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:	Knock House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 June 2026
Centre ID:	OSV-0005766
Fieldwork ID:	MON-0049971

About the designated centre

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

Knock House provides full-time accommodation for five adult residents in a two-storey community house in County Dublin. Its design and layout replicates a family home and the comfortable and welcoming feel of the house is consistent with a home-like environment. There are five individual bedrooms for residents, two bedrooms are on the ground floor and one of these has en-suite facilities. There is an additional shower room with a toilet on the ground floor also. The remaining three bedrooms are on the first floor and are all en-suite. There is also a full bathroom on the first floor as well as storage. Residents are encouraged to decorate and furnish to ensure their environment is as homely as possible. The house is also equipped with a domestic kitchen and dining room where residents are encouraged to get involved with the grocery shopping and with the preparation of meals and snacks. There is a living room and a sun room leading to the garden. Additionally, there is a large gallery/TV area on the first floor. The centre is staffed by direct support workers, team leads and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Thursday 11 June 2026	09:00hrs to 17:00hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

This risk based unannounced inspection was carried out over the course of one day by one inspector. The inspector found a well run, caring and rights based service being providing to residents. Overall the centre was found to be fully compliant with the regulations inspected against.

On arrival the inspector was met by a staff member who requested ID. The inspection was facilitated by staff, a "buddy person in charge" and a senior manager, as the person in charge was on leave. The buddy person in charge was a person in charge of another centre, who was assigned to cover when required for the person in charge of Knock House. The centre is a large two story detached house set in a rural area of county Dublin, it is surrounded by large well maintained gardens. The back garden had goal posts and a number of footballs scattered across the lawn. A staff member explained that one resident enjoys maintaining the garden and another enjoys playing football.

The inspector carried out a walk through of the majority of the centre. The inspector saw two large photo frames in the entrance hall, which contained pictures of all the residents engaging in various activities and in various locations such as Dublin zoo and Antfield football grounds. The ground floor centre had a large kitchen dining room, a utility room and two sitting rooms, a bathroom and two bedrooms. Staff reported that family often used the small sitting room during visits. There was also a small locked cupboard which contained electrical necessities such as the fuse board. At the top of the stairs on the second floor was a large open sitting room space. To the left was the staff office, a shower room and the third bedroom. A third bathroom and the fourth and fifth bedrooms, one of which was ensuite were to the right. The house was bright, heated comfortably, clean and fresh.

Four of the residents gave permission to the inspector to view their bedrooms. Their rooms were all bright and well maintained and had sufficient storage for their clothes and personal belongings. The resident's personalities and interests shone through in the decoration of their bedrooms. The inspector was able to tell who enjoyed lego, sport or formula one. Many of the residents had achievements on the wall such as certificates and medals, while others had photos of family and friends.

Over the course of the day the inspector spoke with four of the five residents. While viewing the house the inspector met with two of the residents. One resident said hello and appearing a little surprised to see the inspector, asked a staff member to speak to them privately. The staff member and resident went to speak in the sitting room for a few minutes. The staff member noted that the resident checked with them that it was ok for the inspector to be there. This resident became more comfortable with the presence of the inspector during the day and in the afternoon showed the inspector their bedroom. The resident spoke about their interests particularly music and films. They showed their headphones and MP3 player to the

inspector and noted that staff made sure they always had it ready (fully charged). They spoke about going out for a drive and an ice cream with staff earlier in the day and their plan to watch movies for the evening.

The second resident the inspector met and spoke with was making themselves breakfast and detailed their plans for the day. They told the inspector that after breakfast a staff member would take them to day service. They told the inspector about taking the bus home in the afternoons and how the staff helped them check that the bus would arrive and if it was not coming then a staff member would collect them. They noted that the bus was not always reliable.

Later in the afternoon, the inspector met and spoke with two further residents when they had returned from their days activities. One resident was very clear and concise in expressing that they loved living in the centre and listed all the reasons the centre should get a "good report" including that the paperwork was all in order, the staff were great and took care of them and they had recently carried out a fire drill. This resident spoke with pride about some of the responsibilities they took on within the centre and how they helped experienced staff with the health and safety checks. Telling the inspector that they and the team leader did all the health and safety checks regularly.

