



**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:	Rathmore House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	09 February 2026
Centre ID:	OSV-0002037
Fieldwork ID:	MON-0041081

About the designated centre

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

Rathmore House is a designated centre operated by Enable Ireland Disability Services Limited. The designated centre is based in a rural setting outside a town in Co. Wicklow. The service provides holiday respite breaks for adults who reside in the CHO6 area, and who meet the assessed criteria. Breaks are facilitated for up to 6 nights in the week for a maximum of three adults per break; the size of the group depends on the person's needs, support/dependency levels, and staffing levels are allocated to reflect the support needs of service users. The centre is a two storey house which consists of three bedrooms, one of which includes an en-suite. There is a large conservatory which is used for activities and dining. There is also a sitting room, kitchen, a large bathroom, and two smaller shower and toilet facilities. The centre is staffed by the person in charge, staff nurses, team leader, social care workers and health care assistants who are responsible for supporting the care needs of all people using the service throughout their break.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 9 February 2026	09:30hrs to 17:30hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to assist in informing the decision in relation to renewing the registration of the designated centre. Overall, the inspector found high levels of compliance with the regulations. One issue was identified with Regulation 31: Notification of Incidents.

The designated centre operates a respite service six nights a week. People using the service on the day of the inspection described the service as a holiday home. At the time of the inspection, nearly 70 people availed of this service with three people attending at any one time.

The inspection was facilitated by the person in charge and one of the centre's team leaders. It took place over one day and was carried out by one inspector. The inspector used observations and conversations and interactions with people using the service, in addition, to a review of documentation and conversations with key staff, to form judgments on the quality of the service being provided.

The designated centre was comprised of a two story detached house in a rural location in Co. Wicklow. The centre was a large, spacious house and designed to meet the needs of the people accessing the service. The centre was clean and decorated to a high standard. There were multiple communal spaces for people to spend time in. There was a large garden to the rear of the property where there was a sensory pod and polytunnel. The centre also kept hens there, which provided the service with a daily supply of eggs. There was also an outdoor seating area to the front of the house.

The house comprised of three bedrooms, one of which was ensuite, a sitting room, conservatory/dining room, kitchen and two bathrooms. The kitchen had been adapted so that the countertop with the sink and stove top was height adjustable to ensure greater accessibility. The upstairs of the house comprised of two staff offices and a staff sleepover bedroom which was ensuite. The upstairs of the house was not utilised by the majority of people who accessed the service as it could only be reached via a staircase.

As this house was not anyone's full time residential home, all bedrooms were decorated in a neutral style. There was storage available for people who wished to utilise it during their stay. Rooms were also adapted in line with the needs and requests of people who were accessing the service on a particular stay. For example, additional furniture was added to one room on the morning of the inspection, in advance of the person's arrival, to give them another surface to facilitate their healthcare needs.

On arrival to the centre, the inspector was greeted by the person in charge. The day of the inspection was the first day of a holiday break and all three people arrived to the centre throughout the afternoon. The inspector had the opportunity to speak with the three individuals in the evening as they were settling in to their holiday. One person used an assistive device to communicate and, following a review of the communication support plan in place, the inspector was able to sit and discuss their visit to the centre with that person.

The people accessing the service spoke very positively about the time they spent in the house, on their holidays. They described how everything they did during their holiday was their choice. For example, for this stay, they had booked a spa day and the stay was also to celebrate one person's birthday. Though it differed, depending on the person's needs, people generally came on holiday for two weeks over the course of the year. The length of stays also varied, with the most common duration of stays being six nights. Two of the people accessing the service spoke about how much they appreciated how staff listened to and acted on their request to attend the centre with their friends.

There was a process in place around each person's visit to the house. Regardless of the length of a person's stay, this process occurred. Through a review of documentation, talking to staff and the people using the service at the time of the inspection, it was clear that this was something that worked well, as at the core of this was constant input from people using the service. This process will be discussed in detail later in the report

The service operated through a human rights-based approach to care and support, and people who used the service were being supported to self-direct all aspects of their stay, in line with their needs, wishes and personal preferences. During their stay, people were supported to attend their jobs and other commitments, if they wished. Two of the people who were using the service at the time of the inspection told the inspector that they had taken leave from their jobs to fully enjoy their holiday.

