rooms available in the premises provided, this centre had sufficient space for residents to receive visitors in private in a room other than their bedrooms.

Judgment: Compliant

Regulation 17: Premises

The premises provided for residents to avail of respite in was observed to be clean, well-furnished, well-maintained and homelike. Multiple communal rooms were available in the centre including a living room and an activity room, along with appropriate bathroom facilities. Four individual bedrooms were provided that were seen to be appropriately furnished and decorated while storage facilities were in place also.

Judgment: Compliant

Regulation 20: Information for residents

This centre had a residents guide as required under this regulation. When reviewed by the inspector it was found that this guide contained required information including a summary of the services and facilities provided in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Documentation provided during this inspection indicated that a centre risk register was in place which was to outline identified risks for the centre while also detailing control measures to mitigate such risks. When reviewing documentation within residents' personal plans it was also seen that risks assessments were in place for them that covered areas such as fire, medicines and vulnerability. These risk assessments and the centre's risk register were indicated as being reviewed in recent months. However, some areas were found to need improvement from a risk management perspective including:

- While some outlined risks in the centre's risk register appropriately documented the risk, existing control measures and risk ratings after additional control measures required had been applied, this was not the case for all risks. For example, no control measures were outlined for a risk related to infection prevention and control (the inspector was informed that relevant control measures such as cleaning were in place).
- One risk that was included in the centre's risk register was fire. An existing control measure outlined in the risk register was for fire safety to be a standing agenda item at staff team meetings. Notes of staff team meetings reviewed did not reflect this but it was acknowledged that other control measures, such as regular fire drills, were taking place.
- During the inspection, it was observed that medicines were stored in the centre's utility room where washing and drying machines were located. When conducting a premises walk around early into inspection it was noted that this room was warmer compared to other rooms when such machines were in

use. Given that certain medicines can have specific directions to be stored at certain temperatures, the inspector queried if the storage of medicines in this room had been risk assessed. It was confirmed to the inspector that it had not.

- One resident's risk assessment related to vulnerability had last been reviewed in July 2025. However, based on the documentation provided this risk assessment had not been reviewed to reflect that the resident had been involved in two related safeguarding matters in August 2025.

In addition to matters related to the risk register and the residents' risk assessments, during this inspection a log was reviewed which indicated that monthly checks were to be done for grab bags to use in emergencies. This log also listed certain items that were to be in the grab bags. It was noted though that no checks for these grab bags were recorded as being completed in August 2025 or September 2025. In addition, the checks that had been completed for earlier months indicated that all listed items were in the grab bags. This included ponchos but when the inspector was provided with one of these grab bags it was observed that no such ponchos were present. When this was highlighted, the inspector as informed that the completed checks should not have indicated that ponchos were these bags.

Judgment: Not compliant

Regulation 28: Fire precautions

Based on observations, this centre was provided with appropriate fire safety systems such as a fire alarm, emergency lighting, fire extinguishers, a fire blanket and fire doors for fire containment. Records provided indicated that such systems were subject to internal checks by staff as well as maintenance checks by external contractors. The fire evacuation procedures to be followed were seen to be on display while residents had personal emergency evacuation plans (PEEPs) which outlined the supports they needed to evacuate the centre if required. It was observed that one resident's PEEP included photos of evacuation routes but these were not evacuation routes from this centre. After highlighting this, the inspector was informed near the end of this inspection that this PEEP had been updated.

Further records provided also indicated that fire drills were being done regularly in the centre with low evacuation times recorded. It was noted that the majority of the fire drills completed had been done at similar times of the day. When queried it was indicated that staff tried to do these drills on the first day that some residents came for respite in the centre. It was also seen that the fire drill records in place contained no details of any scenario as to where a fire may have been located during completed drills. This could help provide assurances that staff and residents were using the safest exit closest to them at the time of the evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

As highlighted earlier in this report, 32 different residents had availed of respite in the centre since its registration. This number would increase in the future as the centre built up its capacity further. Under this regulation all residents must have an assessment of need completed to identify their health, personal and social needs with such assessments to be conducted by an appropriate professional. Such needs must also be reflected in an individualized personal plan for each resident. During this inspection, the personal plans of three residents were reviewed as a representative sample of the residents who attended this centre for respite. From these the following was noted:

- Assessments of needs had been conducted for each resident based on the records provided although it was not clearly indicated who had completed these assessments. When queried, it was indicated to the inspector that these assessments had been completed by management of the centre.
- The personal plans reviewed did include guidance on how to meet residents' needs in areas such as intimate personal care and communication. It was noted though that a communication profile document for one resident in their personal plan did not clearly indicated the communication needs of the resident. When queried it was indicated that this was being reviewed.
- Some documents within the personal plans had not been completed in full. For example, one resident had a document that was to outline important information about them but some fields in this document such as their diagnoses and communication methods were blank.
- Two of the residents were identified as having epilepsy. While both residents did have epilepsy management plan in place, both of these plans contained the same information and lacked information that was specific to the individual residents. For example, from these plans it was unclear what type of epileptic seizures the residents could have or if they were prescribed particular rescue PRN medicines (medicines only taken as the need arises) in response to seizures. Further documentation reviewed indicted that the residents were prescribed this rescue PRN medicine but PRN protocols in place for these lacked clear details as to when this PRN medicine was to be given.

