

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

Issued by the Chief Inspector

Name of designated centre:	Damien House Services
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	05 August 2025
Centre ID:	OSV-0002442
Fieldwork ID:	MON-0039388

About the designated centre

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

Damien House Services is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a residential service for up to seven adults with a disability. The designated centre comprises of two houses and a self-contained apartment located in County Tipperary on HSE grounds. Each property has private gardens for residents to avail of as they please. The centre is staffed by the person in charge, clinical nurse managers, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 August 2025	09:50hrs to 17:50hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was completed by one inspector over one day.

The inspector had the opportunity to met with the five residents in their home as the they went about their day. Overall, the inspector found that the residents received good quality person centred care and support in this designated centre. However, improvement was required in areas of the premises, risk management and fire safety.

In the morning the inspector visited the first unit of the designated centre which was home to two people. On arrival, the inspector was informed that one of the residents was out for walk and the other was observed spending time in their home. The residents were observed appearing relaxed in the kitchen having lunch and spending time with the staff team. In the afternoon, the two residents left the centre to access the community.

The inspector carried out a walk through of the unit accompanied by the person in charge. The unit was a bungalow which consisted of kitchen/dining room, two sitting rooms, visitor room, two resident bedrooms, three bathrooms, sensory room, utility room, staff room and office. Overall, it was decorated in a homely manner with flower window boxes on the window sills. The two bedrooms were personalised to the residents preferences for example, one residents bedroom was decorated with pictures of people important to them while, one resident preferred minimalist bedroom. The inspector observed a TV in a residents sitting room located high in the corner of the room enclosed behind a perspex screen. This was discussed with the person in charge and required review to ensure a homely environment.

The previous inspection found that some bathrooms were institutional in aesthetic in presentation. The provider had addressed this by adding some decor to these rooms. This included adding picture frames with some living plants.

In the afternoon, the inspector visited the self-contained apartment which was home to one resident. Similarly, there were window boxes with flowers located around the apartment. The inspector sat outside speaking with the resident and their staff team. The resident told the inspector that they had returned from the gym and was sitting in their garden enjoying the sun. They said that they were happy in their home and with the staff team.

The apartment consisted of a dining room, kitchen, sitting room bathroom and resident bedroom. It was decorated in line with the resident preferences. The resident told the inspector of plans to paint their apartment and colour test areas were observed in the sitting room. There was a large secure garden to the rear of

the apartment which contained a gazebo and the resident's work shed for woodwork.

The inspector visited the second house later in the afternoon and met briefly with one resident's family member who spoke positively about the care and support. The inspector had the opportunity to meet with the two residents of the centre. The inspector was informed that the centre is in the early stages of planning for the admission of a new resident to this centre. The inspector met one resident in the kitchen having a cup of tea and said they liked their home. The other resident indicated that they preferred not to speak with the inspector and this was respected.

The inspector carried out a walk through of this unit accompanied by the person in charge. The unit was a detached bungalow and consisted of a kitchen/dining room, sitting room, utility, quiet room, four resident bedrooms, bathroom, laundry and store room. The inspector was informed that the new flooring had been installed in the unit and the two remaining rooms were planned to be done shortly. The provider had self-identified that further work was to be carried out in the laundry and to modernise the en-suites in this unit. There was a large garden to the rear of the centre for residents to use if they wished.

The inspector also reviewed four questionnaires completed by residents with the support of staff and one questionnaire completed by a resident and their representative. The questionnaires described their views of the care and support provided in the centre. Overall, the questionnaire contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team. However, one questionnaire noted that at times there may be unfamiliar staff working in the service.

Overall, based on what the residents communicated with the inspector and what was observed, the residents received good quality of care and support. The staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in the premises, risk management and fire safety.

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

Capacity and capability

Overall, the inspector found that there were management systems in place to ensure the provision of a good standard of care to the residents.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge is supported in their role by two clinical nurse managers. There was evidence of

quality assurance audits taking place including the annual review in 2024 and the six-monthly provider visits.

On the day of the inspection, the inspector observed that there was an appropriate number of staff to support the residents' assessed needs. This is a nurse-led service with nursing support available at all times. The Social Care Manager also had input into the service being provided. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. There were appropriate systems in place for staff training and development. This meant that the staff team had up-to-date knowledge and skills to support the residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the Regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for this designated centre alone. The person in charge demonstrated a good knowledge of the resident and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

Overall, the inspector found that the provider had ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The five residents were supported by seven staff members during the day. At night the five residents were supported by five staff on waking night shifts. The five residents did not attend a day service and were reliant on the staff team to support them in activation. At the time of the inspection the centre was operating with two vacancies. The vacancies were managed through the staff team, regular relief and regular agency staff. From a review of two months of rosters for June and July 2025, while there was use of agency staffing it was demonstrable that the provider

was striving to ensure the majority of the shifts were covered by regular relief and agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training matrix and a sample of training certificates, it was demonstrable that the staff team had up-to-date training in fire safety, safe administration medication, manual handling, safeguarding and de-escalation and intervention techniques. In addition, the staff team were supported to undertake training in autism awareness. Refresher training was scheduled as required to ensure the staff team had up-to-date knowledge and skills to support residents.

The staff team engaged in supervision in the centre. From a review of records for five of the staff team, supervision was provided to staff team in line with the provider's policy. The inspector identified that supervision was not provided to a part-time member of staff who worked regularly in the centre. Shortly following the inspection, this had been addressed and the staff member had been added to supervision schedule.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for this designated centre alone. The person in charge reported to the Director of Nursing and Social Care Manager, who in turn reported to the General Manager. The provider had on-call arrangements in place to support staff at evenings and weekends and in the event of an urgent situation.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the six-monthly provider visits and the annual review in 2024. The annual review included evidence of consultation with the resident and their representatives as required by the regulations. In addition, local audits were being completed in medication management and infection prevention and control. The audits identified areas for improvement and action plans were developed in response. For example, the audits identified areas in need of attention including painting in the apartment and the need to modernise the en-suites.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents occurring in the centre for the period January 2025 to August 2025 and found that the person in charge had notified the Chief Inspector of all incidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person centred care and support to the residents in a homely environment. However, some improvement was required in the premises, risk management and fire safety.

The inspector reviewed the five residents personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably

guide the staff team in supporting the resident with their personal, social and health needs.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place and fire drills had been carried out. However, fire drills which accounted for the night time staffing and associated environmental factors required further improvements.

There were systems in place to identify, manage and review the use of restrictive practices.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner. As noted the designated centre comprises of two houses and a self-contained apartment located in County Tipperary in a campus setting.

The inspector found that all aspects of the centre were clean and generally well maintained. There was evidence that the provider had completed internal painting and installed new flooring in parts of the centre. There was planned works to complete new flooring in other parts of the centre in the coming weeks. However, the provider had identified that the layout of the laundry room required improvement to ensure best practice with infection prevention and control (IPC) measures. In addition, some en-suites required modernisation. These works remained outstanding on the day of inspection.

Finally, the TV in a resident's sitting room was located high in the corner of the room and was enclosed behind a perspex screen. This required review to ensure the sitting room was a homely environment which was suitably decorated.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20 including a summary of the services and facilities, the terms and conditions, the arrangements for consultation with residents, how to access inspection reports, the complaints procedure and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place. The risk assessments including behaviour, absconding and feeding, eating and drinking.

However, some control measures in place required review to ensure that they were effectively being implemented by the staff team. For example, recording routine monitoring of blood sugar levels for one resident was not occurring in line with the requirements of the associated risk assessment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed.

There was evidence of regular fire evacuation drills taking place in the centre. However, the hour of darkness fire drill with minimum staffing and maximum number of residents required review. For example, the last hour of darkness drill in one unit took place in May 2025 at 20:15 while residents were still awake and active in the house. The inspector was not assured the drill appropriately tested a night time scenario and required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of resident's personal files and found each resident had an up to date comprehensive assessment of their social, personal and health needs. Personal plans were generally found to be up-to-date and suitably guided the staff team in supporting the residents. The residents did not attend a formal day service and was supported with activation from the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

There were a number of restrictive practices in use in the designated centre including restricted access to items, seat belt buckle covers and at times locked doors. There were appropriate systems in place to identify, assess and review restrictive practices.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in safeguarding vulnerable adults. The residents were observed to appear relaxed and content in their home.

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	
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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Damien House Services OSV-0002442

Inspection ID: MON-0039388

Date of inspection: 05/08/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Outstanding flooring identified in one house to be replaced- completed on 16/09/2025. • Upgrading of laundry room in line with IPC requirements, plans have been developed – works to be completed by 31/12/2025 • Modernisation of en-suite bathrooms required- 30/09/2026 • TV in resident's sitting room- Review of same to be carried out, with tv to be relocated and decorated in line with resident's preferences- 15/12/2025	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • Recording routine blood monitoring for one resident- discussed with staff team and added to team meeting agenda to ensure completion of same in line with care plan and risk assessment, this will be monitored regularly by management team. 31/10/2025	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

- Fire drills- Night drill scheduled to take place on 17/09/2025 and procedure for night time fire drills updated to ensure fire drill effectively tests a night time scenario. Night time fire drills will be monitored as part of monthly fire audit.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	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.	Substantially Compliant	Yellow	31/10/2025

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	17/09/2025
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