



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

Issued by the Chief Inspector

Name of designated centre:	Ashlan House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	07 August 2025
Centre ID:	OSV-0007749
Fieldwork ID:	MON-0039094

About the designated centre

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

Ashlan House provides a shared care service for children and young people with an autism spectrum disorder, intellectual disability and or sensory and physical needs. The age range of residents attending is 8 to 19 years. The purpose of the shared care service is to allow children and young people to stay living at home for as long as possible. Residents attending spend on average 3 to 4 nights a week in the centre with the remaining nights in their family home. The centre can accommodate a maximum of five residents, either male or female, at any one time. The centre is located in a rural setting but close to a village and a number of towns in county Kildare. There were a good selection of shops and local amenities within driving distance of the centre. It comprises of six bedrooms, five bathrooms, a living room, family room and good sized kitchen come dining room. The house is set back from the main road and has an enclosed and secure back garden for residents use. The centre is staffed by a person in charge, senior support workers and support workers.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 7 August 2025	09:40hrs to 17:45hrs	Erin Clarke	Lead
Thursday 7 August 2025	09:40hrs to 17:45hrs	Brendan Kelly	Support

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspection was completed over a one-day period by two inspectors. The inspectors found that the centre was operating at a good level of compliance with the regulations, and that overall, residents were in receipt of a safe and quality service. However, improvements were required to ensure that the provider's systems in place to review restrictive practices were fully effective.

Ashlan House is a designated children's residential service registered to accommodate up to five children at any one time. The centre operates a shared care model, providing children with access to residential and multidisciplinary supports while enabling them to remain living at home for as long as possible. Children and young people accessing Ashlan House range in age from six to eighteen years and may have Autism Spectrum Disorders, intellectual disabilities, or physical and sensory needs.

The centre is made up of four bedrooms dedicated to planned shared care placements, which are scheduled on a back-to-back basis and support up to eight children on alternative rotation. The fifth bedroom is reserved for emergency respite placements. At the time of the inspection, four children were availing of shared care services, and one child was accessing the respite placement, having been admitted to the service in the previous month.

Inspectors completed a walk-through of the premises and found it to be clean, homely, and well-decorated. Children accessed the centre on a rotational basis in two groups. While children used the same bedroom as children from the other group, no children shared a room during their stay. The layout of the building provided children with opportunities to engage in their own interests and activities independently, as well as spaces where they could come together for communal activities.

The house was observed to be child-centred and adapted to meet the recreational needs of the children. The rear garden included a play area with equipment such as baskets, swings and trampolines. Each child's bedroom was personalised on admission to create a homely and welcoming environment. The person in charge explained that children's belongings were either securely stored or returned home when their stay ended, and bedrooms were then personalised to reflect the needs and preferences of the next child coming into the service. Parents reported satisfaction with the facilities available in the centre, while also making requests for additional options. For example, one parent suggested upgrading from a single bed to a double bed to better replicate their child's home environment.

At the time of the inspection, all children were on school holidays. Inspectors had the opportunity to meet with all five children staying in the centre over the course of

the inspection. Children were observed engaging in a variety of activities, including playing indoors, using the trampoline, and preparing for water play in the garden. Staff-to-child ratios were appropriate and consistently maintained throughout the day. Children were observed moving freely around the centre, accessing communal spaces and their bedrooms as they wished, with some choosing to watch television, use their tablets or get snacks.

Some restrictive practices were in use in the centre to ensure the safety of children, including locked exits, the use of safety harnesses during transport, and the secure storage of sharp objects. While restrictive practices in use were appropriate, inspectors found that improvements were required in the approval, review, and oversight processes to ensure that all restrictions remained proportionate, regularly reviewed, and the least restrictive option.

The centre had four vehicles available for residents' use, which were essential in ensuring that children could continue attending their schools in their own local communities while availing of the residential service. There had been an increase of one car since the previous inspection in January 2025.

During the inspection, staff on duty were observed interacting with children in a friendly and person-centred manner. They were attentive to the individual needs of the children, and inspectors observed that all children appeared happy, relaxed, and comfortable in the presence of staff. Inspectors also reviewed records of compliments from families, which highlighted their satisfaction with the quality of care and support being provided to the children.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure the service provided was safe and met the majority of residents' assessed needs.

