



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

Issued by the Chief Inspector

Name of designated centre:	Fawn Meadows
Name of provider:	Cian's Home Care Ltd.
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	09 February 2026
Centre ID:	OSV-0009016
Fieldwork ID:	MON-0048826

About the designated centre

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

Fawn Meadows is a two-story residence designed to provide high-quality respite services for children aged 5 to 18 years with mild intellectual disabilities. It is located in a rural setting in Co Cavan. The centre features three private bedrooms, ensuring that each service user has a dedicated space that promotes comfort, privacy, and a sense of security. A team of Social Care Workers and Support Workers provides tailored support to meet the individual needs of each child.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Monday 9 February 2026	09:00hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was the first inspection of this service since it opened in November 2025. The provider was given one working days' notice that the inspection was taking place.

The findings from the inspection were positive, the two residents (children) availing of the respite service appeared happy in their environment and in their interactions with those supporting them.

Both children had been admitted under emergency circumstances, and the provider was supporting them in line with their statement of purpose, conducting reviews of their placements every 30 days. The children and staff team were in the early stages of developing relationships and getting to know one another. The initial transition for one child was challenging, but they has since settled and incidents have decreased.

While the inspection findings were positive, the inspector found that some improvements were required regarding the recording of information and the response to actions identified in the person in charge audits. These areas will be discussed in more detail later in the report.

On arrival at the centre, the inspector was greeted by the person in charge and staff. One of the children, accompanied by staff, came to greet the inspector. They took the inspector by the hand and brought them into the kitchen area. The child was smiling and appeared to be enjoying the activity in the house, as there were more people present due to the inspection.

The inspector observed the child relaxing in a sitting room and moving freely around the house. Following a speech and language therapist's assessment, the staff team were utilising visual aids and sentence boards with the child. These tools promoted their communication skills and supported them in making choices about daily activities. For example, the inspector saw that a sentence board had been used to help prepare them for a visit to a play centre that day.

The inspector found a culture of positive risk-taking in the service. The child mentioned above had the potential to place themselves at risk when engaging in activities outside of their home due to limited safety awareness. The staff team conducted risk assessments before visiting new activities; in some cases, staff visited the activity without the child first. Staff spoke of introducing the child to as many experiences as possible.

The inspector, when reviewing information, saw that a school placement had been secured for the child and that they were due to take up that placement in the coming months.

The second child had left the service to attend their school placement before the inspection began. They traveled a long distance each day to attend school in their hometown. Staff members and the person in charge informed the inspector that, two days a week, they also engaged in group activities in their hometown. When the child returned, they spoke briefly with the inspector and shared that they liked the staff and where they were currently living, and did not mind the long drive to and from school.

Later in the inspection, the inspector observed the child laughing and joking with the staff team supporting them. They appeared happy and relaxed in their surroundings. A review of their information showed that they were being supported to engage in activities they enjoy. For example, they had an interest in trains, which was being facilitated, and further plans had also been made around this activity.

The inspector found the centre to be clean, well-presented, and welcoming. Toys and games were on display for the children to use as they wished. Their bedrooms had also been adapted to suit their requests. One child preferred very little in their room, and this had been facilitated.

Three staff were rostered each day. On initial admission, one child required 2:1 staff supervision at all times; this had since been reduced to only when they were engaging in activities in the community, with a second staff member still available if needed. The second child was supported on a 1:1 basis each day. At night, one staff member was on duty, and another staff member was completing a sleepover and was available to support the children if required.

During the inspection, the inspector met with three staff members and discussed a range of topics focused on ensuring that staff had adequate knowledge of the children they were supporting. Discussions with the staff members confirmed that they were aware of the needs of the two children and spoke about the range of activities they were engaging in.

Through reviewing daily notes, observations, and discussions with staff members and the person in charge, the inspector found that the children were being supported to engage as much as possible in activities they enjoy. Efforts had been made to promote a homelike environment. The children were participating in activities with each other, and staff members spoke positively about the children getting along.

In summary, this is a new service, and the children had recently moved in under emergency circumstances. They had been effectively supported during their transition, celebrated Christmas together, and the provider was taking appropriate measures to promote a homelike environment.

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 the childrens lives.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found that some improvements were required. As discussed earlier, the provider had identified, prior to the inspection, gaps in the recording of information about the children and in some aspects of how the service was managed. However, although these issues had been identified, the response to addressing them had not been effective. This required improvement in order to come into compliance with the regulations.

The inspector reviewed the staffing arrangements and found that safe staffing levels were maintained. The staff team had also received appropriate training to support the children.

In summary, the inspection found that the children being supported in the service at the time of the inspection were receiving a good level of care. While improvements were required in relation to actions identified through auditing, the overall inspection findings were positive.

Regulation 15: Staffing

The inspector found that suitable staffing arrangements were in place. This was established following a review of a sample of staffing rosters, interviews with staff members, and an examination of Schedule 2 documents for a selection of staff.

A review of the current roster, along with a two-week period in December 2025, showed that safe staffing levels were consistently maintained.