The fourth resident to speak with inspector was less positive about their experience of the centre. They reported they were unhappy because of the rural location, which meant they thought there was fewer things to do. This resident reported they had spoken with staff about this but they were not happy with the response, as they had not moved to a new house yet. Staff and managers had informed the inspector during the introductory meeting that this resident was unhappy at times and that they were supporting the resident in relation to their concerns. The resident spoke about some of the activities they did engage in, including day services, which they described as being in a better location, a small town. The resident noted that staff listened to them and they were comfortable speaking with staff, knew how to make a complaint and felt safe in the centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The centre was found to be fully compliant with the 11 regulations inspected against during this inspection. The provider and person in charge had systems in place to ensure that there was effective oversight and governance of the centre, with clear lines of accountability. Which meant that despite the person in charge not being

present during the inspection there was no difficulties obtaining any information required during the inspection.

Residents were supported by an appropriately skilled and experienced person in charge and staff team. Staff were very knowledgeable about the residents and their care needs. The person in charge ensured that staff had access to appropriate training and were appropriately supervised. This meant that residents were provided with a safe and effective service, which kept their needs and rights at the centre of practice.

Regulation 15: Staffing

On the day of this inspection, the registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the centre.

The staff team comprised the person in charge, two team leaders and direct support workers. There were no vacancies on the day of the inspection, following the recent appointment of a second team leader. The inspector reviewed three months of the planned and actual rosters for March, April and May 2026. It was found that the provider was committed to ensuring continuity of care for residents within the service by utilising a small group of regular relief staff to cover gaps in the shift plan.

The inspector identified three days when the person in charge covered a shift when regular relief staff could not. The staff and managers noted that the residents could find new staff upsetting and so the person in charge covered shifts when needed, this aligned with recommendations from the multidisciplinary team. The review of the rosters showed that the person in charge rarely had to provide shift cover. As a result residents were always familiar with the staff providing them with care.

The inspector spoke with three staff on the day of the inspection, one relief staff and two permanent staff members. They were all very knowledgeable about the residents care and support needs, and daily plans for all the residents. The inspector observed residents and staff interactions and noted that these were warm and friendly and respected residents' right to privacy.

The inspector reviewed a sample of three staff files in relation to the information to be obtained in respect of staff was in place as set out in Schedule 2. The provider was waiting for updated Garda vetting (Irish police vetting) for one member of staff, and all other information for staff was in place.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the most recent training records maintained in the centre and found that the person in charge had ensured that staff had access to appropriate training designed to enable staff to effectively meet the needs of residents.

All staff had engaged in a wide range of training included fire safety, managing behaviours that are challenging, safeguarding, infection prevention and control, communication and human rights training. There was a focus on staff attending training which was specific to the resident's needs such as supporting people on the Autism spectrum.

The inspector reviewed the supervision schedule for the centre as well as the supervision records for three staff. This showed that the person in charge was ensuring regular supervision for all staff working in the centre in line with the provider's policy. The supervision records showed that a wide range of topics were regularly discussed with staff including; residents needs and goals, and staff learning goals and well being. It was noted that each supervision session included a review of previously identified actions and noted progress with same. There was an induction process in place and this was implemented for newer members of staff.

This meant that residents were being supported by knowledgeable staff who knew them and were kept up to date in best practice guidelines.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective management systems in place, including clear lines of accountability, to ensure that the service provided was safe and appropriate to the resident's needs. The provider ensured that the service was regularly reviewed carrying out a yearly review and six monthly unannounced visits.

The provider had appointed a new person in charge in February 2026. This person in charge had the qualifications and experience to carry out the role as required by the regulations.

The inspector was provided with the most recent annual review dated December 2025 and the latest six monthly unannounced visit which took place in March 2026. The yearly review was found to include feedback from residents, a review of complaints and compliments from residents and their families, as well as a document review. The actions identified in the review had been completed for example a second team leader position had been vacant and at the time of the inspection a new team leader was in post. The findings of the yearly review was

discussed with both residents and staff and feedback sought at their respective meetings. The inspector saw evidence that all staff and read the report. The six monthly unannounced visit reviewed how the service was coming into compliance with each of the regulations. The inspector also found that actions identified at this visit were in progress or achieved for example it identified that a number of staff were due to review training related to infection prevention and control and this was completed at the time of the inspection.

