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:	Wyattville DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	03 March 2026
Centre ID:	OSV-0002893
Fieldwork ID:	MON-0046218

About the designated centre

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

Wyatville DC is a designated centre operated by St. John of God Community Services CLG. Wyatville DC is based in a suburban area of South County Dublin and is a community based respite unit providing Adult Respite Services to individuals on a need assessed basis. The respite services are provided for up to five adults at one time from a respite group of 59 adults. The premises is a two-story building. The house consists of a sitting room and kitchen/dining room space, staff office and utility room on the ground floor. Upstairs there are four bedrooms. Three of these rooms are single occupancy and the fourth room is a twin room. There is a bathroom and a separate shower also on the first floor. The property has a large rear garden with a level access space for outdoor dining. The remainder of the garden is sloped and provides access to an outdoor log cabin via a small stairwell. The front garden provides limited parking facilities and is on sloped ground. The person in charge is responsible for two designated centres and is supported in their role by one social care leader, and a staff team of social care workers and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 3 March 2026	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. The purpose of the inspection was to monitor ongoing regulatory compliance in the designated centre.

The inspector used observations alongside a review of documentation and conversations with respite residents, two staff members, the person in charge and person participating in management to inform judgments on the quality and safety of the care and support provided to residents in the centre.

The inspector found that the respite residents were supported to enjoy a good quality life during their stay in the designated centre. The respite residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where each of the respite resident's needs, wishes and intrinsic value were taken into account throughout their stay.

Overall, the inspector found that the centre was operating at a good level of compliance with the regulations inspected. The provider had put a variety of systems in place to ensure that respite residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. There were some improvements needed to the areas of staffing, infection prevention and control (IPC), protection and fire precautions and these are addressed further in the next two sections of the report.

The respite centre was open on a 24 hour basis 365 days of the year and was available to 59 residents in total. Respite residents were typically provided with a three, five or seven "unit" respite stay. Respite "units" consist of day only or overnight, and are dependent on individual preference. The length of each respite resident's stay was also dependent on the individual needs and preferences of the respite resident. There were arrangements in place for respite residents to attend their day service during their stay. There was a centre specific bus that dropped them to their day service and picked them up. This was in line with residents likes and preferences and supporting continuity and consistency during their stay.

On the morning of the inspection, the inspector carried out an observational walk around of the centre with the person participating in management. The inspector observed the house to be clean and tidy and that it provided a welcoming and homely atmosphere. Downstairs, the sitting room was bright and spacious with a comfortable three-seater couch and a large television in the centre of the room. There were some large sized framed pictures on the wall as well as some lamps and soft furnishings. As the respite house was available to a large number of residents with varying tastes and preferences, the décor was not individualised or specific to

anyone resident's likes or preferences. However, overall the house was laid out to provide a relaxing, warm and pleasant environment for all who stayed there.

The double doors in the sitting room led out in to a bright and airy kitchen and dining room. There was a large dining table and chairs in the room as well as ample kitchen units and cooking space. There was a television in the room.

There was a small utility area at one end of the kitchen and at the other end there was a dining room that led out into the garden. There was a garden table and chairs on the patio area and further back there was an outdoor sensory room. The room was observed to have little furnishing and sensory items however, the inspector was informed that there was a plan in place to buy some sensory items with recently received funding.

In the upstairs of the house there were four bedrooms. Three of the bedrooms were single occupancy and the fourth room was a twin room. On speaking with the person in charge and on review of documentation, such as the allocations and compatibility tool, the inspector saw that there were systems in place that ensured the twin room was provided only to those who chose to avail of it.

There was a bathroom and a separate shower and sink available to respite residents on the first floor. However, the inspector observed that some upkeep and repair works were needed to the facilities within each room. These are discussed further in Regulation 27.

On speaking with staff throughout the day, the inspector found that they were very knowledgeable of the respite residents' needs and the supports in place to meet those needs. They were also aware of the protocols and procedures in place for each group of respite residents when they arrived at, and departed from, the designated centre. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

The provider and person in charge had put in place an allocation and compatibility tool to ensure residents' preferences and wishes were met, that respite residents within each group were compatible and that their assessed need were met and their safety ensured.

