



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

Issued by the Chief Inspector

Name of designated centre:	Warrenhouse Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0002338
Fieldwork ID:	MON-0038317

About the designated centre

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

Warrenhouse Residential is a designated centre operated by St Michael's House. It provides community residential services to five female residents with intellectual disabilities over the age of 18. The designated centre is a bungalow located in a suburban area in North County Dublin. The centre consists of five individual resident bedrooms, kitchen/dining room, a sitting room, an office, three bathrooms and a utility room. The centre is located close to amenities such as shops, cafes and public transport. The centre is staffed by a person in charge and social care workers. The person in charge is full time and divides their role between this centre and two others. Residents have access to nursing support through a nurse on-call service.

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
Tuesday 15 April 2025	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This announced inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre.

The inspector used observations alongside a review of documentation and conversations with residents, two staff members and the person in charge to inform judgments on the quality and safety of the care and support provided to residents in the centre.

The inspector found that the residents in this centre were supported to enjoy a good quality life. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account.

Overall, the inspector found that the centre was operating at a good level of compliance with the regulations inspected. The provider had put a variety of systems in place to ensure that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. There were some improvements needed to the areas of infection prevention and control, protection and fire precautions and these are addressed further in the quality and safety section of the report.

On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

There were five residents living in the designated centre and the inspector was provided with the opportunity to meet all five residents throughout different stages of the day. Four residents were in receipt of day services from three to five days a week. One resident had chosen to retire from their day service and were supported to engage in activities in their home and community as independently as they were capable of.

On arrival at the centre the inspector met with two residents who were having their breakfast at the kitchen table together. They invited the inspector in and offered a cup of tea. One resident told inspector about plans for their upcoming milestone birthday in local hotel with family and friends. The resident appeared excited and happy as they relayed their plans. The other resident talked to the inspector about their bedroom and plans to de clutter it. Later that day, the resident showed the

inspector their bedroom and went through a number of family photographs while reminiscing and relaying stories about the people in them.

Another resident asked to meet with the inspector in the small sitting room and requested that the person in charge sit in on the conversation. The resident talked about future plans of moving to a new and larger bedroom. The resident told the inspector about their advocate and how they were supporting them with their finances and in particular, the plans for their new bedroom. The resident expressed mixed feelings about living in the house and in particular, in relation to how they got on with their peers. The resident mentioned that, at times, there was bickering at the dinner table, which they did not like. However, the resident also told the inspector that when they were upset, they could speak to staff or to the clinicians who supported their emotional wellbeing.

Later that morning the resident offered to show the inspector around the communal areas of the house. However, they chose not to show the inspector their own bedroom as they said it was their bedroom and it was private to them. They also said that they did not wish for the inspector to review their documentation. The inspector asked the resident if they were familiar with the content of their personal plan and if they reviewed it regularly with their staff, and were happy with it. The resident responded that they had been consulted on, and were part of, the review of their personal plan. The inspector respected the resident's wishes and did not enter their bedroom or review their personal plan or other related documents.

Another resident met with the inspector in the staff office. They asked for the person in charge to support them during the conversation. The resident told the inspector that they loved living in their home. They were happy with the people they lived with and liked the staff supporting them. During the conversation the resident expressed that they did not want the meal that was on the menu for that evening. The person in charge informed the resident they could choose something different to eat. Later in the afternoon when the resident met with the inspector again, they informed them of the different meal they chose and how they had enjoyed it.

Near the end of the inspection, the inspector met briefly with another resident who returned from their day with the support of a family member. The resident wanted some space at the time so did not get to relay their views to the inspector. During the inspection, the person in charge and staff advocated on their behalf and this was taken into account when compiling the findings.

The person in charge accompanied the inspector on an observational walk around of the premises, which comprised a single-storey house. As a resident had shown the inspector the internal and external communal areas, and another resident had shown the inspector their bedroom, the person in charge, showed the inspector the three of the five bedrooms.

Overall, the inspector observed that the house presented as a homely, warm and welcoming environment. The walls in the hall and communal area included many framed photograph collages of residents enjoying community activities together. There was also an array of pictures and paintings and Easter decorations that added

to the homeliness of the premises.

There was an open plan kitchen and dining room that opened out further through double doors, in to a cosy sitting room. There were three toilet facilities in the house, two of which included a shower and one a bath and shower, however, the bath and shower were not in use. The person in charge advised that despite this, there were sufficient toilet and shower facilities for residents to use in the house.

The residents' bedrooms were observed to be decorated in line with each resident's individual tastes and included family photographs, pictures and memorabilia that were important to them. Bedrooms were bright and airy with lots of colour on furnishing and fittings. One resident, as part of their goal, was supported to de-clutter their room. They had been provided with a new bespoke build-in wardrobe that contained shelving and railings that was accessible and in easy reach for the resident. One bedroom to the front of the house, that included a fire exit door, was observed to be small in size compared to other rooms.

Outside the house there was a front, side and back garden. The front garden included an array of colourful plants and a bright pink garden bench including a number of garden ornaments and decorative lights throughout the area. The side garden was a patio style areas with some garden furniture and the back garden included a small patch of grassed land.

There were some upkeep and repair works needed to some areas of the house, internally and externally and these are discussed further in the report.

In advance of the inspection, residents completed surveys on what it was like to live in the centre. Four completed surveys were returned to the inspector. Residents noted on the surveys that they answered the survey however, needed some support from staff. Overall, the surveys provided positive feedback; for example, some of the comments within the surveys included; "I like my bedroom", " I like when my sister visits", "I like my housemates", " I like my own room, so I am happy", "sometimes I do not like something a housemates says...I like it when we have nice chats", "fall-outs upsets me". One resident when referring to the inspection, noted on their survey that they did not want the inspector to go in to their bedroom or look at their files.

The provider's recent annual review had also ensured that residents (and their representatives) were consulted with and given the opportunity to express their views on the service provided in the centre. For the most part, residents' feedback was positive. Residents said they were consulted about their home through residents meeting and on matters such as garden clean up, room design, decoration, and menu planning. Family feedback was also positive with family members praising the care and support provided by staff.

The inspector found that there were good arrangements were in place to support residents to communicate their wishes, and make decisions about the care they received and to raise any issues they may have had. For example, residents attended house meetings, where meaningful conversations and discussions took place; the inspector was informed by residents and staff about a list of "house rules"

that had been put together at one of the meetings. The rules were chosen by residents themselves and this was to support respectful and kind engagements and in particular, during meal times at the dining table.

Through speaking with the person in charge and staff, the inspector found that they had a clear understanding of the service to be provided to residents, and were promoting the delivery of a rights-based approach to their care and support. Since the last inspection, one resident was supported to engage with an external advocate relating to financial matters. On speaking with the person in charge, regarding another resident's health, the inspector was informed that pending the outcome of an upcoming meeting in May, that the resident would be supported to engage with advocacy and capacity related supports, should they require them.

Staff facilitated a supportive environment which enabled residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Where there had been a recent increase in safeguarding incidents in the house, the inspector found that overall, appropriate supports and measure were in place to ensure residents' safety. Where improvements were needed, these are discussed further under regulation 8.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Through speaking with residents and staff, through observations and a review of documentation, it was evident that the person in charge, staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

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 resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. 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 findings of this announced inspection were that residents were in receipt of a

good quality and safe service, with good local governance and management supports in place. Overall, there was good levels of compliance found on the inspection however, some improvements were needed to protection, infection prevention and control and fire precautions. These are addressed further in the quality and safety section of the report.

The centre had a clearly defined management structure in place which was led by a capable person in charge. The person in charge was an experienced, qualified professional and demonstrated their knowledge of the residents' assessed needs. They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place. The person in charge carried out a schedule of local audits throughout the year and followed up promptly on any actions arising from the audits. These audits assisted the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery.

The provider had effective systems in place to monitor and audit the service. An annual review of the quality and safety of care during 2024 had been completed in January 2025 and six-monthly unannounced visits to the centre had been carried out in May and again in November 2024.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. There was a staff roster in place and it was maintained appropriately. There were no staff vacancies in the centre at the time of the inspection.

The inspector reviewed a sample of staff files and found that they included all Schedule 2 requirements. The inspector spoke with two staff on a one-to-one basis during the inspection and found that they demonstrated appropriate understanding and knowledge of policies and procedures that ensure the safe and effective care of residents. On the day of the inspection, the inspector observed kind, caring and respectful interactions between staff and residents throughout the day.

There was a training schedule in place for all staff working in the centre and this was regularly reviewed by the person in charge. Staff were provided with the necessary skills and training to the delivery quality, safe and effective services that catered for each resident's assessed needs.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was familiar with residents' needs and was endeavouring to ensure that they were met in practice. There was evidence to demonstrate that the person in charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The person in charge carried out their duties in a timely manner ensuring the smooth and effective delivery of the service. The person in charge was also responsible for the management of two other designated centres. The local monitoring systems and structures in place supported this arrangement in ensuring effective governance, operational management and administration of the designated centres concerned. For example, the person in charge was supported by a social care worker (known in the organisation as person participating in management) with the operational management and administration of the centre.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

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 residents at all times in line with the statement of purpose and size and layout of the building.

The person in charge ensured that staff rosters were appropriately maintained. The inspector reviewed the planned and actual rosters for the months of January to April 2025. Rosters reviewed accurately reflected the staffing arrangements in the centre,

including the full names of staff on duty during both day and night shifts.

There was no vacancies in the centre and the inspector was informed that staff worked additional hours to cover annual leave, training and other staff related leave. Where additional staff was required for weekend or evening community activities such as concerts or overnight breaks away, the person in charge ensured that permanent staff worked the extra hours. This was to ensure that continuity of care and support was provided to residents during these times.

The inspector spoke to two staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The inspector reviewed a sample of five staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

On review of the training matrix, the inspector saw that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, manual handling, safe administration of medication and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, feeding, eating, drinking and swallowing (FEDS), infection prevention and control (IPC), positive behaviour supports, and food safety. The matrix demonstrated that where staff were due refresher training that dates had been booked for staff. For example, three staff were booked into positive behaviour support training in June 2025.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. On speaking with two staff member, the inspector was informed that they found one to one supervision meetings to be beneficial to their practice.

The person in charge showed the inspector a sample of 2024 supervision records to demonstrate that staff had received four one to one supervision meetings during 2024.

There was no schedule in place for 2025 however, the inspector saw that staff had received a supervision meeting in the first quarter of 2025. The inspector reviewed minutes from two staff supervision meetings during this period. Overall, the inspector found that meetings included a review of the staff members' personal development and also provided an opportunity for them to raise any concerns they may of had.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, overall, reflected practices in place. Please see regulation 28 for additional information.

On the morning of the inspection, the senior service manager brought the staff records to centre so that they were available to the inspector for review. On review of a sample of five staff files (records), the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to as part of the registration renewal and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre; The person in charge was supported by a senior service manager and assisted by a front-line social care worker to carry out their role in this centre.

The provider had completed an annual report in January 2025 of the quality and safety of care and support in the designated centre during 2024. There was evidence to demonstrate that residents and their families and representatives were consulted about the review. Members of the staff team were also consulted in the review. Overall, the feedback from stakeholders was positive and in particular, about the quality of the care and support provided to residents in the centre by staff.

In addition to the annual report, a suite of audits were carried out in the centre including six-monthly unannounced visits in May and November 2024, monthly data reports, incident and accident trackers, monthly health and safety checklists, medication management audit tool, fire safety checklists, and infection, prevention and control (IPC) audit (November 2024) and monthly checks.

Monthly data reports were used at management meetings between the person in charge and service manager to review issues arising and actions required. The inspector reviewed a sample of monthly data reports from January to March 2025 and saw that areas reviewed by the report included monitoring of residents' goal progress, quality and safety checks, money audits, safeguarding referrals, complaints and complements, fire drills and environmental risks but to mention a few.

The person in charge ensured that a local health and safety checklist was completed on a monthly basis. The checklist endeavoured to ensure that potential risks were identified and addressed as required so that the safety of residents was ensured at all times. The following were included in the checklist; assistive equipment, waste management, challenging behaviour, cleaning, food safety, hazard and risk assessment, staff training.

Staff team meetings were taking place on a monthly basis. This was to provide staff an opportunity for reflection and shared learning. On review of minutes for February and March 2025, the inspector saw that topics such as accidents and incidents, policies and procedures, positive behaviour support guidelines, safeguarding, monthly reports, goal tracking, body charts, infection prevention and control, key working and maintenance were discussed. Decisions were made and followed on by actions and time frames to be completed.

The inspector found that overall, the governance and management systems in place in the centre were effective in ensuring good quality of care and support was

provided to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose 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 to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

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

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and were within the required timeframes as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. On review of team meeting minutes and through speaking with the supervisor and person in charge, the inspector found that where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy. The complaints procedure was available in an easy-to-read format and accessible to residents. A copy of the procedure was located in a communal space in the centre.

From speaking with staff and a review of records, the inspector saw that residents were supported to know how to make a complaint. This was primarily through discussion at house meetings which promoted awareness and understanding of the complaints procedures. In addition, two of the residents who spoke with the inspector, told them that they knew who they could speak with if they were upset about a matter.

The inspector was informed on the day, that there were no open complaints or recently closed complaints in the centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The inspector found that the designated centre was well run and provided a homely and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, to ensure positive outcomes for residents at all times, some improvements were needed to the following areas; infection prevention and control, fire precautions and protection.

Overall, the design and layout of the premises of the designated centre was in line with the statement of purpose and met the needs of residents living in the centre. It provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences.

An assessment of need was completed for each resident and was reviewed on an annual basis and in consultation with each resident, their family, representatives and

where appropriate included multi-disciplinary input. Where appropriate, there was an accessible version of the plan available to residents.

Residents that required support with their behaviour were provided support plans for this area. There were restrictive practices used in this centre relating to the storage of residents monies. A restrictive practice committee was in place and regularly reviewed restriction in place.

Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and where appropriate safeguarding plans were in place. However, some improvements were needed to ensure that where measures and guidelines to safeguard residents were in place (or in development), they included adequate multi-disciplinary input.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks.

There were infection, prevention and control (IPC) measures and arrangements to protect residents from the risk of infection. From a review of documentation, from observations in the centre and from speaking with staff, the inspector found that for the most part the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents. However, improvements were needed to the upkeep and repair of some areas of the centre which were impacting on the infection prevention and control measures in place.

There was a fire safety policy in place which was recently reviewed in January 2025. Staff completed daily, monthly and quarterly fire checks of the precautions in place to ensure their effectiveness in keeping residents safe in the event of a fire. All staff had completed fire safety training and were knowledgeable in how to support residents evacuate the premises, in the event of a fire. Fire drills were taking place twice a year, including drills with the most amount of residents and the least amount of staff on duty. In addition, the person in charge had prepared fire evacuation plans and resident personal evacuation plans for staff to follow in the event of an evacuation. However, some improvements were needed to ensure the effectiveness of the systems in place, and in particular, relating to fire exits, evacuation routes and risk assessment measures.

Regulation 10: Communication

Residents had communication support plans in place in addition to personal

communication passports. These were reviewed on a yearly basis or sooner if required. Every effort had been made to ensure that residents could receive information in a way that they could understand. Information for residents was primarily relayed verbally and thereafter, provided in easy-read format. For example, information relating to the complaints procedure, menu plans, and a number of plans within residents' personal plans were provided in easy-read format.

On speaking with staff, the inspector found that they were aware of the communication supports residents required and were knowledgeable on how to communicate with residents. On speaking with one staff member they told the inspection that they had received training in sign language Lámh. They said that one of the residents sometimes communicated using sign language, and during these times they would respect their wishes, and communicate using the sign language.

During the observational walk around of the centre the inspector observed a number of different media outlets in the house; For example, there was a radio playing in the kitchen and a television available to residents in the sitting room. A resident who spoke with the inspector advised of their enjoyment and use of electronic devices when accessing information from the Internet.

Where there was a concern regarding access to allied health professionals for one resident's communication supports, this has been addressed under regulation 8.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the house was clean and tidy. The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. The inspector observed in some residents' bedrooms as well as communal areas, that residents had been provided with special armchairs and comfort chairs that were in line with allied health professional recommendations or with residents own seating preferences.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. There was a large spacious sitting room with a television and plenty of seating to the front of the house; At the back of the house there was a smaller sitting room where residents could take time out or enjoy quieter time, if they so wished. In one resident's bedroom, the inspector observed that the resident was provided with an arts and craft table. The table had been recommended by an allied health professional, and ensured the resident was

supported to enjoy their art activity in a safe and comfortable way.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. One resident was provided a custom made wardrobe to allow ease of access to their clothing and personal items. Staff informed the inspector about the resident's goal to de-clutter and how they had divided their items in to bundles for charity, throwing out or keeping. The goal was progressing well and was providing a lot more space in the resident's room.

Where there were decorative upkeep and repair works required, these have been addressed under regulation 27.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy to read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The risk management policy was submitted to HIQA in advance of the inspection and demonstrated that it was last reviewed in June 2023.

There was a risk register in place in the centre, which was regularly reviewed and updated by local management.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with

appropriate control measures, that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had carried out an infection prevention control audit in November 2024 and had identified areas for improvement. These had been followed up by the person in charge and relayed to the organisation's maintenance team. In addition, the person in charge carried out monthly health and safety audits as well as infection prevention and control checklists to monitor the effectiveness of the cleaning schedule and checklists and overall, infection control measures in place.

There were separate weekly cleaning lists for cleaning residents' assistive equipment as well as weekly flushing checks where water outlets were not in use. However, a small improvement to flushing checks was needed so that they clearly demonstrated each of the individual outlets being checked and that they were in line with the provider's own policy.

On an observational walk around of the premises, the inspector observed some areas of the premises that required upkeep and repair works. The areas of disrepair were impacting on the effectiveness of cleaning, in terms of infection, prevention and control, which overall posed a risk of spread of infectious disease to residents and staff. A number of these had been identified through the centre's own monitoring systems. However, there was no plan or appropriate time-frame to complete the maintenance of the areas.

For example;

There was a chip and scuffing on one of the kitchen counter tops.

A large bin, at the side of the shed, was full of stale water that was green in colour.

The small bin in one of the resident's toilet facilities contained no bin bag.

The shower in the staff bathroom was not in use due to a broken door - this had been identified and reported in December 2024.

A number of doors, door frames and corners of walls, were observed to be scuffed with chipped paint and plaster in areas – this had been identified but no timeline to complete.

A bathroom door, entering into a resident's bedroom was badly warped and cracked. There was water damage to the resident's bedroom timber floor. This had

been identified however, was due to be completed by 31/3/2025.

Overall, the inspector found that to ensure that residents were living in a safe and hygienic environment at all times, the above deficits required action, and within a timely manner.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were five fire exits in the centre. Three were in communal areas and two were located in residents' bedrooms. Four fire exits were included on the centre's evacuation plan.

On walking the route to the meeting point from one of the fire exits at the back of the house, the inspector observed that it was not free from obstacles. For example, at the beginning of the route, there was a small garden table and a large outdoor storage box that were inhibiting ease of access.

The fire exit in one resident's bedroom had net curtains pulled across the double doors. The inspector found that, should this exit be used in case of fire, that it would likely impact speed of egress.

The fire exit in another resident's bedroom required a key to unlock. While there was a break glass box beside the door, the resident told the inspector they were unable to open the door and required staff to open it for them. On asking staff to provide an example of a fire drill, the inspector was told, that to support the resident out of their bedroom, staff unlocked the resident's bedroom fire exit door from the outside.

On review of the most up to date risk assessment for the centre's fire safety management systems, the inspector saw that one of the measures to mitigate the risks included that, all final doors were provided with turn locks.

Overall, while staff and residents were very knowledgeable and aware of how to evacuate the building in a timely manner, (primarily using a front and back fire exit), a review of the evacuation plan and all fire exits was needed so that there was optimum safety procedures in place in case of a fire.

On review of fire safety equipment service records, the inspector saw that for the most part, appropriate recording of services was in place; for example, for emergency lighting, alarms and heating system. The person in charge advised that a new system was in progress to improve the record keeping for fire extinguishers and fire blankets. This was to ensure that they clearly demonstrated the type and number of equipment serviced as well as details of the person certifying the work. Recent inspections of other designated centres, run by the provider, had identified the same deficit in this area of record keeping; However, the new plan

demonstrated that the provider was promoting quality improvements in record keeping through shared learning and reflective practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' assessments of needs, and found that they were comprehensive and up to date. The assessments were informed by the residents, their representatives and multidisciplinary professionals as appropriate. The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support.

From a review of a sample of two residents' personal plans overall, the inspector found that the plans demonstrated that each resident was facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. Personal plans were regularly reviewed and residents, and where appropriate their family members and representatives, were consulted in the planning and review process of their personal plans. The monthly data report was part of the monitoring tool that had oversight over the reviews of the plans and in particular when residents annual 'Life meetings' were completed or due a review.

Residents were provided with an accessible format of their personal plan in a communication format that they understood and preferred. There were photographs and picture formats of activities/goals residents had completed within their plan.

Residents were supported to engage in goals that were meaningful to them and promoted their rights. The inspector saw that residents were supported to choose goals that encouraged their independence and personal development. The inspector was informed of one resident's goal to revisit road safety. Where the resident had previously travelled independently until an incident had occurred, new transport arrangements had been place; However, a new goal to support the resident return to independent travel was now in place.

Another resident told the inspector how they had achieved a goal of getting over their fear of travelling in an aeroplane. They told the inspector about their trip to London, and while they said they had not overly enjoyed the location, they were very proud of their achievement of getting past their fear of flying.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented.

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. The inspector saw evidence that there were clear, correct and positive communications which helped residents understand their own behaviour and how to behave in a manner that respects the rights of others and supports their development.

Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis and more often if required.

The provider ensured that staff had received training in positive behaviour supports and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

Overall, the inspector found that the provider and person in charge were promoting residents' rights to independence and a restraints free environment. There was a rights restrictive practice used in the centre in relation to supporting residents manage their money. On speaking with the person in charge, the inspector found that the person in charge was endeavouring to ensure that the least restrictive for the shortest duration was in place for this restriction.

Judgment: Compliant

Regulation 8: Protection

There was a significant increase of notifications relating to safeguarding incidents reported to the chief inspector since January 2025 (As of the day of the inspection 36 NF06s had been submitted). The person in charge had also notified the national safeguarding office regarding each incident. There was a safety plan in place to support the resident, as well as a behaviour support guidelines and plan and a communication support plan.

The incidents were primarily related to the behaviours of one resident; on a regular basis, the resident vocalised one sentence allegations of staff and peers causing physical harm to them. At the time of the allegations, witnesses in the vicinity observed that there was no risk, concern or physical harm caused to the resident. Post screening, incidents were closed off and no grounds for concern were noted. The person in charge, supported by internal and external social work professionals and clinicians met on a regular basis in an attempt to support the resident and try understand the meaning behind the allegations. The team were currently developing

allegation guidelines specific to these incidents.

On review of staff meetings actions, where clinicians and designated officers had been present, on speaking with the person in charge and staff on the day, and from reviewing family contact forms, it was evident that there was a concern relating to the resident's communication supports. A referral had been made to the organisation's speech, language and talk (SLT) department however, it was closed with a suggestion to refer the resident to the occupational therapy department (to review sensory needs). The resident's communication support plan, while reviewed locally by staff, had not been reviewed by a SLT professional in over four years. In addition, the resident had not met with a speech, language and talk (SLT) professional during that time.

Overall, the inspector found that the involvement and support of a speech, language and talk (SLT) professional would better ensure the effectiveness of the safeguarding measures and supports in place in reducing the number of incidents occurring. In addition, it would ensure a comprehensive and holistic approach when reviewing the resident's behaviour support plan, allegation guidelines and communication support plan in addressing safeguarding concerns.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Warrenhouse Residential OSV-0002338

Inspection ID: MON-0038317

Date of inspection: 15/04/2025

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• Residents' assistive equipment and weekly flushing checks where water outlets were not in use, are now marked as individualised items into monthly checklists and completed as per providers policy• Monthly IPC checklist now incorporates above point also• A large bin, at the side of the shed, was full of stale water that was green in colour. – This has been disposed of• The small bin in one of the resident's toilet facilities contained no bin bag. – This is ongoing with the residents, staff will check daily and encourage residents to leave or put bin bag in place <p>The below will be reviewed, added to organisational workplan and completed by end of Q1 2026.</p> <ul style="list-style-type: none">• The shower in the staff bathroom was not in use due to a broken door• A number of doors, door frames and corners of walls, were observed to be scuffed with chipped paint and plaster in areas• A bathroom door, entering into a resident's bedroom was badly warped and cracked. There was water damage to the resident's bedroom timber floor.• There was a chip and scuffing on one of the kitchen counter tops.	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none">• There was a small garden table and a large outdoor storage box that were inhibiting ease of access - It was agreed that this is not a suitable exit route for the service users to the rear and the signage will be removed. There is a more suitable alternative available from this end of the house which all residents are aware to use in the event of	

an emergency. A fire drill will be completed with all residents once this sign is removed and evacuation routes on house plan updated.

- Fire drill walks will be completed with a resident to help her familiarise with the fire exit located in her bedroom
- Net curtains were removed as there are curtains in place for this service user's privacy
- The fire exit in another resident's bedroom required a key to unlock.– The key lock to the final exit door in one service user's bedroom was discussed and reviewed by the PIC and SMH Fire Officer following this inspection. It was agreed upon review of the risk assessment, that the current arrangement would be maintained and remain under review for the time being due to service users needs. Following consultation with the resident, the resident advised their preference is to keep the key lock in situ. Fire drill walks will be completed with the resident to provide upskilling with independent safe evacuation through this exit.
- A desktop review has occurred since this inspection between PIC of the DC and SMH Fire Officer, updated evacuation plans have been completed in the DC
- SMH fire officer is due to complete annual fire training and review of DC fire procedures in June 2025

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Involvement and support of a speech, language and talk (SLT) professional would better ensure the effectiveness of the safeguarding measures and supports in place in reducing the number of incidents occurring -

- Regular meetings have occurred with MDT, to support this resident and the staff team, concerning supportive strategies and best practice regarding safeguarding procedures and notifications.
- Repeat allegation guidelines are under review at present for the resident.
- Additional information has been provided to the SLT team and this resident has been accepted onto a waitlist for review of communication supports.
- There is an ongoing campaign to recruit SLT staff and business cases for additional SLT staff are with the HSE also.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	30/06/2025

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2026