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:	Whitechurch Place
Name of provider:	IRL-IASD CLG
Address of centre:	Dublin 6
Type of inspection:	Unannounced
Date of inspection:	08 August 2025
Centre ID:	OSV-0008910
Fieldwork ID:	MON-0045620

About the designated centre

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

Whitechurch place provides accommodation and individualised support for two adult residents with physical, sensory, acquired brain injury, neurological disability, intellectual disability and those who are marginalised to live a life of their choosing. The centre is located in a quiet residential estate close to a range of local amenities and local transport links. The centre comprises of a three bedroom house with one bedroom allocated to each resident and the third room used as a sleepover room for staff. One of the bedrooms has an adjoining ensuite with a wash hand basin and toilet and access directly to the back garden. There is a good sized sitting come dining room, a separate kitchen and a wheel chair accessible main bathroom with ceiling hoists. The back garden is wheel chair accessible. The aim of the provider is to support the resident to achieve a good quality of life, develop and maintain social roles and relationships and realise their goals to live the life of their choice. There are good public transport links and the centre also has a vehicle for use by the residents. The core team to support the residents included person support workers and a person support coordinator, led by the person In charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Friday 8 August 2025	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the two residents living in the centre received good quality of care in which their independence was promoted and their care needs were met. It was noted that there were small amounts of worn paint on some walls and woodwork in areas.

The centre comprised of a single-storey three-bedroom bungalow. It was located in a quiet residential estate in a suburb of Dublin and within walking distance of a range of local amenities. The centre was registered to accommodate two adult residents and there were no vacancies at the time of inspection.

The centre was first registered at the end of December 2024. The two residents transitioned to the centre soon after. Both of the residents had been living together, in a congregated setting for an extended period prior to their admission to this centre. The provider and number of the staff team had worked with the residents in their previous placement prior to their planned transition to live in this centre. The purpose of this inspection was to monitor the provider's compliance with the regulations. It was reported that the residents' transition to the centre had gone well and that both residents had settled well in their new home. Both of the residents were considered to be compatible with each other and to enjoy some social activities together such as watching football games. There had been no safeguarding concerns in the centre since it had opened and there had been no complaints recorded.

On the day of inspection, the inspector met briefly with both residents. One of the residents was observed having a meal with the support of staff. The other resident had a sleep in and was met with later in the day. The inspector had met with both of the residents previously in their former homes. Staff spoke of the positive changes they could see in both of the residents since they had moved to the centre. Both of the residents indicated to the inspector that they were happy living in their new homes and that staff were good to them. Staff were observed to chat and support residents in a kind and caring manor. It was evident that the staff had a close relationship with the residents.

The centre was found to be comfortable, homely and in a good state of repair. There was calming music playing on the morning of the inspection. There was a fully equipped kitchen, a sitting room come dining room and a staff sleep over room come office. Each of the residents had their own bedroom, one of which had an ensuite with a toilet and wash hand basin. There was also a main bathroom which both residents could access. Both of the residents had personalised their bedrooms to their own tastes. Some pictures of the residents and important people in their lives and other memorabilia were on display. The rooms were a suitable size and layout for the residents' individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. Each of the residents had their own television in their bedroom. There

was a wheel chair accessible area to the rear of the centre which included a table and chairs for outdoor dining and an area with raised beds for vegetables, herbs and flowers.

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the National Advocacy service and information about same was available for residents. One of the residents whose first language was not English had an interpreter who visited the centre generally daily, to interpret the resident's wishes and aid communication with staff. This resident had a communication plan and a device to translate conversations. The cultural identity of this resident was being respected in the centre in relation to their meals and religious beliefs. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. Staff were observed to check in with each resident in a kind and dignified manner and to knock and seek permission to enter residents' bedrooms.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of either of the residents but it was reported that they were happy with the care and support that their loved ones were receiving. The provider had plans to complete an annual review of the quality and safety of the service at the end of December 2025 when the centre would be open for one year. As part of this, it was proposed that a survey with relatives would be completed.

Residents were supported to engage in meaningful activities in the centre and local community. However, one of the residents was often reluctant to engage in many activities but enjoyed drives and walks to local scenic areas, coffees and meals out, and visits with family in person or over video calls. This resident was not engaged in a formal day service programme. The other resident was engaged with a day service programme one day per week and a community group 'mens shed' another day. This resident also had membership of a gym and enjoyed visits to a local pub to watch football matches, walks to local scenic areas using their wheel chair, cinema visits and meals out.

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

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had taken up the post in June 2025 but had been working

with both residents for more than five years in their previous home. The person in charge was in a full-time position but was also responsible for one other centre located within the same geographical area. They held a degree in health and social care and a certificate in management. They had more than five years management experience.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the assistant person support manager who in turn reported to the chief executive officer. The person in charge and assistant person support manager held formal meetings on a regular basis. The person in charge was supported by two house coordinators across the two centres for which they had responsibility.

The provider had plans to complete an annual review of the quality and safety of the service in the centre in December 2025 when opened a year. An unannounced visit to review the quality and safety of care had been completed since the centre opened with more planned on a six-monthly basis as required by the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included health and safety checks, fire safety, finance, medication and infection prevention and control. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separate management meetings with evidence of communication of shared learning at these meetings.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted. These documents demonstrated that the person in charge had the required experience and qualifications for their role. In interview with the inspector, the person in charge demonstrated a good knowledge of both of the residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of both residents. At the time of inspection, the full complement of staff were in place. The majority of the staff team had been working with both of

the residents for an extended period which preceded their admission to the centre. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level. Appropriate levels of staff to meet each of the residents' assessed needs were found to be in place. The inspector reviewed a sample of three staff files and found that all of the information, required by the Regulations was in place.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. The inspector reviewed training records which indicated that staff had received all mandatory and supplementary training. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. A sample of four staff supervision records were reviewed and these were found to be supportive of the staff member and to have been undertaken in line with the frequency proposed in the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had plans to complete an annual review of the quality and safety of the service once the centre was a year open. An unannounced visit to review the quality and safety of care had been undertaken by the provider within two months of the centre opening and there were plans for six-monthly unannounced visits to be undertaken in line with the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector of Social Services in line with the requirements of the regulations. There had been no safeguarding incidents to report since the centre opened. Quarterly returns relating to matters including restrictive practices had been submitted to the office of the chief inspector.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care had been put in place for each of the residents which detailed the services to be provided and the fees payable. The contract of care for one of the residents whose first language was not English had been translated to their first language.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality and person-centred, which promoted their rights.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A 'good life' personal support plan document reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Personal goals and actions required to achieve with timelines had been identified for both residents. It was proposed that the centre would review the effectiveness of the personal plans and goals identified for each resident on an annual basis in line with the requirements of the regulations.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments were in place. These outlined appropriate measures in place to control and manage the risks identified. Health and safety, and infection control audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. There was documentary evidence that the fire-fighting equipment and the fire-detection system was serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents was prominently displayed. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving residents, had been

undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

Regulation 17: Premises

The house was found to be comfortable, homely, accessible and overall in a good state of repair. The layout of the centre was suitable for the assessed needs of the residents. However, there was some worn paint on walls and wood work in a small numbers of areas. It was noted that this was likely caused by the wheelchairs used by each of the residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had recently been reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Overall, there were a low number of incidents in this centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Self-closing devices had been installed on doors. Fire-fighting equipment, emergency lighting and the fire-detection system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents, in the event of fire was prominently displayed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. 'Good life' Personal support plans reflected the assessed needs of the individual resident and outlined the support required to

maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

Regulation 6: Health care

Each resident's healthcare needs appeared to be met by the care provided in the centre. Health plans were in place for both residents to meet their healthcare needs. Residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for residents. Emergency transfer information sheets were available with pertinent information for both of the residents should a resident require transfer to hospital.

Judgment:

Regulation 7: Positive behavioural support

Residents living in the centre were provided with appropriate emotional support. The residents presented with minimal behaviours of concern. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in supporting residents. There were a small number of restrictions in use and these were regularly reviewed.

Judgment: Compliant

Regulation 8: Protection

There were appropriate safeguarding arrangements in place. There had been no allegations or suspicions of abuse in the preceding period since the centre opened. There were no safeguarding plans in place at the time of inspection. Staff spoken with had a good knowledge of safeguarding procedures and requirements.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. Residents had access to the national advocacy service and information about same was available for residents. None of the residents had chosen to engage with an independent advocate at the time of inspection. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Whitechurch Place OSV-0008910

Inspection ID: MON-0045620

Date of inspection: 08/08/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - Weekly Meetings with Housing Support Facilitator to discuss any maintenance such as paint and woodwork throughout the house. - Paint and woodwork to be added to the daily walk around checklist of the co Ordinator's to ensure an effective and immediate response to any follow-ups in relation to paint and woodwork particularly in the Hall, stairs and landing - Person in Charge to also monitor this continuously when completing walk around of the premises.	

Section 2:

Regulations to be complied with

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

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

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