In preparation for the inspection, the inspector identified several areas they wanted to review with staff.

The inspector met with three staff members and sought their understanding of the following topics:

- how the children were supported
- how staff ensured the environment was child-friendly
- staff members' understanding of their role in managing behaviours of concern
- staff members' role in assessing and managing risks
- staff members' understanding of safeguarding responsibilities and reporting structures
- how staff supported children who were non-verbal.

Discussions with staff members indicated that they possessed appropriate knowledge of the children and the systems in place to support them. This finding demonstrated that the provider and the person in charge had taken effective measures to ensure staff were adequately prepared to support the children's needs.

The inspector also reviewed a sample of staff information. Two staff files belonging to staff members who were on duty were examined. The inspector found that the provider had ensured all information required under Schedule 2 of the regulations had been obtained and was available for review.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector examined staff training records and confirmed that training needs were regularly assessed. Staff had access to and completed training relevant to their roles and the needs of the children.

The training completed by staff included:

- fire safety
- Children's First
- safeguarding vulnerable adults
- infection prevention and control (IPC)
- resident first aid
- manual handling
- children first
- human rights
- managing behaviors of concern
- safe administration of medication
- basic life support
- personal intimate care
- autism awareness.

The review of records demonstrated that staff had received appropriate training, which guided the care and support provided to the children.

The inspector also requested to examine a sample of staff supervision records. After reviewing four staff members' records, the inspector found that the staff team was receiving supervision in accordance with the provider's guidelines. Additionally, there were measures in place for the performance management of staff members.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and determined that improvements were required to ensure full compliance with regulatory standards.

The person in charge was undertaking regular audits, including weekly reviews. These audits identified deficiencies in record-keeping across several areas, including documentation for the two children and operational records, such as cleaning schedules. Although the person in charge acknowledged these shortcomings and recorded improvements as required actions following audits and at staff meetings, the inspector found that gaps in documentation persisted, particularly in the children's daily notes and one child's health plan.

This indicated that the response to audit findings was insufficient to ensure compliance. The person in charge acknowledged this and outlined a plan to address the issue, including measures to upskill staff through additional training; however, these actions had not been implemented at the time of inspection.

The inspector did find that the provider had ensured the service was adequately resourced and that the premises were suitable to meet the children's needs. The provider and the person in charge were also found to be taking steps to effectively manage the staff team and ensure that they were provided with appropriate training and support to effectively care for the children.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the provider's systems relating to admission to the respite service. The inspector also reviewed the steps taken to admit the two current children. As noted earlier, both had unplanned or emergency admissions to the respite service.

The inspector found that information regarding the first admission had been obtained before the admission and also during the day of admission to the service. The inspector found that sufficient information had been obtained to support an appropriate transition for the child. The inspector also noted that ensuring two staff were identified as required to support the child at all times during their initial transition was very important for managing risk and helping the child settle into their environment.

Regarding the second child, the inspector found that information was effectively sourced and reviewed prior to their admission. The person in charge had also completed a compatibility assessment to ensure the two children could live together.

At the time of the inspection, there were no concerns about the children negatively impacting one another; rather, staff and the person in charge noted how well they were getting along.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to the children and their representatives.

On the inspection day, the inspector was assured that the statement of purpose accurately reflected the service provided to the children.

Judgment: Compliant

Quality and safety

The inspection concluded that the children were receiving a tailored service designed to meet their individual needs. Assessments of their needs were completed, and these assessments informed the development of their care and support plans. The inspector reviewed a sample of these plans and found them to be well written and reflective of their needs.

Key areas including risk management, communication, general welfare and development, and behaviour support were examined and found to be compliant with regulatory requirements.

In summary, the children currently residing in the centre were receiving appropriate care and support.

Regulation 10: Communication

The inspector found that the provider had ensured steps were taken to support the communication needs of the children who required them. Staff informed the inspector how they support one of the children who has limited verbal communication skills. A speech and language assessment had been completed following their admission. The inspector reviewed the recommendations that had

been made and observed that these were being implemented by the staff team during the inspection. As discussed earlier, visual aids were being used alongside sentence boards to help promote the child's communication and encourage them to make choices.

The inspector observed that both children appeared to enjoy communicating with the staff team supporting them, and staff communicated with them in an appropriate manner.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that the provider and the staff team supporting the children were prioritising their general welfare and development.

One of the children was being supported to attend their school placement and engage in activities within their local community, despite it being a lengthy drive from their current living arrangements. The inspector reviewed the daily notes for this child and found that they were engaged in a variety of activities. The staff supported them in identifying things they wanted to do, and efforts were made to facilitate these interests. For instance, there was a plan for them to go on a long train journey, which was an activity they had expressed great interest in.

The other child had not previously attended school, but a new placement had been secured for them. The provider was in contact with other stakeholders to determine a start date. In the meantime, this child was receiving a service that met their needs. The inspector also reviewed the daily notes for the previous ten days and found that this child was participating in a range of activities and was being encouraged to try new things both outside and at home. This support had been identified as important prior to their transition.

Overall, the inspection process concluded that the children were well cared for at the time of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that effective and appropriate risk management strategies were in place within the centre. This judgement was informed by a review of the children's individual risk assessments and an examination of all adverse incidents that had occurred since the service opened.

Risk assessments were aligned with each child's identified needs and informed their individual care plans. The inspector found that the risk control measures in place to ensure the children's safety were proportionate and effective. One child required 2:1 staffing in the community due to limited safety awareness. While this level of supervision was restrictive, it was found to be necessary and had contributed to maintaining their safety.

The inspector also found evidence that the provider implemented additional risk control measures in response to an escalation in one child's behaviours. These measures were restrictive in nature; however, following a reduction in incidents and as the child settled into the centre, the provider discontinued these practices. This demonstrated an appropriate focus on ensuring that restrictive practices remained proportionate, time-bound and used only when necessary.

Daily risk assessment formed an integral part of staff practice. The inspector observed that the staff team responded promptly and effectively to changes in the children's presentations. There was clear evidence of positive risk-taking, with staff supporting the children in trying new activities and achieving positive outcomes while ensuring their safety.

Staff outlined the steps taken to maintain their safety when accessing the community. Planning for outings was undertaken in advance, particularly for the child who required 2:1 supervision, to ensure that supports in place were appropriate and effective.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the fire-safety systems in place and found them to be appropriate. Records demonstrated that the children could be safely evacuated from the premises under both day-time and night-time scenarios. The staff team had received suitable fire-safety training, and a review of records confirmed that fire-fighting and detection equipment had been serviced and that fire-fighting equipment was available for use if required.

The inspector also found that an emergency evacuation plan had been developed to guide staff. Staff members were completing weekly checks of the emergency lighting, firefighting equipment, and fire-containment measures.

The inspector concluded that effective fire-safety arrangements were in place within the centre. Evacuation procedures were tested, fire-containment measures were functioning, and overall fire-safety compliance was appropriately maintained.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the provider had effectively assessed the needs of the two children both prior to and following their admission to the service. The inspector reviewed their records and determined that individual personal plans had been developed. These plans provided clear guidance regarding the children and the required steps to ensure their effective care.

The personal plans were person-centred. For one child, there was a particular focus on supporting them to settle into their environment and access new activities both within and outside the home. For the other child, the plan emphasised further enhancement of independent living skills and ensured that they were supported to participate in preferred social activities.

Overall, the inspector's review of the children's records identified that appropriate assessments had been completed and that care plans were in place to guide staff in supporting them.

Judgment: Compliant

Regulation 6: Health care

The inspector found that comprehensive health and well-being assessments had been completed for both children, and there was evidence that their health needs were being met. However, the inspector noted gaps in the documentation in one child's health assessment. The person in charge addressed this issue during the inspection; however, as noted under Regulation 23, improvements to record-keeping remain necessary in several areas.

The inspector found, when reviewing the children's records, that they accessed their general practitioners (GP) when required. One child had attended their GP on several occasions. There was evidence that the staff team proactively supported the child, including requesting medication reviews to ensure prescribed treatments continued to meet their needs.

The inspector also found that the children were able to access allied health professionals, such as speech and language therapists and behaviour specialists, as required.

At the time of the inspection, both children were in good health. There was evidence that, when necessary, they were supported to access healthcare professionals, and that staff members were actively monitoring their needs and taking appropriate action.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider had effective measures in place to promote positive behavioural support. For one of the children, behaviour management guidelines had been developed. The inspector reviewed these alongside adverse incidents which had occurred in the service following its opening in November 2025.

The inspector found that the guidelines provided the reader with insights into how to support positive outcomes for the child and reduce the occurrence of adverse incidents. The guidelines also outlined how staff should respond if challenging incidents occurred and how to support the child after such incidents.

The inspector had discussions with staff members regarding how they would respond to challenging incidents. Staff members provided responses consistent with the behaviour management guidelines and demonstrated care and support in describing how they would help the child to return to baseline, using examples of redirection strategies and communication aids that had proven effective in managing incidents.

As noted above, the inspector reviewed the adverse incidents that had occurred. One child's admission to the service had been challenging as they presented with a range of behaviours that, at times, placed themselves and others at risk. The review of incidents showed that staff members had responded effectively and provided the child with care and support during a challenging period. There was evidence that the steps taken by the staff team have been effective. For example, the inspector's review showed that there were 25 adverse incidents recorded in December 2025, compared to six in January and three up to the date of inspection in February. This demonstrated a significant reduction in incidents and the strategies implemented were effective.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Fawn Meadows OSV-0009016

Inspection ID: MON-0048826

Date of inspection: 09/02/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Professional Report Writing Training is scheduled and will be delivered to the full staff team- Completed by 20 March 2026.</p> <p>Attendance at Professional Report Writing Training is now part of the induction process for all newly recruited staff. Completed 03.03.2026</p> <p>The weekly audit tool has been reviewed and now includes an action plan section. This ensures that any areas in documentation that require improvement are identified and are then clearly recorded, assigned, and monitored. Completed 03.03.2026</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 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	20/03/2026