



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

## Issued by the Chief Inspector

Name of designated centre:	Artane Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	26 November 2025
Centre ID:	OSV-0002351
Fieldwork ID:	MON-0044628

## About the designated centre

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

Artane Residential is a designated centre operated by St. Michael's House. The centre is made up of two residential homes, one is a large two storey community based residential house providing services and supports for six adults. The second residential home is a single occupancy flat, attached to the house, which affords one resident the independence of living on their own but with the supports of the main house. Some residents present with physical disabilities and the house provides wheelchair accessibility throughout the ground floor. The designated centre is situated in a well established residential area. Artane Residential provides supports for the residents under a social care model of service. The centre is staffed by a person in charge and a team of social care workers and nursing supports where required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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
Wednesday 26 November 2025	09:30hrs to 16:30hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for residents living in the centre and assess compliance with the regulations. The inspector determined that, overall, residents received high-quality care provided by a familiar staff team who delivered it with kindness and respect. However, improvements were required under Regulation 27: Protection against infection. Further areas for improvement were also identified under Regulation 24: Admissions and the contract for the provision of services, and Regulation 5: Individual assessment and personal plan. This is discussed further in the main body of the report.

The inspection was conducted over a single day by one inspector. The person in charge facilitated the inspection by speaking with the inspector and promptly providing all requested documentation. The designated centre is registered to accommodate five residents. The inspector had the opportunity to meet and speak with all residents living in the designated centre.

To form judgements on the residents' quality of life, the inspector used observations, discussions with the residents in this service, a thorough review of documentation, and conversations with key staff. The inspector also had the opportunity to briefly meet with family members of one resident. They told the inspector they were very happy with the care and support their relative received. Furthermore, a review of the provider's annual review of the quality and safety of care evidenced that other family members and representatives were happy with the care and support that their relatives received.

The designated centre is made up of two residential units, a large two storey community based residential house and the a single occupancy flat attached to the main house house, which affords one resident the independence of living on their own but with the supports of the main house. The inspector completed an observational walk around of the designated centre. The centre was found to be comfortable, homely and overall in a good state of repair. Framed art work completed by one of the residents was on display throughout the centre. Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

The house was found to be laid out to meet the needs of the residents living there. It was bright, spacious and colourful. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout.

Some areas of concern relating to infection prevention, and control practices were identified during the walk around. For instance, mop heads and cleaning cloths were

observed drying alongside residents' recently laundered clothing in the large accessible bathroom. The utility room was observed to be cluttered and required reorganising. Additionally, a number of presses required deep cleaning to ensure appropriate infection prevention and control standards were maintained.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They were supported by a familiar staff team who knew them well and understood their communication styles and individual support needs. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

The inspector had the opportunity to meet and speak with all residents over the course of the inspection. All residents spoken with told the inspector they felt happy and safe in their home. None of the residents had any complaints but told the inspector they would speak to the person in charge or staff members if they felt unhappy about something. Residents told the inspector they liked their bedrooms, the food, and the staff team who supported them.

One resident spent some time showing the inspector their care plans and person centred plan. They spoke about activities they enjoyed and about their two jobs. The resident told the inspector they really enjoyed being independent and would not change anything about their home. They spoke about plans they had made to spend time with family over Christmas and about the foods they enjoyed eating over the festive period.

Another resident invited the inspector in to have a look at the flat they lived in. It was observed to be homely, clean, and decorated in line with the resident's individual tastes and preferences. The resident told the inspector they really enjoyed living there and did not want to raise any concerns or make any changes. It was apparent to the inspector that the resident had a very good rapport with the person in charge and they were observed laughing and sharing jokes.

Residents were observed enjoying each others company and spending time together throughout the duration of the inspection. For example, residents sat together and watched television in the sitting room. Other residents spent time in the kitchen having tea and chatting with staff members on duty. Staff members on duty were observed and overheard to be pleasant and respectful with residents throughout the inspection. Residents were observed to seek staff out should they require support and staff were observed to respond appropriately and to be familiar with residents' needs.

The person in charge emphasised the high standard of care provided to all residents, expressing no concerns regarding their wellbeing. Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, safe administration of medication, and managing behaviour that is challenging. The inspector found that staff members on duty 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 and told inspectors they really enjoyed working in the

centre and were happy with levels of support and supervision they received from management.

In summary, residents indicated and told the inspector they were happy living in the centre. Staff described meaningful opportunities for residents to engage in activities they enjoyed and inspectors observed residents taking part in activities they enjoyed at home and to leave the centre to engage in activities in the community. Residents were supported to stay in touch with the important people in their lives and to make choices and decisions about their day-to-day lives.

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

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

## Capacity and capability

The purpose of this inspection was to monitor ongoing 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. Overall, the inspector found that the centre was well governed, and that there were effective systems in place to ensure that all residents were safe and received a high quality service in the centre.

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 centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents. For example, the inspector observed residents being supported to participate in a variety of home and community based activities of their own choosing.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and

up-to-date information for each resident.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre. A six-monthly unannounced visit of the centre had taken place in October 2025 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre.

There were contracts of care in place for all residents, which were signed by the residents. Contracts of care were written in plain language, and their terms and conditions were clear and transparent. However, improvements were required to ensure all residents had access to easy-to-read information in relation to their tenancy agreement.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

There was an effective complaints procedure in place that was accessible and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

Overall, it was found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## 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 designated centre.

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

Effective roster management, conducted by the person in charge, ensured appropriate staffing levels. A review of November 2025 roster confirmed consistent deployment of regular staff, maintaining continuity of care for residents. Vacant shifts were covered using a small, managed pool of relief staff. Roster documentation was accurate and comprehensive, reflecting all staffing details, including full staff names for all shifts.

The inspector also observed staff engaging with residents, both socially and in activities inside and outside the centre. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure, and protected from all forms of abuse.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide quality care. Examination of the staff training matrix evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in fire safety, positive behavioural supports, and safeguarding of vulnerable adults, all of which contributed to a safe and supportive environment for the residents living in this designated centre.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, feeding, eating, drinking, and swallowing (FEDS), manual handling, Children First, emergency first aid, and food safety.

Consistent with the provider's policy, all staff were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the person in charge, was reviewed and found to ensure that all staff were in receipt of formal supervision and ongoing informal supports tailored to their roles.

Judgment: Compliant

### Regulation 19: Directory of residents

In compliance with regulations, the provider ensured an accurate and up-to-date resident directory was maintained.

The inspector confirmed that all information met the required standards as set out in Schedule 3 and that effective systems were implemented to ensure ongoing accuracy. For example, the directory of residents included the name, address, date

of birth, sex, and marital status of each resident, the name, address and telephone number of each resident's next of kin or representative and the name, address and telephone number of each resident's general practitioner (GP).

Judgment: Compliant

### Regulation 23: Governance and management

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs and active multidisciplinary team participation in care planning. For instance, residents had access to and availed of the provider's speech and language therapy (SLT), psychology, and healthcare teams.

The designated centre operated with a well-defined management structure, ensuring staff clarity regarding roles and responsibilities. The service was effectively managed by a capable person in charge, who possessed a thorough understanding of residents' and service needs and had established structures in place to fulfill regulatory obligations. Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering infection prevention and control (IPC), medicine management, fire safety, housekeeping, and residents' finances was conducted by the provider and local management team. The inspector's review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2024. The inspector completed a review of this and found that all residents, staff and family members were all consulted in the annual review.

In addition, the inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in October 2025. The action plan with six documented actions demonstrated substantial progress. For example, the inspector noted that the majority of actions were either completed or in progress, effectively contributing to service development and enhancement.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid. Contracts of care had recently been reviewed. and were signed by the residents. The inspector reviewed all contracts of care which were made available on the day of this inspection and found they each outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them all of which aligned with residents' assessed needs, statement of purpose and the provider's established admissions policy.

However, not all residents had accessible, easy-to-read tenancy agreements on file, which was not in line with residents' assessed communication needs. Improvements were required to ensure easy-to-read information was made available to all residents to provide them with clear, comprehensible information about their rights and responsibilities as tenants.

The criteria used for admissions to the designated centre was clearly outlined in the designated centre's statement of purpose and also included information pertaining to emergency admissions.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had implemented an effective complaints procedure for residents, which was underpinned by a complaints and compliments policy. The policy was next due review in December 2025, and outlined the processes for managing complaints including the stages of resolution, the associated roles and responsibilities, the appeals process, and how residents could access advocacy

services.

The procedure had been prepared in an easy-to-read format for residents and their representatives. There were no recent or open complaints on file on the day of this inspection.

Residents spoken with, told the inspector that they had no complaints, but were aware of how to make a complaint if they wished to.

Throughout this inspection the inspector observed residents living in this designated centre were actively supported to express their thoughts, feelings, needs, and preferences in a respectful and empowering manner.

Judgment: Compliant

## Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre.

Overall, the findings of this inspection were that residents reported that they were happy and felt safe. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a human rights-based and person-centred manner. However, improvements were required under Regulation 5: Individualised assessment and personal plan, and Regulation 27: Protection against infection.

Residents were supported to make decisions about how their home was decorated and residents' personal possessions were respected and protected. The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

The inspector found evidence that the provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfill the provider's requirement to be responsive to risk. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

There were a number of improvements required to ensure that the measures and

arrangements in place, to support infection control precautions and procedures, were effective at all times and mitigated the risk of spread of healthcare-associated infection to residents, staff, and visitors. For example, aspects of the premises required attention in order to mitigate infection risks. Furthermore, improvements were required to cleaning schedules to ensure comprehensive sanitation and to effectively reduce the risk of infection throughout the designated centre.

The provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

Residents were in receipt of appropriate care and support that was individualised and focused on their needs. Residents were seen to be supported to access relevant healthcare appointments and to live busy and active lives in line with their assessed needs and preferences. It was found that residents had comprehensive assessments of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. However, improvements were required pertaining to the tracking and documentation of residents' goals.

Where required, psychology and positive behaviour support plans were developed for residents. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. The inspector found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and residents reported that they felt happy and safe living in their home.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

## Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations. Some premises concerns were identified, however, these are discussed under Regulation 27: Protection against infection.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The centre was maintained in a good state of repair and was clean and suitably decorated.

Residents had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures and posters, soft furnishings and memorabilia that were in line with their personal preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal tastes. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Residents were able to freely access and use the available spaces within the centre and its gardens. All facilities were well maintained and in good working order. There was sufficient private and communal space for residents, along with appropriate storage facilities.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had an established risk management policy in place, which was next due for review in June 2026. The provider had ensured that the policy included all necessary information in accordance with regulatory requirements. For instance, it contained detailed information on managing the unexpected absence of a resident, accidental injuries, self-harm, and outlined the systems in place within the designated centre for the assessment, management, and ongoing review of risk.

On the day of this inspection, the inspector found that each residents' safety, health and wellbeing was supported through individual risk assessments. These plans referenced specific individual risks and any restrictive practices which were in place for residents. Additionally, service specific risks were recorded on the centre's risk register. The inspector completed a review of this, which identified a total of 29 risks covering areas such as health and safety and clinical risks.

The inspector found evidence that all identified risks were appropriately risk assessed and included appropriate measures and actions in an attempt to control and mitigate identified risks.

Judgment: Compliant

### Regulation 27: Protection against infection

On the day of this inspection the inspector found that the provider had not fully complied with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018), and a number of

actions were required to bring the centre into full compliance.

The inspector observed poor practices and management of known infection hazards and risks, which posed a risk to the effective implementation of infection prevention and control (IPC) measures to protect residents, staff, and visitors against infection.

During the inspection, the inspector observed that cleaning equipment including mop heads were being dried on radiators in the large accessible bathroom. Further mop heads and cleaning cloths were observed drying alongside recently laundered residents' clothing. This posed a potential health risk and required review by the person in charge.

The inspector noted that the utility room was very cluttered and used to store large items such as a shopping cart on the counter. Some of the presses required deep cleaning, and dustpan and brushes required replacing.

The inspector completed a review of the last infection, prevention and control audit, which was completed in May 2024. A number of actions identified as part of this had not been complete on the day of this inspection. For instance, veneer peeling off cabinets and drawers had not been replaced, which required attention in order to ensure appropriate infection prevention and control standards.

Further improvements were also necessary to the designated centre's daily cleaning schedules. For instance, residents' bedrooms, and the staff office were not featured on daily cleaning schedules. Identified gaps in cleaning schedules highlighted the need for improvements to ensure comprehensive sanitation of all areas of the designated centre, and to effectively reduce the risk of infection.

Judgment: Not compliant

## Regulation 28: Fire precautions

Since the previous inspection in October 2023, the provider now had effective systems in place for the management of fire safety in the centre. There were fire containment measures in place in the centre including fire doors and self-closing mechanisms. There were systems to ensure fire equipment was serviced and maintained. The inspector found that frequent audits and reviews of fire safety processes and equipment were being completed.

The inspector noted that the fire panel was addressable and easily accessible in the entrance hallway of the designated centre. Additionally, information pertaining to fire zones were readily available and accessible to the staff team in the event of an emergency. It was observed that all fire doors, including bedroom doors, closed properly when the fire alarm was activated. Furthermore, all fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

During this inspection, the inspector observed that the designated centre was equipped with fire and smoke detection systems, emergency lighting, and firefighting equipment. A review of maintenance records confirmed that these systems and equipment were subject to regular checks by staff, and inspections and servicing by a specialist fire safety company.

The provider had implemented comprehensive measures to ensure that each resident was aware of fire safety procedures. For instance, the inspector reviewed the personal evacuation plans for all residents living in the designated centre. Each plan outlined the specific support required to assist residents during an evacuation, both during the day and at night.

The inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established fire risk management policy. The provider demonstrated that they were capable of safely evacuating residents under both daytime and nighttime conditions.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed both residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate. The assessments of need 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. For example, the inspector observed plans on file for residents relating to the following:

- Communication
- Safety
- Physical and intimate care
- General health
- Rights.

All residents were actively engaged in the person centred planning process, and the inspector saw evidence that residents had participated and engaged in "My Life Meetings" throughout 2025. During these meetings, residents set meaningful goals they aimed to achieve. Examples of 2025 goals set included setting up online banking, go on holidays with family, and visit national history sites.

However, there was insufficient evidence on file that staff had been consistently documenting and monitoring residents' progress on goals set. This gap in documentation hindered the inspector's ability to assess whether goals had been achieved or what progress had been made. Consequently, it was recommended that

improvements be made in documentation practices to ensure that goals were clearly tracked.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, residents had up-to-date psychology and positive behaviour support plans on file. The inspector reviewed all five support plans and found that these were very detailed, comprehensive and developed by an appropriately qualified person.

In addition, each plan identified potential stressors and stress indicators, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring, and information pertaining to any restrictive practices in use.

The provider ensured that staff had received comprehensive training, equipping them with the knowledge and skills required to support residents effectively. 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.

There was one restrictive practice in use within the designated centre. The inspector found it was the least restrictive possible and used for the least duration possible. The inspector confirmed that it had been appropriately risk assessed, in accordance with the provider's established policy, and were subject to regular review by the provider's positive approaches monitoring group (PAMG).

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of,

suspected abuse.

At the time of this inspection there were no safeguarding concerns open. The inspector reviewed the records of three safeguarding incidents notified to the Chief Inspector in 2025, and found that they had been appropriately reported and managed to promote the residents' safety. Staff spoken with on the day of inspection including the person in charge and team leader reported they had no current safeguarding concerns.

Following a review of five residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner. Residents experienced a service where they were protected and kept safe. They were empowered to make choices and preferences, and were involved in all aspects of decision-making in relation to safeguarding.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Artane Residential OSV-0002351

Inspection ID: MON-0044628

Date of inspection: 26/11/2025

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none"> <li>• Easy-to-read tenancy agreements discussed with all residents and available in their respective files for review <span style="float: right;">Completed-10/11/2025.</span></li> <li>• Documents relevant to the residents Rights under a Tenancy agreement are now available in each residents file and in a format that is suitable for each residents communication support needs. <span style="float: right;">Completed 30/11/2025</span></li> </ul>	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> <li>• Each Staff has completed refresher on IPC standards and the implementation of same within the DC- <span style="float: right;">Completed 30/11/2025</span></li> <li>• Staff briefing on acceptable segregation of Laundry and in line with Policy on the laundering of soiled and clean laundry- <span style="float: right;">Completed 30/11/2025</span></li> <li>• Utility room decluttered, all items not requiring storage .disposed of or moved to storage areas such as garden shed <span style="float: right;">Completed 30/11/2025</span></li> <li>• Review and deep clean of storage spaces within Utility room ensuring the space is being utilized in accordance with the space requirements only <span style="float: right;">Completed 30/11/0225</span></li> <li>• Review of cleaning roster to include weekly check of utility room <span style="float: right;">Completed 28/11/2025</span></li> <li>• IPC inspection previously carried out in in April 2024 with a 2 year cycle requirement which is in line with current policy. IPC audit scheduled for</li> </ul>	

<p>- 13/1/2026</p> <ul style="list-style-type: none"> <li>Identified redress regarding previously identified maintenance issues within the DC- with planned timeframe for Completion 28/2/2026</li> <li>Review of unit daily cleaning roster to include residents bedrooms and staff office – Roster will reflect the residents Will and Preference in line with IPC requirements Cognizant of their personal space- Completed 22/12/2025</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>Goal trackers put in place 30/11/2025</li> <li>Planned MY Life meetings for all residents in 1st Quarter of 2026- through this process – Goals for 2026 will be agreed with the resident- and Goal Tracking Systems established to monitor the Level of engagement in the process---- should a change of Goal progression be required this will be evidential in the tracker template 28/2/2026</li> <li>Tracker engagement auditing every Quarter by PIC 28/2/2026</li> </ul>	

## 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 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	30/11/2025
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.	Not Compliant	Orange	28/02/2026
Regulation	The person in	Substantially	Yellow	28/02/2026

05(6)(d)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Compliant		
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