It was acknowledged though that given the number of residents availing of this centre, a large amount of documentation was being maintained regarding residents' personal plans and that residents' attendance at the centre varied. It was also noted, from discussions with staff and management along with documentation reviewed, that a system was in operation to link in with residents in advance of them coming to the centre for respite. This system involved a pre-arrival call that allowed key information or updates related to residents to be obtained. In addition, discussions with staff during this inspection indicated that residents were supported to do activities away from the centre during their respite stay if they wished to do

with transport provided for this. One staff member specifically commented that they felt that staff had the freedom to do things with the residents.

Judgment: Substantially compliant

Regulation 8: Protection

Since the centre had become registered, the Chief Inspector had been notified for two related safeguarding matters from this centre. Documentation reviewed on the current inspection confirmed that these matters had been appropriately screened and notified to the Health Service Executive Safeguarding and Protection Team. In addition, following these matters a safeguarding plan had been put in place and discussions during the inspection indicated that appropriate measures had been taken to prevent such matters from re-occurring. Aside from these matters, discussions during this inspection and documentation reviewed, including incident reports, raised no immediate safeguarding concerns.

In the event that safeguarding concerns did arise, a designated officer has been appointed for this centre (who was also involved in the management of the centre) with contact information about them seen to be on display in the centre. Such a designated officer reviews safeguarding concerns if they arise. Staff spoken with indicated that if they had any safeguarding concerns they report these to management of the centre. Records reviewed during the inspection process indicated that staff worked in this centre had completed safeguarding training and safeguarding was indicated as being discussed at staff team meetings. However, when spoken with during this inspection, two staff members did not display a knowledge of certain types of abuse such as neglect and institutional abuse.

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 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Duagh Heights OSV-0008994

Inspection ID: MON-0046863

Date of inspection: 23/09/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: A formal notification of the change of PPIM will be submitted to HIQA by 31st October 2025. A tracking system for management changes has been devised and implemented to ensure timely reporting.	
Regulation 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A new PIC has been identified with sole responsibility for Duagh Heights. The change of PIC will be notified to the authority by 24th October 2025. The new PIC will be based in Duagh Heights and their exact hours in the centre will be detailed on the roster.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:	

The roster has been revised to the appropriate template which includes staff roles and all shift times. The working hours of the PIC will also be included on the roster. An information and training session will be held with the new PIC and team leader on roster management by 15th December.

Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory will be reviewed and updated to include all required fields by 14th November 2025. A checklist for all new residents will be introduced to ensure all new entries to the directory are complete.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A Quality Improvement Plan has been designed to provide for the centre, here all actions arising from internal audits, unannounced audits on behalf of the provider and any other quality improvement initiatives will be documented and tracked monthly to ensure accurate follow up and close out of actions. A new PIC has been assigned to the centre with sole responsibility of Duagh Heights to provide greater oversight to the operations of the centre.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Finalise and obtain signatures for all existing contracts by 15 December 2025. The contract of care will be added to the transition process for all new residents to the centre.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	

The statement of purpose will be updated to reflect current registration and management structure. The revised document will be submitted to HIQA by 31 October 2025.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Retrospective notifications will be submitted for the alarm activations in Q2.
Notifications will form part of the monthly governance and oversight report that the PIC must submit to the Regional Director and Quality Department to ensure oversight.
A training & support day has been arranged for new PICs on Nov 23rd , notification responsibilities will form part of that day.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints posters will be updated to reflect the procedures specific to Duagh Heights.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The centres risk register will be reviewed and updated by 21st November 2025.
A risk assessment on medicine storage conditions will be conducted to assess the impact of the location of the medication cabinets.
A process will be put in place to update all resident risk assessments following incidents.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drill documentation will be reviewed and standardised to include scenarios and times. All PEEPs will be reviewed to ensure that include all relevant information pertinent to the evacuation of Duagh Heights.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Residents epilepsy management plans will be reviewed and updated to include seizure types and PRN protocols. PIC to ensure communication profiles are fully completed and reviewed regularly to accurately reflect residents preferred communication method.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Refresher safeguarding training will be provided to the team and discussions about the types of abuse and the indicators of same will be discussed at a team meeting.	

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
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	31/10/2025
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre	Substantially Compliant	Yellow	07/11/2025

	if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	15/12/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/11/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	24/10/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated	Substantially Compliant	Yellow	07/11/2025

	centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	15/12/2025
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.	Not Compliant	Orange	15/12/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	07/11/2025

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2025
Regulation 31(3)(b)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.	Not Compliant	Orange	23/11/2025
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the	Substantially Compliant	Yellow	15/12/2025

	complaints procedure in a prominent position in the designated centre.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	14/11/2025