The inspector saw that the allocations systems in place in the respite centre demonstrated that admissions were determined on the basis of fair, equitable and transparent criteria. For example, there was a admission and discharge folder in place for each resident for every occasion they availed of the respite service and was completed and updated during residents visits to the centre; Respite residents' medication, belongings and finance were logged in the folder upon admission and discharge. The folder included daily report sheets, medication inventory, financial transactions, inventory of personal items, care and support information, emergency contact details, but to mention a few.

In advance of the visit, staff reviewed each residents personal plans and ensure they are up-to-date in advance of their visits. Where appropriate the plans were further

updated after the departure of residents. These systems were in place to ensure each resident's assessed needs were met and supported during their respite stay so they were provided a safe and enjoyable break in the centre.

At the start of each respite break, residents were consulted with and made plans for their respite break. This included making decisions about which bedroom they wanted to sleep in, what activities they would like to take part in, both in the centre and in the community. Respite residents were also supported to choose what meals they would like to eat during their stay including which night they would like to dine out or have a take-away meal. Other matters were also discussed at these meetings such as the complaints process, safeguarding and, respecting each other's privacy. Residents were also informed through an easy to read roster, what staff were supporting them throughout their stay.

On the day of the inspection, three respite residents were staying in the centre, one resident was staying for seven nights and two other residents for five nights. The inspector was provided the opportunity to meet the three residents in the evening after they returned from their day service.

The three residents were happy to meet with the inspector. One resident told the inspector that they 'loved' staying at the respite house. They told the inspector that they liked to watch the 'soaps' in the evenings and especially enjoyed watching sport programme. Another resident told the inspector that they were very happy with who they shared their respite break with and that they enjoyed the company of the people they were sharing with. They talked to the inspector that they had chosen roast chicken as their evening meal and they were looking forward to eating it. They said that the staff were good at cooking meals. Another resident put their thumbs up and smiled when the inspector asked them if they liked staying at the respite house.

Spoke with two staff, one in detail; the staff member was familiar with needs of the respite residents and supports required. They were aware of safeguarding policies and procedures, infection prevention and control measures as well as fire safety protocols. They were also familiar with the protocols in place when respite residents arrived at the centre and when they were leaving.

In summary, the inspector found that each respite resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure respite residents were safe and in receipt of good quality care and support throughout their stay. Through speaking with residents and staff, through observations and a review of documentation, it was evident that the person in charge, staff and the local management team were striving to ensure that respite residents enjoyed a supportive and caring environment during their stay and were empowered to have control over and make choices in relation to their day-to-day plans during their respite break.

There were improvements needed to areas relating to staffing, infection prevention and control, fire and protection and these are discussed in the next two sections of

the report that outlines the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to respite residents.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations. 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 to respite residents during their stay.

Overall, the findings of this announced inspection were that respite residents were in receipt of a good quality and safe service, with good local governance and management supports in place. There was good levels of compliance found on the inspection however, some improvements were needed to staffing, restrictive practices, protection, fire precautions and infection prevention and control. The latter four are addressed further in the quality and safety section of the report.

The centre had a clearly defined management structure in place which was led by a capable person in charge. The person in charge was an experienced, qualified professional and demonstrated their knowledge of the respite residents' assessed needs.

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. There was a staff roster in place and for the most part, it was maintained appropriately. There were two staff vacancies in the centre at the time of the inspection and the staffing arrangements in place was ensuring, as much as possible, continuity of care was provided to respite residents during their stay.

There was a training matrix, as well as a training schedule, in place for all staff working in the centre and this was regularly reviewed by the person in charge. Staff were provided with the necessary skills and training to enable them deliver quality, safe and effective services that catered for each respite resident's assessed needs.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for respite residents in a prominent place in the centre.

Regulation 15: Staffing

Overall, the provider and person in charge had ensured that there was enough staff with the right skills, qualifications and experience to meet the assessed needs of respite residents, during each respite break, in line with the statement of purpose and size and layout of the building.

At the time of the inspection, the centre was operating with two social care worker vacancies. In addition, cover was required for one part-time long term leave staff member.

The person in charge was endeavouring to provide continuity of care to respite residents during their stay. From a review of the centre's roster for the months of January and February, the inspector observed that the same relief staff were employed to cover gaps on the roster. In addition, day service staff who knew the residents, also worked in the respite service. Where agency staff were required, the same two agency staff, who were familiar to the respite residents, were employed.

For the most part, the designated centre’s planned and actual staff roster was maintained appropriately. The roster clearly laid out the full names of the core staff team, day service staff, the relief staff and agency staff. The person in charge and social care leader were also included. However, an improvement to the roster was needed so that it accurately reflected the times the person in charge and social care leader where on-site in the centre. This is so the provider could be assured of appropriate supervision of staff and adequate oversight of the care and quality of service provided to respite residents.

On the morning of the inspection, the inspector spoke with one staff member in detail and later in the afternoon, with another staff member for a brief conversation. The inspector found that they were knowledgeable about the support needs of respite residents and about their responsibilities in the care and support of residents during their respite break. Staff were aware of each respite resident’s likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the designated centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support respite residents during their stay in the centre. Where training was coming near refresher due date status, this was clearly highlighted on the matrix.

Some of the training provided to staff included the following;

- fire safety
- safeguarding of vulnerable adults
- positive behaviour supports
- safe administration of medication
- crisis prevention and intervention
- epilepsy related training
- first aid
- feeding, eating, drinking and swallowing (FEDS)
- IPC
- food Hygiene
- Dysphagia
- manual handling.

Staff were also provided with additional support and training relating to communication assessment and support in line with the Triple C communication support system in place for respite residents. In addition, staff were also provided with training in diversity, equality and inclusion, fundamentals of advocacy and HIQA's online human rights training.

All staff were in receipt of one to one supervision and performance development review meetings from either thee social care leader or the person in charge. Each staff member was provided two supervision and one performance development review meetings per year.

The inspector saw that all staff had received supervision meeting in December 2025 and were scheduled for a performance development review in April 2026. On speaking with a staff member on the day, they advised the inspector that they found these meetings to be beneficial to their practice.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. Overall, there was a clearly defined management structure

that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the respite service.

The person in charge was assisted by the person participating in management and a social care leader to ensure effective governance, operational management and administration of the designated centre.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the respite service to meet its stated purpose, aims and objectives. The person in charge worked full-time and divided their role between this designated centre an one other. On speaking with the person in charge, the inspector found that they were familiar with the respite residents' needs and was striving to ensure that they were met in practice.

The provider had completed an annual report of the quality and safety of care and support in the designated centre during 2024 and there was evidence to demonstrate that the residents and their families were consulted about the review. The person in charge was currently in the process of collecting feedback from residents and families as part of the consultation process for the designated centre's 2025 annual report.

In addition, the provider had completed an unannounced review of the quality of care and support in the centre in April and October 2025. Where actions arose from the reviews, these were included in the centre's quality enhancement plan and provided appropriate timelines for the person in charge to follow up on.

Furthermore, other audits such as peer to peer reviews, where social care leaders from other designated centres, run by the provider, carried out a review of the care and support provided to respite residents during their stay in the centre. These reviews supported shared learning and reflective practice and overall, resulted in positive outcomes for respite residents and the centre in general.

Staff team meetings were taking place regularly and provided staff with an opportunity for further reflection and shared learning. On review of the minutes of the January 2026 meeting the inspector saw that topics such as safeguarding, and in particular shared learning and outcomes from recent incidents was discussed and shared Respite group compatibility and allocations, a review of residents' meetings, upcoming community activities , accidents and incidents, staff training, health and safety and risk, roster planning, outcomes of audits, residents personal plans, communication with residents and infection prevention and control, were discussed and shared at the meetings.

On speaking with a staff member they informed the inspector that team meetings were transparent and open and staff felt able to freely speak up. They also advised that that information regarding safeguarding incidents were shared and discussed to mitigate risk of recurrence.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and were within the required timeframes as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. On review of team meeting minutes, the inspector found that where there had been an incident of concern, the incident and learning from the incident, had been discussed at staff team meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the centre that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. On the day of the inspection there was no open complaints.

The inspector observed an easy-read poster displayed on the centre's front hall notice board regarding the complaints procedure and details of the complaint officer.

On review of respite residents' meetings, the inspector saw that it included the complaints procedure on their agenda which allowed respite residents an opportunity to raise a concern or issue if they so wished during their stay at the centre.

In addition, management met with the respite residents' family member on a regular basis to discuss matters related to the centre and to gather feedback. The complaints procedure was also relayed at these meetings.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service provided to respite residents during their stay in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to respite residents. The findings of this inspection demonstrated that overall, the provider had the capacity to operate the service in compliance with the regulations and in a manner that ensured the delivery of person-centred care.

The inspector found that respite residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of respite residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, on the day of the inspection the inspector found that some improvements were needed to the areas of fire precautions, IPC, restrictive practices and protection.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's needs and that there were arrangements were in place to meet those needs during their respite break at the centre.

There were systems in place to manage and mitigate risks and keep respite residents and staff members safe in the centre. There was a risk register specific to the centre that addressed individual and centre related risks.

Overall, the designated centre was observed to be clean and tidy and for the most part in good upkeep and repair. However, some deficits were identified on the day which posed a potential safety risk to respite residents during their stay.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Over the past two years, there had been upgrades to the door closer on a number of fire doors in the centre however, some associated works remained outstanding and warranted addressing by the provider.

The restrictive practices used were clearly documented and were subject to review by the appropriate health professionals. However, some improvement was needed to ensure all restrictions were identified and provided the same processes and oversight as other restrictions in the centre.

Overall, good practices were in place in relation to safeguarding respite residents during their stay at the centre. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans, and support from a designated safeguarding officer within the organisation. however some improvement were needed to the

record keeping and filing to ensure all safeguarding place were accessible to staff at all times.

Regulation 10: Communication

Overall, the inspector found that during their stay at the designated centre, the respite residents received information in a way that they understood. Information was provided to respite residents in a number of ways including, verbally, easy-to-read format, pictures, photographs and social stories. These were all in line with residents' assessed support needs and preference.

There was a notice board in the dining areas of the house that included information that was relevant and important to residents. For example, there was easy-to-read weekly menu alternatives which included choices of meals for residents during their stay. There was also a photographic weekly staff rosters for day and night time, to ensure respite residents knew what staff were supporting them each day throughout their respite stay.

On the first day of residents' respite break they were provided a meeting to discuss and plan out their stay at the centre. This included choosing rooms, meals and activities, other topics such as the complaints process, safeguarding and respecting each other were also included at the meetings. In line with some respite residents assessed communication needs, visuals were used to support them make choices and also as a guide for staff to engage with respite residents in a way they understood.

The notice board also included an easy-to-read complaints procedure's poster with a photograph of the complaints officer on it. This ensured, in so far a practical, that the respite residents knew who to speak to if they wanted to make a complaint or had a concern.

A communication assessment using the Triple C format had taken place for each respite resident in the designated centre. The outcome

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The front hall notice board included an easy-to-read complaints procedure's poster with a photograph of the complaints officer on it. This ensured, in so far a practical, that the respite residents knew who to speak to if they wanted to make a complaint or had a concern.

A communication assessment using the Triple C format had taken place for each respite resident in the designated centre. The outcome of the assessments informed the support plan required for residents. The plan guided staff on how to best understand and communicate with respite residents in line with the outcome of the assessments' symbolic established level.

Overall, the inspector found that there were good systems in place to support respite residents communicate and be communicated with in a format that was in line with their assessed needs, throughout their stay.

In addition, residents were support to have access to a telephone and appropriate media, such as television, radio, newspapers and internet. On the day of the inspection, the person in charge had planned to follow up on why respite residents' bedroom televisions were not working.

of the assessments informed the support plan required for residents. The plan guided staff on how to best understand and communicate with residents in line with the outcome of the assessments' symbolic established level.

Overall, the inspector found that there were good systems in place to support respite residents communicate and be communicated with in a format that was in line with their assessed needs, throughout their stay.

In addition, residents were support to have access to a telephone and appropriate media, such as television, radio, newspapers and internet. On the day of the inspection, the person in charge had planned to follow up on why respite residents bedroom television were not working.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the designated centre was observed to be clean and tidy. For the most part, the centre was in good upkeep and repair. The design and

layout of the premises ensured that each respite resident could enjoy staying in an accessible, safe, comfortable and homely environment during their respite break. This enabled the promotion of independence, recreation and leisure for respite residents during their stay in the designated centre.

The living environment provided appropriate stimulation and opportunity for respite residents to rest and relax during their stay. Communal areas were spacious and bright and provided a choice of environments for residents to relax, listen to music, engage in activities and watch television. On the day of the inspection, the inspector observed one resident relaxing in the sitting room watching their favourite sports programme and one resident sitting in the dining room listening to their headphones using an electronic devise. Another resident was observed drawing a picture in the same room. All residents appeared content and focused on the activity they were part-taking in.

There was a patio and garden area to the back of the house which included garden furniture for respite residents to enjoy during the summer time or when the weather was good. There was an outdoor sensory garden- room located behind the patio area. On the day of the inspection, the inspector was informed that funding had been secured to purchase sensory items and activities for the room.

There were a number of upkeep and repair issues observed on the day which required attention. These have been addressed under Regulation 27: Infection prevention and control.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, there was effective management of risk in the centre with evidence of staff implementing the provider's risk management policies and procedures.

The provider had ensured that the risk management and emergency procedures policy met the requirements as set out in Regulation 26 and that the policy was reviewed regularly and in line with Schedule 5 requirements.

There was a risk register in the centre and it was maintained and updated on a regular basis. The register provided a good overview of all managed risks in the centre.

There were individual and location risk assessments in place which endeavoured to ensure that safe care and support was provided to respite residents during their stay in the centre. For example, the person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that, for the most part, the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents during their respite breaks.

The inspector observed the house to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules. Daily and nightly duty checklists included different areas of the centre to be cleaned by staff during morning and evening times. There was a specific storage unit for the colour coded mop handles and buckets.

Staff had completed specific training in relation to the prevention and control of infection and infection prevention and control was a standing item on the staff team meeting agenda.

On speaking with staff in detail, the inspector found them to be knowledgeable and aware of the appropriate cleaning products and equipment when cleaning the respite residents' home.

Overall, the designated centre was in good upkeep and repair however, some areas needed addressing. A number of the deficits listed below had been identified by local managements however, were awaiting a date for completion. For example,

- the shower tray and surround in the two shower facilities upstairs required a deep clean and a new seal
- the carpet on the stairs had been removed to allow the installation of a new banister recommended by an occupational therapist. However, the carpet was poorly replaced and frayed on the edges and was difficult to clean. There were also in-grained stains observed on some of the areas of the carpet
- one of the wardrobes in a respite resident's bedroom had a timber base that could not be effectively cleaned. There was no rail to hang clothes and the inspector observed some items inappropriately stored in the wardrobe such as Christmas wrapping paper, DVDs and a towel. Overall, the wardrobe required repair and cleaning
- one bedroom bin was observed to have no plastic bag.

While there was a food labelling system in place for food items in the kitchen fridge, the inspector observed that not all open food items were properly labelled. For example, a open packet of ham, cheese and coleslaw had not been provided a label to demonstrate the date it was opened.

Overall the above items presented a potential risk to respite residents in relation to food safety and the spread of infectious diseases, and required addressing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had put in place fire safety systems in the designated centre, along with policies, procedures and plans to manage the risk of fire.

There was a fire detection and alarm system, emergency lighting, firefighting equipment and fire containment measures in the designated centre. These were routinely checked by staff through daily and weekly checklists, and serviced regularly by relevant fire professionals.

Staff had completed fire safety training and were knowledgeable in how to support respite residents evacuate the premises, in the event of a fire.

A fire door risk report had been carried out in 2019 and again in 2023 by an external fire expert company. Where there was a non-compliance found on the 2023 report, regarding the hinges on the office door, this had been addressed and appropriate hinges had been installed on the door. All other checks of doors had been found compliant.