Staff meetings took place on a monthly basis, with a standing agenda in place. The meetings took place on two consecutive days, the objective of which was to allow as many staff as possible to be present for the discussions taking place. The meeting minutes reviewed by the inspector demonstrated that topics discussed including residents' needs and their goals, audit actions, training and development as well as policies and procedures.

The provider held monthly meetings for the persons in charge and their director of services. This too had a set agenda, which included safeguarding, restrictive practices, staffing , health and safety, policies and procedures as well as admissions and discharges. This provided a forum for the provider to have oversight of a number of designated centres. The provider implemented a "buddy person in charge" system. This is a person in charge from another centre who is familiar with the centre and the residents and provides cover for unexpected leave or provide on-call manager support to staff if their regular person in charge was not available. This meant that on the day of the inspection, the person in charge was on leave and within an hour of arriving at the centre the buddy person in charge to facilitate the inspection and support staff. The inspector noted that the residents greeted the buddy person in charge by name and they chatted during the day. In addition, there was an easy read chart on the office wall with pictures of the persons in charge explaining if the person in charge is not here and you need to speak with a manager please call the buddy person in charge.

All of the above meant that residents received a safe and supportive service, where the person responsible for different tasks was clearly identified and that staff and managers had a good understanding of the residents needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose for the centre that contained the information set out in Schedule 1 as required by the regulations. The statement of purpose was reviewed annually or as required, most recently it had been reviewed in February 2026 when a new person in charge was appointment. There was a copy available in the centre and a review of resident's meetings

showed that the changes to the statement of purpose and person in charge was discussed with residents.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the care being provided to the residents in the centre. The inspector found that residents were supported to understand and exercise their rights including making decisions about their care and the day to day running of the centre.

Each resident had a comprehensive assessment of need, which informed their personal care plans. Residents identified meaningful personal goals. Residents and key workers used a key working workbook to work towards these goals and progress was discussed by the whole team regularly. Residents were supported to engage in activities that they enjoyed including sporting clubs and education. Residents were supported to maintain and or reconnect with family members.

Resident's communication needs and preferences were understood and supported. Residents were supported to understand and exercise their rights and there were systems in place to ensure they contributed to choice and decisions about their daily lives, care and supports and the running of the centre.

There were systems in place to protect the residents from all forms of abuse and to support their development of skills to protect themselves in a variety of real life and online situations. All residents had positive behaviour support plans or psychology support plans in place, these were reviewed regularly and updated as needed. There was a focus on the reduction of restrictive practices which was evident in the goals, plans and one to one key working sessions for each resident. The inspector observed staff interacting with residents in a manner that aligned with their support plans.

The premises was clean and bright and well maintained with ample communal areas to meet the number and needs of the residents. Overall the centre met the requirements as set out in Schedule 6 of the regulations. A review of fire safety documentation and a manual test of fire doors showed that provider had implemented fire safety systems including fire detection, and fighting equipment.

Regulation 10: Communication

From file reviews, conversations with staff and managers and residents as well as observations, it was found that the resident's communication needs and preferences were understood, respected and supported. The provider had in place a referral procedure for any residents who required it to obtain specific communication assessments. Each resident had access to phones and appropriate media.

The managers and staff who spoke with the inspector were aware of the individual communication needs and preferences of each resident, this information was outlined in the resident's personal plans. The inspector observed staff speaking with residents in a manner that met their support needs for example staff were observed to change the speed of their speech as well as sentence length and use repetition to support the residents' communication.

A review of three residents' files review showed that daily routines, visual schedules and social stories were used to support residents' to make choices and understand their options. This file review also showed that information that was important to their care was presented in manner that was accessible to the resident, this included care plans, how to make a complaint and information on human rights. The supportive communication environment resulted in residents accessing their human rights in a meaningful and empowering way. This will be discussed further under Regulation 9.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with residents, staff, a review of residents' support plans and it was clear that residents were living active lives and engaging in activities which they enjoyed and was important to them.

The inspector found that residents were supported to participate in a wide variety of activities that interest them. The inspector observed residents coming and going from their activities of choice, with varying degrees of support from staff as their needs and the local transport infrastructure required. A review of files found that each resident had a key working workbook that was completed over the course of three months. These detailed the resident's goals and progress with those goals. The workbooks reviewed by the inspector included photographs, written words and drawn pictures to support resident's to identity their goal and the smaller steps to make those goals happen. It was clear that the resident and their key worker completed the workbooks together. For example, one resident's goal was to update the garden, this included photos of the flowers they liked, photos of the garden centres they visited to price the flowers, the costing for the project and the date of the resident's meetings and the emails to managers where cost were discussed and funding obtained.

Three of the five residents regularly attended day services, while those who did not had detailed plans that focused on activities they were interested in. As previously discussed in what residents told us, residents spoke with the inspector about how they spent their days. This included watching movies, participating in local sports teams, going for drives in addition to attending day services.

Residents were supported to not only maintain but re-establish relationships with family and important people in their lives. Staff and mangers supported two residents to reconnect with family members who they had not had a successful relationship with for a number of years. This was achieved by building on small short to medium term goals and positive behaviour supports to extend the residents' capacity to manage those relationships. For one resident this meant that they visited their family in their family home for the first time in four years. For another they had contact with family again after a break of two years. These successes were celebrated by staff and the residents.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a tour of the premises and found that the design and lay out met the aims of the services and the number and needs of the residents, and that provider had ensured that the premises met the requirements of Schedule 1 of the regulations.

The centre was a large detached two storey house with five bedrooms, extensive gardens and a large shed. On the ground floor there was a large entrance hall, kitchen-dining room, sun room, a ut and sitting room along with two bedrooms one ensuite and one bathroom. There were homily touches throughout the ground floor for example there were photographs of important events displayed in the entrance hall. The first floor had a large open lounge area at the top of the stairs, with a staff office, three bedrooms, two of which were ensuite and two separate bathrooms.

The house was clean, bright and airy and well maintained. The sun room, sitting room and upstairs lounge meant that there was ample communal space for residents and ensured there was a private space to meet visitors if they wished. As previously described four of the five residents gave permission for the inspector to view their rooms. Each of the rooms were decorated to the resident's tastes and represented their interests and personalities.

The gardens were large and well maintained, with one resident taking a particular interest in the maintenance of the garden. Another resident particularly enjoyed sport and there was sporting equipment including goals in the garden. The garden shed was used to store the centre's BBQ and was also home to a dart board which one resident enjoyed playing with a staff member.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety systems including fire detection, containment and fire fighting equipment. The house had a fire panel which displayed the location of the fire including the garden shed in the event of a fire.

The inspector reviewed the fire safety records and personal emergency evacuation plans (PEEPs). Fire safety records showed that residents and staff engaged in fire drills on a regular basis and evacuated the premises in a timely fashion. Fire fighting equipment and fire detection equipment such as smoke alarms were inspected and maintained by competent people. PEEPs for each of the residents were reviewed and while residents did not require any physical supports to evacuate, the PEEP for some it contained information such as how to best communicate with them in the event of a fire.

The inspector completed a manual test of the centre fire doors. For one bedroom door a staff member completed the test and the inspector observed as the resident did not want the inspector in their room and this was respected. All doors closed fully once activated and no gaps in the doors were observed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A review of three residents files showed that the person in charge had ensured that a comprehensive assessment of residents' needs had been carried out. These were up to date, informed by the residents, their representatives and multidisciplinary team members where necessary.

Assessments of need were used to inform care plans for residents. The file review showed a variety of plans on file for each resident, for example behaviour support plans, communication plans, feeding eating drinking swallowing plans, relationships and personal care plans. These plans were person centred, detailed the residents' support needs and their preferences and were regularly updated.

The residents were actively involved in the planning process, and as previously discussed the inspector saw evidence of the residents contributing to their plans to achieve meaningful goals they wished to achieve for example, to visit Scotland and tour the home grounds of Celtic football club. While a review of supervision records,

team meeting minutes and management meeting minutes showed a continuous focus on the progress residents were making in relation to their goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were systems in place to provide residents who required it positive behavioural support. All five residents had positive behaviour support plans and or psychology support plans in place. The inspector reviewed two behaviour support plans and one psychology support plan. These plans were developed by a qualified professional, were comprehensive and gave the reader a clear picture of how they should respond to best support the resident in order to reduce the risk of behaviours that challenge.

