



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

Issued by the Chief Inspector

Name of designated centre:	Silverpine House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	02 December 2025
Centre ID:	OSV-0002038
Fieldwork ID:	MON-0048049

About the designated centre

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

Silverpine House is a designated centre operated by Enable Ireland Disability Services Limited. The centre is located in a town in County Wicklow and provides planned short term day and overnight respite services on a two to six night a week basis to children with a disability, depending on their respite support needs. The centre has capacity to accommodate up to five children at a time and provides respite supports to a total of 22 children. The centre is a detached single story building which consists of a kitchen/dining room, sitting room, a games room, a sensory room, a number of shared bathrooms, five individual bedrooms and an office. There is an enclosed garden to the rear of the centre containing suitable play equipment including a swing, roundabout and activity centre. The centre is staffed by a person in charge, team leader, a nurse, social care workers and personal care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 2 December 2025	10:00hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. The inspection was carried out to assess the ongoing compliance with the regulations and was facilitated by the person in charge.

The inspection found that the centre was operating at a good level of compliance with the regulations inspected. It was well resourced and managed to meet the objectives of the service. Residents were happy and safe, and received person-centred care and support, that was in line with their individual needs and wishes, to maintain a good quality of life.

The designated centre operates a respite service six days per week. The designated centre has the capacity to provide respite care for up to 5 children aged 7 to 18 years. Respite stays can be for both day visits and overnight stays. The duration of the respite user's stay varies on a case -by-case basis. The staffing resources in the centre are planned around the needs of the respite user and the staff team were observed delivering kind, person centred care during the course of the inspection. On the of the inspection there were two children accessing the service. Respite users will be referred to as residents for the remainder of the report.

The residents were in school on the day of the inspection and the inspector had the opportunity to meet with both of them on their return from school. One resident did not express their views, but the other resident was happy to speak with the inspector and tell them what it is like to stay in the centre. They said that they could choose how they spent their time, and liked to relax, rest and use their smart device. They said that the staff team were good and they enjoyed the meals provided. The inspector observed a good variety of food and drinks in the designated centre for residents to choose from. Residents were encouraged to eat a varied diet and were communicated with about their meals and their food preferences. Furthermore, staff spoken with on the day of inspection were aware of the respite users' individual dietary needs.

The atmosphere of the centre was noted to be calm and relaxed. Staff communicated with residents in a gentle manner and clearly knew residents' individual preferences in respect of their care and support. Activities were based on what residents wanted to do during their stay.

The house consisted of a kitchen with dining room space, a sitting room, a games/activity room, a sensory room, a number of shared bathrooms, five individual bedrooms and an office. There was an enclosed garden to the rear of the centre containing suitable play equipment.

The overall layout of the premises ensured that each resident could enjoy their respite stay in a comfortable environment, which was easily accessible to them.

The bathrooms and shower rooms were spacious, and there was adequate storage facilities. Each resident had their own bedroom, with adequate storage for their belongings for the duration of their stay and their bedrooms were fully equipped to meet their needs.

The sensory room included an array of sensory equipment including a projector, bubble tube, a ball pool and soft furnishings.

The kitchen and dining area was bright and spacious and contained an accessible dining table that could be lowered at each end when required. There was also an accessible sink unit with pull out counters to provide better accessibility for residents if they chose to prepare food at meal-times.

Visual communication arrangements for residents were observed during the walk around of the centre. The inspector also observed a communication board in the playroom.

The service was operated through a human rights-based approach to care and support, and residents were being supported to enjoy their respite stay in a manner that was in line with their needs, wishes and personal preferences.

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 service and how these arrangements impacted on the quality and safety of the service being delivered to each resident on their respite break.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the resident's needs and wishes were taken into account.

The designated centre was adequately resourced to support the residents. 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 registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them.

Residents and staff members were seen to have positive relationships which were effective in promoting residents' rights and ensuring their safety. Staff were observed to be available to residents should they require any support and to make choices.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

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

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents in line with the statement of purpose and size and layout of the designated centre.

Residents were in receipt of support from a stable and consistent staff team. There was two vacancies, however the roster was managed well to reduce the likelihood of an adverse impact on the residents' stay.

The inspector examined the planned and actual staff rosters for November and December 2025. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

The inspector saw that residents were very familiar with staff members and that there were positive relationships between residents and staff. Staff members were familiar with residents' preferences, their assessed needs, and the important

relationships in their lives.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

The inspector reviewed the training records for staff working in the centre. All staff were up to date in training in required areas such as manual handling, Children First and fire safety. Refresher training was available as required to ensure that adequate training levels were maintained.

Staff were in receipt of regular support and supervision through monthly staff meetings and supervisions with the person in charge, in line with the provider's policy. Records of these meetings were maintained.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

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 service was led by a capable person in charge, supported by a staff team, who were knowledgeable about the support needs of the residents, and this was demonstrated through safe and good-quality care and support.

The registered provider had implemented management systems to monitor the quality and safety of service provided to all residents and the governance and management systems in place were found to operate to a good standard in this centre.

Six-monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner to enhance the quality and safety of the services provided in the centre.

The provider was adequately resourced to deliver a residential service in line with

the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport which was assigned for the centre's use.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the resident's well-being and safety.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all.

The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents

who lived in the designated centre.

On the day of the inspection, the inspector found that the governance and management arrangements in this respite centre facilitated good quality, person-centred care and support to residents.

The atmosphere in the centre was observed to be warm and relaxed, and residents appeared to be happy with the support they received.

The premises was found to be designed and laid out in a manner which met residents' needs. The premises was clean, bright and nicely-furnished. The provider had endeavoured to make the premises as homely and personalised as possible throughout. There were adequate private and communal spaces and residents had their own bedrooms for the duration of their stay.

There were systems in place to ensure that residents were safe and in receipt of good quality care and support throughout their respite break.

The registered provider had ensured that there were arrangements in place to meet the needs of each resident. Residents were receiving appropriate care and support that was individualised and focused on their needs.

The inspector saw that residents' files contained information, through their individualised communication support plans, on their preferred mode of communication.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

There were a number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis.

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment.

Overall, the inspection found that the residents were supported to enjoy their respite break while having their assessed needs met and the day-to-day practice

within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspector found that the residents were supported by staff who understood their communication needs and could respond appropriately.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

Staff were observed to be respectful of the individual communication style and preferences of all residents as detailed in their personal plans.

Residents had access to relevant communication media including televisions and streaming services during their stay.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider, person in charge and staff team ensured that residents could decide how they spent their time in the centre and choose activities in line with their needs and interests. This contributed to them having an enjoyable break in the centre.

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in a range of activities and offered choice with respect to their will and preference.

It was observed that the residents were involved in choosing how to spend their days during their respite break. Activities offered during the residents respite stay included trips to playgrounds, local parks, the bowling alley and at the time of inspection plans were underway to attend Christmas events in the locality. In house activities offered included arts and crafts, Lego, access to the sensory room and playground, gardening and baking.

All residents had access to transport and the community when they wanted.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The design and layout of the centre was in line with the statement of purpose and met the needs of the residents. The centre was clean, decorated to a high standard and very spacious.

Bedrooms were decorated to reflect the age of the residents and to meet the needs of the children accessing respite. There were two large bathrooms which contained the necessary equipment to meet the needs of the residents, including a Jacuzzi bath.

The centre provided appropriate indoor and outdoor recreational areas for the residents during their stay, including age-appropriate play and recreational facilities.

Overall, the design and layout of the premises ensured that all residents could enjoy an accessible, safe and comfortable environment during their respite break. This supported independence, recreation and leisure, contributing to a positive quality of life for the residents throughout their time in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements.

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and firefighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night-time conditions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed.

Comprehensive assessments of need and personal plans were available on each resident's files. The assessments informed the development of care plans and outlined the associated supports and interventions residents required.

They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

The inspector reviewed the personal plans in place for three of the residents. These plans outlined the residents assessed needs. It included details of the supports that residents required from staff to meet their assessed needs. There were care plans in place to meet various support needs of the residents which included intimate and personal care needs, health and medication and Feeding, Eating, Drinking, Swallowing (FEDS).

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed two of the resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

There were some environmental restrictions implemented within the centre, which included the use of bed rails and a safety harness for use on transport. The restrictive practices in use in the centre which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

There were good arrangements, underpinned by policies, for the safeguarding of residents from abuse.

The registered provider and person in charge were endeavouring to ensure that residents availing of respite at the centre were safe at all times.

Each group's compatibility is assessed to ensure each resident fully benefits from their stay to reduce the likelihood of potential peer to peer safeguarding concerns.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations. There was evidence that incidents were appropriately managed.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in Children First, national guidance for the protection and welfare of children had been completed by all staff.

In addition, there were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	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