Throughout the inspection, the inspector observed staff supporting people who used the service in a professional, person-centred and respectful manner at all times. The individuals spoke very warmly of staff and the support that was available to them if they wished for it. One person who was using the service on the day of the inspection had not visited the centre in an extended period. They told the inspector that did not know all of the staff but some staff had worked there for a long time and they were familiar with them. They communicated very positively about those staff members.

There was feedback included in the centre's audits from other people who used the service over the past 12 months. This feedback was very positive regarding people's experiences in the centre. Examples of this feedback include: "I feel important", "the staff respect me" and "the staff listen to what I am saying".

The inspector and two of the people who were using the service discussed the functions of the Health Information and Quality Authority and the legislation which

gave the authority its remit. They discussed the publication of this report, in due course, and they confirmed that they were happy for their comments and experiences to be contained within the report.

The next two sections of the report present 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 service being delivered to each person accessing stays in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Improvements were required under Regulation 31: Notification of incidents.

A review of records in the centre indicated that not all notifications had been submitted as required by the regulations on a quarterly basis.

The provider had ensured that there was a statement of purpose in place which met the requirements of the regulations.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. Staff had received additional training to meet the needs of the people using the service.

There was a full staff team in place in the centre on the day of the inspection and there was continuity of staffing which enabled the building of relationships between staff and the people using the service. They spoke very positively about the staff working in the centre.

The provider had implemented management systems to ensure that the service provided to the people using the service was safe and appropriate to their assessed needs. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care.

The registered provider had ensured that the designated centre was adequately insured.

Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the people using the service. The staff team was led by the person in charge and two staff members who shared the role of team leader. The staff team consisted of staff nurses, social care workers and health care assistants. Due to the nature of the service, staffing levels in the centre varied depending on the needs of the people using the service. The person in charge advised that on the day of the inspection that the centre had its full staffing compliment and there were no vacancies in the staff team.

There were planned and actual rosters in place in the centre. A review of the roster for the month of January demonstrated that the provider and person in charge had ensured that planned staffing levels were maintained in the centre during this period.

Team meetings were taking place in the centre on a monthly basis. The inspector reviewed the meeting minutes from July 2025 to January 2026. There was a set agenda for the meetings which included training needs for staff, policy and procedures, safeguarding, complaints and medication scenarios and assessments.

The inspector reviewed the staff files of three staff members working in the centre. They contained all the requirements of Schedule 2. For example, all three staff members had been vetted with An Garda Síochána.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had effective systems in place to record and monitor staff training. Staff had completed training in a number of areas, to include the following:

- Safeguarding of vulnerable adults
- Manual and people moving and handling
- Fire safety
- Children first
- Assisted Decision Making (Capacity) Act 2015: guiding principles
- Antimicrobial Resistance & Infection Control (AMRIC): infection prevention control

Staff had also committed a range of additional training to meet the needs of the people using the service. These included:

- Safe administration of medicines
- Epilepsy training
- Anaphylaxis training and administration of Anipen
- Bus clamping safety
- Asthma and management of asthma attacks

Staff had also completed training in human rights and the fundamentals of advocacy in health and social care.

Staff supervision was completed twice a year, in line with the provider's policy. The inspector reviewed the supervision records for three staff members. Supervision records demonstrated that there was a set format and a range of topics were discussed. This included risk register/risk assessments, training needs and centre policies – read and understood. There was evidence from these staff supervision records of staff advocating for the people who used the service. For example, a staff raised an issue a person was having with a piece of assistive equipment. The person in charge followed up the relevant allied healthcare professionals and a different size of the assistive equipment was sourced for the centre and it was noted that this was a major improvement for the person.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. This documentation was submitted by the provided as part of their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider and the person in charge had ensured that the centre was adequately resourced to deliver effective and person centred care. There was a full time person in charge in the centre, who was supported by two staff members who shared the role of team leader. At the time of this inspection, there was a full staff team in the centre.

Staff spoken with felt supported in their roles by the person in charge, the management team in the centre and the provider's local management team. There

was a clear commitment from the provider, person in charge and staff to continual quality improvement. There was a number of audits taking place in the centre, including an unannounced six monthly audit, medication management audit, weekly environmental cleanliness audit and an annual accident/incident audit.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff team were very knowledgeable about the support needs of the people who use the service.

There was an annual provider review of the quality and safety of care and support in the centre. The people who use the service and their representatives had been consulted with in the completion of this annual review. This feedback was very positive regarding people's experiences in the centre, as detailed in the opening section of this report.

Audits in the centre were effective in identifying areas for improvement in the centre. For example, an audit identified that there was a trend with medications errors in the centre. The person in charge had taken a number of actions to address this to include refresher training, errors addressed in supervision with staff, review of procedures to include a nurse to review people's medication in advance of their stay and ensure accuracy and that changes are communicated effectively to all staff. Staff spoken with felt very supported by the actions implemented and felt that they were effective in addressing the issue.

There were contingency plans in place in the centre in the event of a power outage, snow/ice warning and weather warnings. The centre had put risk assessments in place in response to recent adverse weather events. Control measures included the rostering of staff who were local to the centre and other measures to ensure everyone could safely continue with their stay in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records in the centre indicated that not all notifications had been submitted as required by the regulations. Under this regulation, the Chief Inspector must be notified of certain specified events within three working days or on quarterly basis depending on the events in question.

When reviewing the incident audit for the previous year, the inspector identified a small number of minor injuries sustained by people using the service. These types of injury require notification to the Chief Inspector on a quarterly basis. The person in charge provided assurances that these notifications would be submitted going forward.

Judgment: Not compliant

Quality and safety

This section of the report details the quality and safety of the service for the people in the designated centre. The people who used the service enjoyed a safe and quality service in this centre.

The provider had ensured that the person in charge and staff were vigilant in knowing and reporting the signs of possible abuse. Staff spoken with were very knowledgeable about safeguarding measures in place in the centre.

Of the people using the services' files reviewed on this inspection, the inspector found that each had a comprehensive and up-to-date individual assessment of their health and social care needs.

Restrictive practices, which were in place in the centre, were regularly monitored and submitted to the Office of the Chief Inspector, in line with legislation. There were effective arrangements in place to provide positive behaviour support to people with assessed needs in this area.

People who used the service were provided with opportunities to take part in activities which matched their interests and supported to develop and keep personal relationships.

People's individual opinions were sought, listened to and their views helped define the service. The provider promoted openness and the human rights principles of fairness, respect, equality, dignity and autonomy in the service.

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

The registered provider ensured the designated centre was designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all who use the service.

The provider had ensured that all fire equipment and building services were provided and maintained in line with the associated standard and by competent service personnel. Fire safety checks took place regularly and were recorded.

Regulation 10: Communication

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

On the day of the inspection, one of the people using the service utilised an assistive device to communicate. The inspector reviewed the support plan in place to assist staff communicating with this person. The plan had been created by a staff member and the person using the service. This plan provided the inspector with the necessary guidance to sit and communicate with the person.

There was a visual staff roster in place in the centre. This had received very positive feedback from people, with one person stating that they could now see which staff were on. Information was also displayed in the centre regarding this inspection, including the date and the inspector's photograph.

Judgment: Compliant

Regulation 13: General welfare and development

People using the service engaged in a wide variety of activities, both inside and outside the centre, during their stays. People's stays were self-directed and the activities they engaged in were of their own choice. Activities that people engaged in included visits to the cinema, bowling, shopping, out to restaurants and spa visits. People using the service were given a long list of options for possible activities they might enjoy to help them plan their stay at the start of each visit.

There was feedback from multiple people that they appreciated that staff listened to them and made arrangements for them to attend the centre at the same time as

their friends. People also had positive feedback regarding the centre facilitating them to attend their job during their stay. The processes the centre had in place to engage with people prior to their stay ensured that people got what they wanted from their holiday.

Judgment: Compliant

Regulation 17: Premises

The designated centre was found to be clean, warm and welcoming on the day of the inspection. The premises was located in a rural area and the centre had its own transport to allow people to engage in their various activities. The outdoor recreational areas were fully accessible for people using the service.

Each person had their own bedroom during their stay, with one being ensuite. Communal areas of the house were thoughtfully provided to allow people to gather and chat together. A separate and modern designed kitchen area was equipped with suitable and sufficient cooking facilities and equipment. The kitchen counter top, including the sink and stove, was height adjustable to allow greater accessibility. One person spoken with identified this as one of their favourite aspects of the house.

The people spoken with had very positive feedback on the house and did not identify any area that they would like to change. There was a separate area outside of house which contained the laundry facilities. There was a plan in place to knock this building and rebuild it to modernise it and make it more accessible. As the centre would have to close for this period, it required a large amount of planning and a time period for the closure had been identified for later in the year.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire.

A fire drill was completed in the centre at the start of each person's stay. Fire safety was also discussed with people on their arrival to the centre as part of their communication meeting. There was personal emergency evacuations plans in place for people and the inspector reviewed two of these.

Staff conducted daily, weekly and monthly checks to ensure that effective fire safety systems were maintained in the centre. Fire safety equipment included emergency

lighting, a fire alarm, fire extinguishers, fire doors and a fire blanket. This equipment had been serviced by competent fire personnel, for example, the alarm system had last been checked in December 2025 and an annual fire risk assessment review had taken place in the last 12 months.

Portable appliance testing (PAT) had been carried out in the last 12 months. Annual servicing of assistive equipment such as hoists, bed frames and shower chairs and slings had been completed in September 2025.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the people using the services' files in detail on the day of the inspection. Each person had an up-to-date and comprehensive individual assessment of their health and social care needs. These assessments had been reviewed in the past month.

The assessments included up to date information on the person's health, goals, daily supports and mobility. Staff also got updates on all aspects of the assessment of need when they called the person who used the service two weeks prior to their stay. These phone calls were essential in ensuring that all the required supports were in place as people could have large gaps between their stays.

People had goals in place in line with the nature of the service. People identified a goal in their post stay feedback form for their next visit. These included boat trips, bowling and cinema trips and visiting local places of interest.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Office of the Chief Inspector, as required by the regulations. Each restriction was reviewed in the past 12 months and a restrictive intervention review form was in place for each restriction.

The inspector reviewed a support plan for one person who had an identified need regarding positive behaviour support. This contained proactive and reactive strategies to support the person with their needs.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect people who use the service and their health and well-being, as well as empowering people to protect themselves. There was no active safeguarding concerns at the time of this inspection.

The inspector reviewed a previous safeguarding concern and found that it had been appropriately reported and managed to promote the individuals involved safety. Guidance for staff had been created following the incident to support one of the people involved should there be a re occurrence of the behaviour.

People using the service provided positive feedback regarding safeguarding measures in the centre. Some of the feedback included, "the staff make me feel safe and secure".

Safeguarding is discussed with people using the service on their arrival to the centre for each stay and in their key-working meetings. It was also an agenda item for staff team meetings.

Judgment: Compliant

Regulation 9: Residents' rights

People using the service were facilitated and empowered to exercise choice and control over their stays in the centre. Their choices and decisions were respected. The centre had a clear and comprehensive process in place to ensure people had a meaningful and self-directed stay in the centre.

Two weeks prior to someone attending the centre for their stay, their keyworker contacted the person or their representative, where appropriate. They discussed the upcoming stays and if any of the persons' support needs had changed or if there was something which needed to be organised in advance of their stay, for example, transportation to their job.

Staff checked in again with the person on the morning of the start of their stay. Following their arrival in the centre, staff held a communication meeting with the person. In their meeting, a wide range of topics were discussed. These include fire safety, complaints, safeguarding and contingency plan in the event of an infectious outbreak.

During this meeting, people chose if they wished to have or needed night time assistance and if they did, what level of support they would like, such as a call bell on their locker, call bell bracelet or an audio monitor. They also discussed meal options for the stay and the individuals preferences.

The centre sought input from people in multiple different ways. People had keyworking meetings where they discuss if there is anything the centre can do to make the stay better. In addition, people were offered the opportunity to complete a feedback form either at the end of their stay or in the days following, whenever they chose to complete it. This form included the option to select a goal for their next stay, so staff could have it arranged in advance.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not 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

Compliance Plan for Rathmore House OSV-0002037

Inspection ID: MON-0041081

Date of inspection: 09/02/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Person in Charge will complete NF39D notifications quarterly to inform Chief Inspector of the following incidents in Rathmore House: any injury to a service owner not required to be notified under paragraph (1)(d) </p>	

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 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	09/02/2026