The inspector found that staff and managers were knowledgeable about the residents' behaviour support plans and these were integrated into all parts of the day to day running of the centre. For example the person in charge actively used consistent staffing to better support residents behaviour, as unfamiliar staffing was difficult for residents to manage. The inspector observed positive interactions between residents and staff during the inspection. The inspector also observe staff responding to a resident who was upset in a manner that was consistent with their support plan. The inspector heard the resident raise their voice to the staff member and the staff member respond calmly, using a low volume and gentle tone of voice. The resident then went downstairs. Not long after the resident spoke with the inspector and appeared calm.

The inspector saw evidence that all restrictive practices were risk assessed in line with the provider's policy and were regularly reviewed. It was clear to the inspector that the staff team along with multidisciplinary professionals actively working to reduce restrictive practices. For example one resident engaged in behaviours that put them and others at risk while travelling in a car. These behaviours resulted in the need for environmental restrictions. The inspector saw evidence of these restrictions being discussed with the resident. A plan was devised by the behaviour support specialist, the resident and person in charge, to allow positive risk taking in the vehicle. This meant that the resident was very clear on how they could show they were managing their own behaviour before progressing to the next step of lower restrictions. The resident progressed from travelling on their own, with a barrier between them and the driver, to having no restrictions on how they could travel and with whom. The inspector saw evidence of the careful planning and the continuous involvement of the resident in agreeing each step of the positive risk taking, as well as the regular discussion at team meetings regarding the progress with the goal and the next steps.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there was adequate arrangements in place to protect the residents from all forms of abuse and to support the residents in developing the knowledge, self awareness and skills needed for self protection. All staff had received appropriate training in adult safeguarding.

The inspector conduced a review of safeguarding plans. There were no open safeguarding referrals in place at the time of the inspection and the inspector reviewed recently closed safeguarding plans. These safeguarding plans focused on the resident developing the knowledge and skills that are required to keep themselves safe both in the community and on-line. These plans were developed with contributions from multidisciplinary team members, as well as staff and the resident themselves. A file review showed that the plans were carefully implemented and reviewed at all stages before being closed.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear from observations and conversations with residents and staff on the day of the inspection, as well as a review of documentation, that the residents' rights were at the centre of all decision making and practice within the centre. The centre was operated in a manner which respected the rights of the residents including their right to privacy.

The inspector observed staff respecting the residents' right to privacy, through knocking on doors or speaking with residents privately and also informing the inspector of resident's decision not speak with the inspector. A review of residents' files and residents' meetings showed that residents were supported to understand and exercise their rights. This was achieved through the use of communication supports to enable the residents understand choices for their care and for the running of the centre. Residents were invited to weekly residents meetings. Topics such as what was going well, what needed to change as well as changes happening in the centre, such as informing residents that the former team leader was taking on the role of the person in charge. Residents' meetings were also used to review the yearly review and ask for any additional feedback on the report before it was finalised.

As previously discussed there was a focus on reducing restrictive practices and ensuring that when restrictions were implemented they were the least restrictive required to keep people safe and for the shortest period possible. Residents participated in and consented to supports and decisions about their care, for example residents contributed to plans to support reconnecting with family member

and positive risk rating, such plans were actively reviewed with residents and next steps co-created between residents and their key workers.

As noted earlier in the report, one resident was not happy living in the centre. This was initially brought to the attention of the inspector at the introductory meeting at the start of the day by managers and later by the resident themselves. The inspector reviewed a number of records in relation to this, including one to one discussions and emails between the person in charge and the resident. This showed that the resident had first raised this concern in early 2025 and had numerous discussions with staff and the person in charge regarding their concerns. The resident voiced to the inspector and in meetings with staff that they disliked the rural location and lack of local amenities. The resident's name had been placed on the transfer list during 2025 but in early 2026 the resident requested their name be removed from the list as they were happier in the centre.

While on the day of the inspection the resident was no longer happy, the inspector was confident that the person in charge and provider were actively supporting the resident. The director assured the inspector that the option of transfer would be revisited with the resident by their key worker and the person in charge on their return.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant