



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

Issued by the Chief Inspector

Name of designated centre:	Haughton Lodge
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	29 April 2025
Centre ID:	OSV-0005514
Fieldwork ID:	MON-0038073

About the designated centre

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

Haughton Lodge designated centre provides respite care for children with autism and an intellectual disability. Haughton Lodge can provide respite care for up to two children at any one time. The centre comprises of one detached single storey building located on the grounds of a wider complex within St. Catherine's Association. The centre is resourced with transport vehicle options to support children to participate in their educational and community based activities as part of their personal plan and assessed educational needs. The centre comprises of a living room, kitchen with dining space, two single bedrooms and an accessible bathroom. Children living in this designated centre have access to an outdoor playground area within the grounds of the complex. The designated centre is managed by a full-time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 29 April 2025	10:00hrs to 15:00hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision making in respect of an application to renew the centre's certificate of registration. The inspection took place over the course of one day and the inspector used conversations with staff, a walk around of the premises and a review of documentation to inform judgments on the quality and safety of care.

The centre was unoccupied during the inspection as the children, who were due to stay there that evening, were in school. The inspector received two residents' questionnaires completed by children and their parents. These questionnaires showed that the children were very happy with the care that they were receiving and detailed that they had no concerns regarding the service. Overall, this inspection found the designated centre was offering a very high standard of respite care to children with autism and additional needs. All regulations which were assessed were found compliant and it was evident that the service was striving to meet not only the regulations but also the National Standards for Residential Services for Children and Adults with Disabilities (2013).

The designated centre is located on a small campus in Wicklow and can provide respite care for up to two children at any one time. The building was well-maintained and appeared welcoming on arrival. A small courtyard was decorated with bright garden ornaments, a colourful bench, mini greenhouse and a water play area. Signage directed the children to a gate which led to a play area. The gate was operated with a fob and the inspector saw that the fob was readily available and that there were visual instructions to assist children to independently use this.

The environment of the centre had been equipped with visual signage in order to increase the children's autonomy and their ability to make decisions and choices. For example, signage in the kitchen showed children where cutlery and foods were stored so they could access these independently. Visual staff rosters were displayed in the kitchen to inform children of the staff on duty. Other visuals reminded children to close doors when in the bathroom, or when getting changed, in order to develop residents' ability to protect their own privacy and dignity.

The inspector was told by the person in charge that they used visual schedules and social stories to work on residents' goals during their stays. For example, the inspector saw that each child had a box which contained their individualised communication supports. One box contained visual supports to assist the child in communicating their feelings and to talk about their day. Another child had a visual game to help them practice greeting others.

Staff in this centre spoke about training they had received in respect of communication. One staff told the inspector that they had received training in augmentative and alternative communication (AAC). Another staff spoke of how the team support each other to keep up-to-date with a resident's Lámh signs. Staff

spoke of using a variety of media to upskill in communication including, for example, following Lámh accounts on social media. Staff were clearly motivated and committed to ensuring that children attending the service were supported to communicate in a manner that was in line with their assessed needs and preferences.

Staff had also received training in a human rights based approach to care. The person in charge described how they had applied a human rights based model to restrictive practices in the centre. They had successfully reduced or eliminated several of the restrictive practices in recent months. Additionally, the person in charge had reviewed the local operating procedure for night time checks. Previously, all children were checked on during the night; however, following consultation with the children and their parents, this practice had been revised and night time checks were only carried out if they were in line with the child and their parent's wishes and appropriate based on their assessed needs.

The designated centre was seen to be very clean, comfortable and homely. The facilities included a kitchen, accessible bathroom, sitting room and two bedrooms. The bedrooms were decorated in a child friendly manner. Each bedroom had a TV mounted on the wall and the sitting room also had a TV, couches and a gaming chair. There were facilities for play and relaxation provided. The centre also had a bus so the children could access activities further afield. Staff told the inspector that many of the children liked going to play bowling, to the cinema, for walks or out for meals during their stays.

Overall, the inspector found that this centre was providing individualised care and support where the rights of each child was respected and where they were provided with accessible information in order to support them to make decisions and have autonomy in their lives.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report details the governance and management arrangements of the centre. This inspection found that there was an effective governance structure, whereby there were clear lines of accountability at individual, team and service levels. This was ensuring that all staff were aware of their responsibilities and of who they were accountable to.

The designated centre was sufficiently resourced in order to provide person-centred care to the children attending respite. There were sufficient staff on duty on all of the rostered dates reviewed by the inspector to meet the needs and number of residents. Continuity of care was provided to the residents by ensuring that any gaps in the roster were filled by regular, familiar staff. This was effective in ensuring

the maintenance of relationships between the children and the staff.

Staff spoken with understood their roles and responsibilities. They described the local operating procedures and showed the inspector how these were implemented in various aspects of the daily provision of care. Staff were provided with access to support and advice. They received regular supervision and support from management. Staff were also supported to exercise their accountability for the provision of child-centred, and safe care to children. Staff described using visual supports and adapting their communication to support young people to engage in decision-making and to teach them to protect their own privacy and dignity. Staff were in receipt of regular training and this training ensured that they were able to provide child-centred and rights-informed care.

The service had clearly defined governance arrangements. There were structures in place for the person in charge to raise risks with the provider and for the provider to track the implementation of required actions. The person in charge and deputy manager demonstrated that they understood the needs of the children attending the respite service. They were committed to driving continuous improvements and described to the inspector changes that had been made to the local operating procedures for night time checks to ensure that these were in upholding each child's rights.

Regular audits were carried out to assess, evaluate and improve the provision of the services. Actions arising from these audits were tracked and monitored to ensure they were implemented in a timely manner.

Regulation 14: Persons in charge

The centre was overseen by a person in charge. They were suitably qualified and experienced, having been in their role for a number of years. They had oversight solely of this designated centre and had sufficient management hours to fulfill their regulatory responsibilities. The person in charge demonstrated a clear understanding of the service and the residents' needs.

They were committed to driving service improvements and showed the inspector initiatives that they had implemented in order to enhance the oversight arrangements and to improve the quality of care. For example, the person in charge had implemented an additional daily report book for the person in charge and deputy manager to ensure consistent oversight of key daily actions. They had also liaised with the provider's rights committee to seek guidance on the approach to managing restrictive practices in the centre. The person in charge had then made changes to local operating procedures in respect of restrictive practices which were seen to be ensuring that these were applied in line with residents' preferences, needs and that their consent was sought.

Judgment: Compliant

Regulation 15: Staffing

The staff team was operating with two whole time equivalent vacancies at the time of inspection, however these were not impacting on the continuity of care. The inspector reviewed the staff rosters from February, March and April 2025 and saw, across four dates, that staffing levels were in line with the statement of purpose and that there were sufficient staff on duty to meet the needs and number of residents. Planned and actual rosters were maintained. These rosters also showed which staff had additional duties, for example the shift leader was detailed.

Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory and refresher training in the centre. A training matrix was reviewed which showed that all staff were up to date with training in key areas including fire safety, safeguarding, children first and human rights. Staff spoken with were informed of their specific roles and responsibilities. The inspector saw and heard staff completing required duties including liaising with families over the phone prior to admissions and reviewing residents' "all about me" files before they attended the centre.

The inspector spoke with two staff who told her that there were excellent communication systems within the team. They showed the inspector the handover book and described how staff kept each other up to date with any changes to the residents' needs or any additional duties required to ensure the safety of the service. They were aware of their responsibilities in respect of updating residents' care plans and described how these were updated on an ongoing basis.

Staff were in receipt of regular supervision and support. Monthly staff meetings were held. The minutes of the last three meetings were reviewed by the inspector. It was seen that these covered key areas including fire evacuation procedures, residents' needs and maintenance issues. Staff also received individual supervision from the person in charge and deputy manager. The inspector reviewed the minutes of the last two supervision sessions for three staff. These were seen to be used to performance manage and develop staff and covered issues relevant to staff member's specific roles.

Judgment: Compliant

Regulation 22: Insurance

A certificate of insurance was submitted along with the provider's application to renew the centre's certificate of registration. This was reviewed by the inspector. It was seen that the provider had effected a policy of insurance against injury to the residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to a deputy manager and to the person in charge. The person in charge was further supported in their role by the Head of Operations. Staff spoken with were informed of the reporting arrangements and of how to escalate any concerns. Staff were performance managed and facilitated to raise any concerns through staff meetings and individual supervisions. The person in charge and deputy manager's shifts were detailed on the roster and it was seen that they had a regular presence in the centre.

The staff roster identified a shift lead for each shift. This staff member was tasked with completing the shift lead book. This book ensured regular auditing of key areas such as medications, cleaning and emergency plans. The person in charge had also introduced a management overview book. This book supported the person in charge and deputy manager to schedule and track management related areas such as meetings with senior management, fire drills and a review of adverse incidents.

The person in charge had regular weekly meetings with Director of Operations and monthly meetings with the senior management team. The inspector reviewed the minutes of the last three senior management meetings in 2025 and saw that they provided the person in charge with an opportunity to raise issues in areas such as staffing or safeguarding to the provider. The meetings also allowed the person in charge and senior management team to track the progression of actions from provider level audits.

The provider had completed a six monthly audit of the quality and safety of care of the service in April 2025. This was seen to be comprehensive and detailed. An action plan was implemented in respect of any risks identified on this audit. The provider had also surveyed family members of the children who attended the respite service in 2024. The survey responses showed that all of the respondents were very satisfied or satisfied with the care provided, the staff team and the communication between the service and the family.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was maintained in the centre. This had been recently reviewed and updated. It contained information on the service and the facilities provided and clearly detailed the specific care and support needs that the centre intended to meet. The statement of purpose contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. Overall, this inspection found that children were in receipt of care and support where their safety was promoted and they were empowered to communicate their wishes and preferences in respect of the care delivered to them. There were effective systems for consultation with each child's family and other relevant stakeholders including their school team and the wider multidisciplinary team. These systems ensured that care and support was provided which was informed by the child's presenting needs and by their wishes.

The centre provided respite care from a homely and well-maintained premises on a small campus in Wicklow. The designated centre was child-friendly and provided facilities for play and relaxation. Each child's autonomy was respected and they were supported by staff skilled in communication to exercise choice and control during their stay. Children were assisted to develop knowledge and self-awareness for self-care and protection. Where areas of vulnerability were identified, individual safeguards were implemented.

Staff were seen to work in partnership with children and families to promote the safety and wellbeing of children. An example of this was reflected in recent consultation completed with children and families regarding night time checks. This resulted in a revision of the local operating procedure in this area and is detailed further under regulation 7: Positive Behavioural Support.

Communication with the children was clear, appropriate and positive. Education was provided in an appropriate manner to assist children with understanding their own behaviour and how to behave in a manner that was respectful of others and supported their own growth and development.

A positive approach to behaviour was seen, where this was tailored to meet the

needs of the child. Staff had received training in behaviour support and in human rights. The service limited the use of restrictive procedures and was endeavouring to reduce and eliminate these in order to uphold each child's autonomy and dignity.

Overall, it was evident that the respite centre was providing child-centred care which considered the "whole child" in the context of their family, school, friends and local community. The service was responsive to children's individual needs and recognised their right to be listened to and to participate in decisions relating to them.

Regulation 10: Communication

Many children attending this centre had assessed communication needs. The inspector reviewed two of the children's individual assessments and care plans and saw that these contained detailed information on how to support children to communicate. Staff spoken with were informed of childrens' communication needs. They told the inspector that they had received training in Augmentative and Alternative Communication (AAC) and that they also promoted the use of Lámh within the centre. Lámh signs were practiced at handover and staff enhanced their knowledge of Lámh by following associated social media accounts.

The inspector saw that significant work had gone in to making the environment of the centre accessible from a communication perspective. Visuals were used to inform the children of which staff were on duty and of the location of important items in the kitchen. Visuals were also used to help children protect their privacy and dignity while in the bathroom or their bedrooms. Where there were concerns regarding the vulnerability of child in respect of their dignity, specific supports were implemented to develop skills for self-care and protection. For example, a safeguarding care plan detailed a "near miss" whereby a child had forgotten to lock the bathroom door and another child had attempted to enter the bathroom. Social stories were developed to provide education on the importance of locking the bathroom door and signage was placed on doors to inform children of when the bathroom was in use.

Additionally, children were provided with education to help understand their own behaviour and the impact of this on themselves and others; for example, a social story explained to a child about the impact of swearing and described how other kinder words could be used instead. Other visuals explained to children, in an easy to read manner, how to use the fob to independently access the garden.

Two of the children, who were due to attend respite that evening, had assessed communication needs and specific communication goals. The inspector saw that the communication supports required to assist children with these needs and goals were available and were carefully maintained in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Children attending respite generally did not bring money with them during their stay; however staff told the inspector of the local operating procedure to safeguard residents' money if they did choose to bring it with them. This included checking in and out money, maintaining receipts and ensuring it was stored securely.

Each child who attended the centre had a storage box filled with their preferred toys and activities including, for example, teddies, colouring books and art supplies. These possessions were carefully stored and were placed in their bedrooms before their arrival. This helped the centre to feel more homely and helped the children to settle in.

Judgment: Compliant

Regulation 17: Premises

The centre was very clean and well-maintained. It was presented in a child-friendly manner with sufficient facilities for children to play and to relax. Children had access to a playground and to a courtyard with some of their preferred activities. For example, the person in charge told the inspector that some of the children were interested in growing flowers so a small greenhouse had been provided.

The centre provided a kitchen and dining area, two bedrooms, an accessible bathroom and living room. Photographs of the children were displayed in common areas and the centre was equipped with visual signage to promote autonomy. Laundry facilities were also provided.

While the centre was small it was suitable to meet the needs and number of residents staying at any one time.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. This was designed in an easy to read manner and contained all of the information as required by the regulations. For example, there was information on the complaints procedure and the arrangements

for residents to be consulted with on the planning of the service.
Judgment: Compliant
Regulation 26: Risk management procedures
<p>A comprehensive risk register was maintained in the centre. The inspector reviewed this and saw that it contained detailed and proportionate control measures for known risks.</p> <p>The provider's risk management policy was out of date; however, a revised risk management policy had been drafted and was with the Board of Management for review. The inspector was told that it was expected that the policy would be published in the coming weeks. The inspector reviewed the draft risk management policy. It described the process for identifying and managing risk and included actions to control for specific risks including the unexpected absence of a resident or accidental injury to residents, visitors or staff.</p>
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
<p>The inspector reviewed the files of the two children who were due to attend respite on the evening of the inspection. These files were seen to contain a very comprehensive and recently updated individual assessment. The assessment was informed by each child's family members, the staff team and the multidisciplinary team. Children's Individual Education Plan (IEP) goals were also detailed. The assessment was written in a person-centred manner and reflected children's needs, how they communicated these and their preferences in respect of their care.</p> <p>Additionally, the inspector saw that each of the 19 children who availed of respite care at the centre had an "all about me" plan which summarised their assessed needs and care plans. The inspector reviewed four of these in detail and saw that they had been updated in January 2025 and were written in a respectful and child-centred manner. They clearly detailed each child's preferences in respect of their care. For example, one plan detailed that a child will brush their teeth independently and did not need support with this. Another plan told staff that a child preferred to shower at home before coming in to respite. The inspector saw and heard staff reviewing the "all about me" plans in advance of the admission of two children that evening. Changes and updates to plans were noted by the staff and the daily report book from the last admission of the child was also used to inform this discussion.</p> <p>Staff told the inspector of how they maintain a good relationship with family</p>

members and use information from the family to update care plans. The inspector heard a staff member phoning a family to "check in" and seek any new information in respect of the child's needs before their planned admission the following day. This ensured that staff had the most up-to-date information in respect of the care required to meet the child's needs.

Care plans which were reviewed by the inspector were seen to be detailed and comprehensive. They were written in a rights-informed manner and detailed supports to uphold residents' autonomy, dignity and privacy. For example, one care plan informed staff that a young person could make their own lunch for school and prepare their own breakfast. Staff were directed to uphold the resident's autonomy in this area.

Judgment: Compliant

Regulation 7: Positive behavioural support

A positive behaviour support specialist was available to support staff in implementing positive behaviour support plans where required. The inspector saw that those residents who required behaviour support had an up-to-date plan on their file. Staff spoken with were informed of these behaviour support plans. Staff had received training in positive behaviour support and were knowledgeable of the potential for behavioural interventions to impact on residents' rights.

There were effective systems to ensure oversight of restrictive practices in the centre. Restrictive practices were reviewed by the provider's rights committee to ensure they were required and were the least restrictive. Restrictive practices, when used, were logged locally. The person in charge told the inspector of how they had eliminated or reduced many restrictive practices in recent months. For example, a helmet was no longer required by one child and window restrictors were removed from all windows which were not facing the front car park.

Additionally, the person in charge had implemented a local operating procedure for night time checks. They had completed a review of this practice and consulted with children and their parents regarding the use of and requirement for them. Based on each child's needs and their individual preferences, children were either in receipt of regular, minimal or no night time checks. Social stories had been designed to inform children of these checks where they were required.

Judgment: Compliant

Regulation 9: Residents' rights

Children attending this centre were in receipt of care and support which was upholding their rights to freedom and autonomy and which was ensuring that they were treated equally and with respect during their stay. Staff had received training in a human rights based approach to care and described to the inspector how this was implemented in order to uphold each child's rights. Some examples of rights-based care which the inspector saw, and was told about, included:

- visual supports were used to inform children of the staff on duty, the foods available and the choices of activities. This enabled children to make decisions and exercise control during their stay.
- children were provided with education in respect of their own health related needs and in order to safeguard themselves. This information was provided in a manner which was in line with their assessed needs.
- each child's consent was sought in respect of restrictive practices and efforts were made to reduce or eliminate these when not required
- residents' meetings were held with the children to provide them with information about the services.
- staff had training in communication and were continuously upskilling in order to support children to receive information and to communicate their needs and wishes.
- visual information was available throughout the centre to educate children on their rights and the measures to follow if they had any concerns or complaints.
- the service had mechanisms in place to consult with the child's family, their multidisciplinary team and school to ensure that they received up to date information required to provide appropriate care and support.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant