



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

## Issued by the Chief Inspector

Name of designated centre:	Willowglade
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	19 November 2025
Centre ID:	OSV-0002400
Fieldwork ID:	MON-0039891

## About the designated centre

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

Willowglade is a designated centre operated by St Michael's House located in an urban area in County Dublin. It provides a community residential service for up to six residents at any given time, both male and female, with an intellectual disability. The designated centre is a dormer bungalow comprising a kitchen/dining room, two sitting rooms, a utility room, six resident bedrooms, a staff sleepover bedroom, office, storage room and a number of shared bathrooms. The centre is staffed by a person in charge, nurses, social care workers, direct care assistants and a domestic staff worker.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
--	---

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 19 November 2025	09:00hrs to 16:00hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection. The inspection was carried out in response to the provider's application to renew the registration of the designated centre. Overall, the inspector found high levels of compliance with the regulations and standards.

The person in charge was present to facilitate the inspection. All residents were aware of the inspection and were supported to meet with the inspector. Residents were not able to provide verbal feedback, therefore conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation was used to inform judgments on the implementation of the national standards in this centre. Furthermore, residents had completed Health Information Quality Authority (HIQA) surveys, in advance of the inspection, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in the surveys was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives.

The centre comprised of a two-storey house located in a housing estate in a suburb of South County Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had capacity for a maximum of six residents, and at the time of the inspection there were six residents living in the centre full-time.

The person in charge accompanied the inspector on a walk around of the centre. The centre was bright, spacious, clean and well maintained throughout. There was adequate private and communal spaces including two sitting rooms and a kitchen come dining area. In one of the sitting rooms, there was an activity press with an individual box for each. The boxes were personalised in line with each resident's likes and dislikes.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The centre's safety statement, visitors policy and complaints policy were also available in the hall.

Each resident had their own bedroom which had been recently decorated in line with their preferences and wishes, and the inspector observed that the rooms included family photographs and memorabilia that was important to each resident.

The inspector also met and spoke with two staff members on duty on the day of inspection. The person in charge and staff members on duty throughout the course of the inspection spoke about the high standard of care that all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. They all spoke about the residents warmly and respectfully, and

demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

The inspector observed residents coming and going from their home during the day, attending day services and making plans for the evening. Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. For example, when the inspector asked staff what activities do residents enjoy participating in, they were told that residents enjoy going to local cafes, holidays to Centerparcs, musicals and Christmas parties.

Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

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 to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were receiving good quality and safe care.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports. In addition a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

The inspector spoke with two staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner. However, not all

staff had completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. When reviewed by the inspector these were found to be accurate and up to date including an accurate and current directory of residents, residents' guide and complaints log.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

#### Registration Regulation 5: Application for registration or renewal of registration

An application to renew the centre's certificate of registration was made within the time frame as prescribed by the Regulations and the appropriate fee was paid.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences.

The inspector saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities.

Judgment: Compliant

## Regulation 15: Staffing

Residents were in receipt of support from a stable and consistent staff team. Staffing levels were in line with the centre's statement of purpose and the needs of the residents.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information. The inspector reviewed actual and planned rosters at the centre for October 2025 and the current November 2025 roster.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed three staff records, including An Garda Síochána vetting disclosures and copies of qualifications, and found them to be accurate and in order.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

The inspector reviewed the training records for staff working in the centre. All staff had completed human rights training to further promote the delivery of a human rights-based service in the centre.

However, it was found that some staff required refresher training in a number of areas such as positive behavioural supports, Feeding, Eating Drinking Swallowing (FEDS) and manual handling.

The providers own internal audits had identified gaps in training and there was a plan in place to have training gaps addressed by April 2026.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration.

The inspector saw that the provider had a contract of insurance in place against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

The person in charge worked full-time and was based in the centre. They were supported by a service manager who in turn reported to a director of services.

A series of audits were in place including monthly local audits in the areas of safeguarding, medication and infection prevention control (IPC) and provider-led six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector. It was found to contain the information as required by Schedule 1 of the regulations. It outlined sufficiently information on the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and information related to the residents' wellbeing.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The premises was found to be designed and laid out in a manner which met residents' needs. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes, likes and interests.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions that residents required. Residents were receiving appropriate care and support that was individualised and focused on their needs. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences. The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

## Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Residents had communication care plans in place which detailed that they required additional support to communicate.

Each resident had an up-to-date communication passport. The inspector reviewed two of these passports on the day of the inspection and found that they accurately described both residents respective communication styles and supported their communication needs.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The designated centre was found to be clean, tidy, well maintained and nicely decorated.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service.

This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fire fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files over the course of the inspection.

They were found to contain an up-to-date and comprehensive individual assessment of the residents' needs.

This assessment was informed by the resident, their representatives and relevant multidisciplinary professionals. The individual assessment informed care plans which guided staff in the delivery of care in line with residents' needs.

Care plans were written in a person-centred manner and clearly detailed steps to maintain residents' autonomy and dignity. Staff spoken with were informed regarding these care plans and residents' assessed needs.

The inspector saw that care plans were available in areas including communication, positive behaviour support, social supports, residents rights, health care and safeguarding, as per residents' assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed two of the resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

There were some environmental restrictions implemented within the centre, which included the use of bed rails, bed bumpers and a bed sensor. The restrictive practices in use in the centre which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

### Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff. Furthermore, safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Willowglade OSV-0002400

Inspection ID: MON-0039891

Date of inspection: 19/11/2025

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>- Staff with outstanding training for positive behavioural supports, Feeding, Eating Drinking Swallowing (FEDS) and manual handling have been booked in for training and will have the required training complete by 31st March 2026.</li> <li>- PIC will ensure quarterly audits of training compliance are completed, with staff training requirements identified at bi-monthly staff meeting</li> </ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2026