The last inspection took place in January 2025, a risk-based inspection which identified non-compliance in governance and management, notification of incidents, premises, fire precautions, and safeguarding. Inspectors found that the provider had implemented actions within their compliance plan in response to these findings. These included the provision of additional vehicles for the centre, adaptations to the house and garden, and increased clinical input for visual and sensory needs. Inspectors were also informed that staff training had contributed to a reduction in the number of incidents occurring in the centre and improved outcomes for residents.

The provider and local management team had implemented management systems

to ensure that the centre was effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out with actions identified to drive quality improvement. The local management team monitored quality improvement actions, and addressed those within their control.

Inspectors found that higher staffing ratios were in place for certain children, particularly during outings, to ensure their safe participation. These ratios were reflected in the staff rosters reviewed during the inspection. While most residents had consistent staffing ratios, others fluctuated depending on their presentation, which inspectors were told could be unpredictable and difficult to manage at times. To address this, the team leader provided additional support, working 20 hours per week on shift to help maintain safe staffing levels.

Inspectors found that the centre was appropriately staffed with a stable workforce, supported by clear rosters and no reliance on agency staff. The staffing arrangements ensured consistency of care, and children were observed to be well supported in a safe and person-centred environment. There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal appraisal meetings. Staff could also contact an on-call service for support outside of normal working hours.

Inspectors found that admissions to the centre were managed in line with the provider's policy and procedures. Clear criteria were in place to assess risk, support needs, and compatibility with existing residents, and a contract of care was agreed upon at admission.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew the centre's registration, within the specified timelines. The application contained the required information set out under this regulation and the related schedules, for example, insurance contracts, statement of purpose, and the residents' guide.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

The person in charge demonstrated effective governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors reviewed planned and actual rosters for June, July, and August 2025. At the time of inspection, there were no staff vacancies in the centre. Staff named on the rosters were employed on a full-time, part-time, and relief basis, with no reliance on agency staff noted. Rosters included scheduled team meetings and training dates, and clear shift patterns were evident, covering both day duties and waking nights. This ensured adequate staffing cover to meet the needs of children in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff were supported to develop both professionally and personally. All staff had completed training to ensure a child-centred approach to care, with orientation, induction, and ongoing training in place. A review of the training matrix confirmed that all mandatory and centre-specific training was in date. In addition, all staff were in receipt of regular supervision appropriate to their roles and responsibilities, which supported reflective practice and professional growth.

One staff member spoken with described their induction process, outlining that they initially shadowed experienced colleagues before being assigned to work directly with children. They reported receiving training in managing behaviours of concern, the safe administration of medicines, on-site fire safety, and human rights training. The staff member also demonstrated awareness of how to log and report incidents in the centre and clearly understood the procedures for escalating concerns or responding to emergencies.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the governance and management systems in the centre promoted a culture of learning and continuous improvement. Staff spoken with described being supported through clear lines of accountability and regular oversight. Inspectors reviewed completed action plans, which demonstrated follow-through on identified issues, and evidence showed that feedback from families was

actively sought and used to inform service improvements.

The provider had completed an annual review for the service in 2024, as required by the regulations on the quality and safety of care. The review identified areas for improvement and set priorities for 2025, many of which inspectors observed were already underway or completed, such as environmental adaptations, the introduction of communication boards, enhanced goal planning for residents and the purchase of an additional vehicle.. As part of shared learning from other inspections, the provider had also incorporated feedback from residents' families into the annual review to inform service improvements. One parent commented in the survey that their child was very comfortable and happy in Ashlan.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors reviewed the admissions policy and spoke with the person in charge and the area manager regarding admissions procedures. Inspectors were assured, through both policy review and discussion, that admissions were managed in line with the provider's guidelines. The policy and local procedures set out clear criteria for admissions, including risk assessments, identified care and support needs, and compatibility with existing residents.

Admissions to the centre were reviewed centrally by an assessment coordinator, who liaised with each person in charge through referral committee meetings to ensure compatibility was considered as part of the process. Due to the nature of the service, with children typically transitioning out of the centre during their final year of schooling, there had been a number of admissions and discharges within the past 12 months.