In addition, fire door function checks had been carried out in 2024 and 2025 by the person in charge. Electronic door closer devises had been replaced on most doors between 2024 and 2025. The fire door function check list included an action to fill in the gaps the previous devises had left on the door frames. On the day of the inspection, the inspector saw that all gaps had been filled however, one gap on a door frame remained outstanding and required completion.

Daytime and night time fire drills, to test the effectiveness of the fire evacuation plans, had been carried out in the designated centre. There was a system in place to ensure that all residents took part in a fire drill at least once during their respite stay and these details were recorded. Any issues arising from the drills were included in respite residents' personal evacuation plan. Where a resident required additional supports such as, prompts or were slow to evacuate, this was taken into account when organising respite groupings. For example, where respite residents required more support during an evacuation, they would be part of a smaller respite group.

On the day of the inspection there were three residents staying in the centre. The provider had completed two drills during 2025 and demonstration that the least amount of staff (one) could evacuate the three residents. On the evening of the inspection, the person in charge organised for a simulated fire drill to take place for four respite residents and one staff. The drill was completed in a timely manner and no issues were found. Subsequent to the inspection, the person in charge submitted a simulated fire drill that included five residents and one staff. This demonstrated that where there were the maximum group of respite residents staying in the centre, that they could be safety evacuated by one staff member.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that personal plans were developed for respite residents and that residents and where appropriate, their families were consulted about their plans. The plans were informed by comprehensive assessments and overall, reflected the supports required to meet each respite resident's needs. A sample of three personal plans were viewed by the inspector and were found to be up-to-date and readily available to guide staff in the appropriate delivery of care and support interventions.

Respite residents were supported by a keyworker to achieve the goals they had set out in their person-centred plans and to ensure all their assessed needs were meet throughout their respite break.

An annual review of each respite resident's personal plan was completed in consultation with residents and where appropriate, and in line with each respite residents wishes and preferences, included day services staff and the respite resident's family representative.

In line with each respite resident's communication support needs, an easy to ready 'All about me' was made available to them. This was to ensure that each resident could understand their plan in a format that was in line with their communication support needs.

There was an admission and discharge folder contained within each residents' personal plan that was used during their respite stay. It recording details regarding respite residents, medication, finance, personal possessions during both their arrival and departure of the centre. It also included an activity log, family details, and respite residents' individual daily reports.

Where there were healthcare professional recommendations and guidance's in place, these were also included in the folder to support and provide guidance for staff when caring for the respite resident. For example, in two respite residents' personal plans the inspector observed up-to-date, feeding eating and drinking (FEDS) recommendations and guidelines, which had been developed by a speech and language therapist. There was also an easy to read version of this information to support a respite resident understand the food they were able to eat and how it was prepared.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented when warranted.

Staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice.

Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. At the time of the inspection, no resident had required a behaviour support plan.

On review of a sample of residents' personal plans, the inspector found that where behaviour support plans were previously in place for two respite residents, these had been reviewed in 2022 and 2023. In 2024, the plans had been closed by the organisation's psychologist as the measures put in place had reduced the behaviours and mitigated the safety risks.

In line with the organisation's policy, the provider had a very clear restrictive practice assessment process. Overall, restrictive practices were risk assessed, clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the respite resident.

However, on the day of the inspection, the inspector identified two restrictions that were in place. For example, to keep respite residents' money safe, their money was kept locked in an office cupboard and made available to them when they requested.

In addition, to support and monitor night-time seizures for one respite resident, an epilepsy mat with a monitoring devise was used during the times they stayed in the centre.

Overall, the inspector found that, while these restrictions were put in place as a safety measure to protect residents, there had been no risk assessment or restrictive practice process completed. As such there was no review or reduction plan in place for the restrictions which overall, meant that the provider could not be assured that they were in line with best practice or if they were the least restrictive for the shortest amount of time.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, respite residents were protected by practices that promoted their safety.

Respite residents were provided with an easy-to-read guide to help them understand and report abuse. In addition, on arrival to the centre for their respite

break, residents took part in a meeting which included information on staying safe in their home and in the community, during their respite break.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Staff had been provided with up-to-date training in safeguarding and protection of vulnerable adults.

Safeguarding measures were in place to ensure that staff providing personal intimate care to each respite resident, who required such assistance, did so in line with each respite resident's personal plan and in a manner that respected their dignity and bodily integrity.

For the most part, the provider's internal audits had been effective in ensuring that where incidents had occurred, the person in charge and provider had appropriately followed up on them.

However, the inspector found that, anomalies regarding the recording and filing of one safeguarding incident had not been identified. For example, where measures were put in place to mitigate the risk of a potential peer to peer incident recurring, completed actions had not been accurately recorded on the respite grouping compatibility tool. In addition, while there was a copy of the resident' safeguarding plan on the designated centre's computer system, a copy had not been included in the resident's personal plan. This meant that the information in place to support and guide staff in mitigating the risk of further incidents occurring was not effective and potentially impacted on the safety of the respite resident during their stay in the centre.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Wyattville DC OSV-0002893

Inspection ID: MON-0046218

Date of inspection: 03/03/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Ongoing recruitment by HR and interviews scheduled on a monthly basis. • Respite specific SCW post advertised 8th April 2026. • Monthly review of staffing needs across the whole of respite/residential ongoing. • SCL/PIC will continue to endeavor to provide continuity of care to respite users whilst booking agency and relief staff to fill gaps in the rota. Regular agency and relief staff are used, and on occasion day service staff are also rostered if they are familiar with the service users in respite on any given day. • Long term sick leave staff has notified of her return to work date; June 2026. • SCL and PIC have updated the rota to accurately reflect the exact hours they are on site and will do so going forward. This is to provide assurance that there is appropriate supervision of staff and adequate oversight of the care and quality of service provided.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • Deep clean of bathroom and shower areas have been completed by household dept on 9th March. • Items removed from wardrobe in small front bedroom. Wardrobe painted on 14th April to allow disinfection after use. • Staff have been reminded of the importance of having bin bags in all bins including bedrooms. Service users have access to freestanding clothes storage in this bedroom until this wardrobe is fit for use. • Staff have also been reminded of their obligations in regards to the labelling of open food. SCL and PIC will provide governance over this via audits and spot checks on an ongoing basis. Will also be included on next team meeting agenda.	

• New carpet on stairs fitted on 17th April. • Shower areas resealed on 14th April.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Since this inspection there have now been three fire drills with maximum service users to staff 5:1, with no issues or concerns raised.
• SCL/PIC continue to receive a copy of each fire observers report and will ensure PEEPs are updated to reflect the outcome of each drill.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Restriction 1: Epilepsy Monitor Mat: This is now recorded as a restriction on our local restrictions log and a notification to HIQA has been submitted. In addition, a referral has been submitted to our Equality and Human Rights Committee (EHRC) in line with our policy. The service user who is assigned this monitor is currently attending for activity only respite, however, should she return to overnight respite a log of the use of the monitor will be maintained.

Restriction 2: Service Users Money in Locked Safe in Staff Office: This is now recorded as a restriction on our local restrictions log and a notification to HIQA has been submitted. Referrals to EHRC are pending as we are gathering consent from service users, and exploring (a) how skills teaching can be implemented via day services and (b) what other controls can be implemented as part of the restriction reduction plan. All referrals to be completed by 30th June 2026. Skills teaching will be explored via circle of support meetings in day service and plans updated accordingly, therefore, this will be a lengthy process given the number of service users effected (49 at present); estimated date for completion 30th April 2027.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

• SCL and PIC will ensure all safeguarding plan control measures are monitored, reviewed and updated, and that date for completion of same is sufficient.
• Compatibility tool has been updated to reflect recent peer to peer incidents.
• SCL and PIC will ensure most recent updates are reflected on safeguarding plans.
• All safeguarding plans are now printed and accessible to service users in their personal folders, and to agency staff who may not be able to access safeguarding plans which were historically stored online in a shared folder.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2026
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	30/04/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	31/05/2026

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/04/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/04/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2026