A contract of care was required to be agreed and signed before any admission was finalised. Inspectors were informed of the role of the admissions committee, with local management involved at an appropriate stage of the process. This allowed for the early identification of potential issues and supported the success of any admission to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre, including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. Some small revisions were required to ensure that the information included was accurate and reflective of the floor plan of the centre. This was submitted post-inspection.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had ensured that all incidents required under this regulation were notified to the Chief Inspector. Inspectors reviewed a sample of incident records from the previous six months, including injuries, allegations of abuse, and the use of restrictive practices, and found that these had been reported in line with regulatory requirements.
Judgment: Compliant
Regulation 4: Written policies and procedures
Inspectors reviewed a sample of Schedule 5 policies, including those on admissions, safeguarding, communication, and visits. All policies had been reviewed within statutory timeframes and were accompanied by staff "read and understood" sign-off sheets, ensuring accountability in practice. Inspectors also met with a member of the management team to discuss admissions procedures. They found that the policies in place were actively guiding and supporting admissions to the centre in line with best practice and regulatory requirements.
Judgment: Compliant
Quality and safety
Inspectors found that the centre provided a safe, homely, and child-friendly environment, with facilities and resources tailored to the individual needs of children. Residents were protected by robust safeguarding policies, procedures, and practices in the centre. As mentioned, improvement was required to ensure that restrictive practices were reviewed in a timely manner. Inspectors found that fire safety arrangements were well managed in the centre. All

equipment was in place and serviced, remedial works had been completed, and children had person-centred evacuation plans supported by regular drills and routine checks.

Appropriate arrangements were in place to keep children safe from harm. Staff had completed safeguarding training to help them recognise and respond to any concerns. Staff on duty were able to clearly describe their roles and responsibilities in the event of an allegation or suspicion of abuse. Inspectors found that previous safeguarding concerns had been managed effectively, with actions put in place to support group dynamics and prevent issues from happening again. While incidents had decreased following recent interventions, inspectors found that the approach to risk management required strengthening. Risk assessments were not always reflective of the current risk environment, with gaps in the rating of likelihood and impact

There were some restrictive practices implemented in the centre, including locked doors and gates. The person in charge told the inspectors about the rationale for the restrictions and the arrangements for their review. Inspectors found that while a policy framework for restrictive practices was in place, the systems for monitoring and review required strengthening.

Regulation 13: General welfare and development

Children were supported and encouraged to attend the schools they normally attend while living at home, ensuring continuity in their education. Each child had an individual education plan that reflected their assessed needs and learning goals. The addition of a fourth vehicle in February 2025 further supported the individual transport requirements of children, ensuring timely school attendance and access to community activities.

Children were also supported to engage in activities and interests of their choice while staying at the centre. Inspectors saw evidence of trips to adventure parks, the beach, local playgrounds, parks, and the cinema, which provided opportunities for social development and meaningful experiences outside the centre.

Judgment: Compliant

Regulation 17: Premises

Inspectors observed ample age-appropriate toys and play equipment available both indoors and in the spacious gardens, which included trampolines, swings, toy cars, and internet access. Multiple access points to the gardens supported children's independence and ease of movement. Bedrooms were neutrally decorated, with children encouraged to bring personal belongings from home to make the space

comfortable and individualised. Bathrooms were spacious, clean, and equipped with both wet-room shower facilities and baths to meet individual needs.

The centre's statement of purpose outlined the admission criteria for emergency placements, and a dedicated space was available for this purpose. This area included a large bedroom, playroom, and bathroom, which ensured the child being admitted had their own space while minimising disruption to children already resident in the centre.

Maintenance systems were also effective. Inspectors reviewed the maintenance log and confirmed that identified issues, such as a hole in the back garden, were addressed promptly; the person in charge showed inspectors the completed repair during the walk-around.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. It had been recently revised to ensure that all the information was accurate.

Judgment: Compliant

Regulation 26: Risk management procedures

In recent months, incidents had reduced due to interventions implemented to mitigate and manage risks. Inspectors reviewed individual risk assessments for areas such as property damage, transport, and risk of injury to others. While these risks had been identified, inspectors found that they were not accurately risk-rated in terms of frequency or intensity, nor did they consistently reflect the control measures currently in place and required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors carried out a walkaround of the premises and reviewed documentation from the centre's fire folder. The centre had all the required fire safety equipment in

place, including extinguishers, fire blankets, alarm panels, and fire doors, all of which were serviced in line with regulatory requirements, with future servicing dates clearly scheduled. Remedial works identified during a service in April 2025 had been completed by the day of inspection.

The fire folder demonstrated evidence of fire drills, including simulated night-time drills. Each child had a person-centred personal emergency evacuation plan (PEEP) in place, detailing the individual supports required to ensure their safe evacuation. Inspectors also noted that daily, weekly, and monthly fire safety checks were being carried out by staff and signed off by the person in charge, providing assurance of ongoing oversight.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that the system for oversight, approval, and ongoing review of restrictive practices required improvement. The centre operated under a restrictive practices policy, requiring all restrictive practices to be documented locally and authorised by the behaviour specialist and clinical risk manager. A restrictive practices committee was convened annually to review all restrictions. Although interim reviews were reportedly completed by the clinical team, inspectors found that the use of physical restraint had not been reviewed at the January 2025 committee meeting, nor by the clinical team in the interim. This gap meant that there was no assurance that physical restraint continued to be the least restrictive option or remained appropriate to meet residents' needs. While records showed that physical holds were used infrequently, it was noted that they could be implemented in certain situations. However, the guidance available to staff on how to identify and recognise these situations required review to ensure clarity and consistency of practice. In addition, inspectors found that consent for the use of restrictive practices was not documented as being sought from families, as required.

Judgment: Not compliant

Regulation 8: Protection

Group dynamics had improved since the previous inspection due to better compatibility among residents and environmental adaptations made by the provider. Safeguarding concerns identified previously had been addressed in line with both the provider's and national safeguarding policies. Inspectors saw evidence of appropriate liaison with the local safeguarding and protection team and the development of safeguarding plans. Actions outlined in these plans were observed

to be in place on the day of inspection.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with during the inspection were aware of the procedures for reporting safeguarding concerns.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ashlan House OSV-0007749

Inspection ID: MON-0039094

Date of inspection: 07/08/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person In Charge has reviewed the risk management policy and updated the risk rating of all risk assessments to ensure risks are appropriately identified, recorded, and monitored. Systems are in place to support the recording, investigation, and learning from serious incidents and adverse events. Incident trending and root cause analysis in place for such incidents The Registered Provider shall ensure that all learnings are conveyed across operational teams and that shared learnings are discussed in management meetings.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Regulation 07(1) The Registered Provider has completed a review of all documentation relating to the support of behaviours that challenge, including associated risk assessments and support plans. This review has ensured consistency across all supporting documents, providing staff with clear, accurate, and up-to-date guidance to respond appropriately. In addition, the person in charge has ensured that staff knowledge and skills are maintained through regular refresher training, supervision, and team meetings	

Regulation 07(3) The restrictive practice protocol has been revised to include a dedicated section for informed consent. Although parents were involved in the process this system will ensure that parents, guardians, or the resident's representative are provided with clear information on the nature and rationale of each restrictive procedure, and are given the opportunity to review, acknowledge, and sign the protocol to promote transparency, accountability, and the safeguarding of residents' rights.

Regulation 07(4) All restrictive practices have been reviewed by the Person in Charge to confirm compliance with national policy and evidence-based practice. Strengthened clinical oversight ensures that restrictive practices are implemented consistently, subject to regular review, and maintained only as the least restrictive option. As part of the personal planning process, all restrictive practice protocols undergo systematic review to safeguard residents' rights. These measures will provide assurance that restrictive practices are continuously monitored, proportionate, and in line with regulatory requirements. The Registered Provider shall ensure that all learnings are conveyed across operational teams and that shared learnings are discussed in management meetings

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 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	24/09/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	24/09/2025
Regulation 07(3)	The registered provider shall	Not Compliant	Orange	24/09/2025

	ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
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.	Not Compliant	Orange	24/09/2025