



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

Issued by the Chief Inspector

Name of designated centre:	Dolmen House
Name of provider:	Barrow Valley Enterprise for Adult Members with Special Needs CLG
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	19 November 2025
Centre ID:	OSV-0005769
Fieldwork ID:	MON-0040014

About the designated centre

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

This designated centre is situated in a quiet cul-de-sac in a small town in Carlow. The centre comprises of one premises that is divided into two units conjoined by a door that leads one unit into the other. Each unit included individual bedrooms for residents, an office, a sitting room, a kitchen and dining room, a bathroom and shower facility and a toilet. There is a conservatory that leads out on to a back garden that is available for all residents to use. Currently the centre is registered for eight bed however, the provided has sought to reduce the numbers to six on the centre's registration renewal application. Support is provided 24 hours a day, 7 days a week to the residents living in the centre. The centre is located in a residential area with local amenities including supermarkets, restaurants, a library, schools and a local resource centre. The staffing team consisted of a person in charge who is also responsible for another centre, two team leaders (one per unit), social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 19 November 2025	09:45hrs to 18:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day to monitor the designated centre's level of compliance with the regulations and to inform a decision on the renewal of the registration of the centre.

Overall, the inspector found that residents in this designed 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 preferences were taken into account. Residents were supported to live as independently as they were capable of. On review of feedback provided by residents and their families, the inspector saw that, in relation to the quality of care and support provided to residents, the feedback it was very positive.

The inspector used observations alongside a review of documentation and conversations with residents, key staff and management to inform judgments on the residents' quality of life. The inspection was facilitated by the person in charge and the two team leaders for the duration of the inspection. The quality, standards and engagement co-ordinator and the chairperson of the board attended the feedback meeting at the end of the inspection.

Residents living in the centre primarily engaged through verbal conversations however, to support understanding of some conversations, the person in charge provided prompts and cues to the residents to support the conversation, and also, where appropriate, advocated on their behalf.

The inspector had the opportunity to meet five of the six residents living in the and across both houses that made up the centre. In one residential home, the inspector met and spoke with two residents on a one-to- one basis. In the other house, the inspector met with all three residents during a walk around observation of the house. Interactions with residents and the inspector were brief in line with residents' assessed needs, wishes and preferences for engagement with the inspector.

On arriving at the centre the inspector met and spoke with one resident who was getting ready to head out to their community art class. They showed the inspector some of the art and craft decorations they had made and hung up on the kitchen's notice-board. The resident seemed proud when showing off their work. The notice-board contained an array of information including easy-to-read information on the complaints process and officer as well as information on the designated officer.

Later in the day the inspector met with another resident who was making a sandwich for their lunch. When the resident had finished their lunch the inspector met with them in the sitting room for a one to one conversation about what it was like to live in the centre. The resident relayed how much they enjoyed living in the house and their happiness that their friend was living with them. They also

expressed their happiness at the support they received from the staff team. The resident talked about the local community knitting and crochet class that they liked being part of. They spoke of the many items they had knitted and then gifted to their friends, family and staff. The resident also informed the inspector about their employment in a local business and how much they enjoyed working there. At the time of this inspection, they were taking time off to recover from an injury.

Another resident brought the inspector to see their bedroom and showed the inspector all the Christmas decorations, including softy toys, lights and festive memorabilia they had recently put in their room. They talked to the inspector about their excitement of putting up the Christmas tree in the sitting room on the coming Saturday. The resident appeared very proud of their room. They told the inspector that they got a new television for their room as they liked watching some programmes in the comfort of their room while lying down. They expressed their happiness of who they were living with and also relayed how much they liked their staff and all the support they gave them on a day to day basis.

The inspector did not get to meet the other resident living in this house as they were attending an education course on the day with plans to meet their family afterwards. The inspector was informed by staff that the resident was attending a QQI level 3 course that included topics to support the resident gain employment in the community.

In the second house, one resident was happy to show the inspector their bedroom. The resident pointed out all their football jerseys hanging up on their bedroom walls and told the inspector about different matches they had attended with their staff member. The inspector asked another resident if they would like to show them their room. The resident declined to, but was happy for the inspector to view their room with the team leader. It was the resident's preference to have a minimalistic layout and design for their bedroom, the inspector observed this arrangement had been provided to the resident as was their will and preference.

The inspector also observed another resident's bedroom which was also laid out and designed in line with their personal will and preferences taken into account. In their bedroom the inspector observed lots of pictures, photographs and memorabilia in their room. The resident chose to collect a large number of the same items which had led to a collection of smart board devices and other items that was of interest to them. The inspector observed that the room provided ample and safe storage for all the items the resident liked to collect.

Overall, both homes that made up the centre were clean and tidy and in good upkeep and repair. The provider had completed a significant renovation to the bathroom and shower facilities in the premises since the last inspection which overall, led to positive outcomes for the residents.

In advance of the inspection, residents were each provided with a HIQA survey. All six residents chose to complete the surveys with most residents being provided support by their family members or staff members to complete it. Overall, the surveys relayed positive feedback regarding the quality of care and support provided

to residents living in the centre.

Surveys relayed that residents found the centre was a nice place to live in and that they liked the food and they had their own bedroom. The surveys relayed that residents' felt staff knew what was important to them and were familiar with each of their likes and dislikes. Surveys also relayed that staff provided help to residents when they needed it.

Some of the positive comments from residents included: 'staff help with the stock-check of my medication. They help me tidy my room and bring me out on activities'. 'I like living here with my peers', I like my bedroom because it is pink, it is my favourite colour'. 'I like living here because it is relaxing and fun especially when we are watching a movie and having a take-away on Fridays'.

One family noted that there was excellent care and excellent one to one support for their family member. Another family member commented that staff always explain their family members medication very well and that they were always kept informed of the activities and trips their family member took part in. A family member noted about the choices available to the residents including, choosing what to put in their bedroom as well as choosing some of the furniture in the house.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where household tasks, community activities, information regarding safeguarding, complaints, human rights were discussed. Where one resident required some additional supports around some of the topics in the meetings, a social story was provided to them so that they could better understand.

Where appropriate, and to promote independence, residents were encourage to help out in household tasks. For example, on speaking with one resident they informed the inspector that their housemate helped staff with cooking the dinner but they liked help out by setting the table and doing the wash-up. All residents were encouraged and supported to do their own laundry and keep their bedroom clean, as part of promoting their independence.

Residents were supported to communicate in a way that met their assessed needs and in line with their preferences. To support residents understand information that was important to their safety, there were a number of easy-to-read posters in the house for example, posters related to the complaints procedures and information regarding the designated officer. In addition, residents were provided with one to one key working sessions about topics that were important to them or that promoted their independence.

Overall, residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. Residents were supported to engage and participate in their community in a way that was meaningful and promoted their independence. For example, one resident was employed on a part-time basis, one resident was attending an education course five days a week and one resident liked to participate in arts and crafts activities that the local day service offered. For other residents, while they chose not to attend day

service on a full-time basis, as they found the environment too stressful, they picked and chose which day service activities they would like to attend. One resident who chose not to attend a day service, enjoyed regular long walks in their community as well as places of interest to them. The walks were regularly follow up by having lunch out in a cafe close by.

In June 2025, one resident was supported to move from one of units to the other unit within the premises. The resident was provided with a transition plan that took into account the changes to their living environment and as well as living with different house-mates. There had been some behavioural incidents that had led to safeguarding concerns at the initial stages, however, through the implementation of safe and appropriate supports, the incidents had not persisted The inspector was informed by the person in charge and staff that there were no compatibility issues in the unit and that overall, all three residents were happy living with each other.

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. Some improvements were needed in areas relating to the centre's staffing arrangement and staff training, communication, fire safety and restrictive practices.

These are discussed further in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, 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. The provider and person in charge were striving to ensure that residents were supported to be as independent as they were capable of, alongside balancing each resident's right to autonomy and liberty whilst at the same time, ensuring their health and safety.

The centre had a clearly defined management structure in place which was led by a capable person in charge. The person in charge was also responsible for one other designated centre. They were supported in their role by a two team leaders.

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 provider's governance systems were effective in ensuring the service provided to residents was safe and effective. This was achieved through the provider's ongoing auditing and monitoring of its systems and arrangements to ensure compliance. The person in charge, supported by the two team leaders, 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.

An annual review of the quality and safety of care between January 2024 and December 2024 had been completed. In addition, the most recent six-monthly unannounced visit to the centre had been carried out in June 2025, with the next one due in December 2025.

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 daily handover document in place which assigned staff to different responsibilities and tasks. Daily and nightly duties were also listed in the two offices large white boards.

There was a staff roster in place and it was maintained appropriately. There were two staff vacancies in the centre. These vacancies were being covered by members of the current staff team as well as regular relief and agency staff who, for the most part, were familiar to residents. However, a review of staff levels was needed so that the provider could be assured that consideration of staff training requirements had been taken into account.

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

Staff were required to complete training relevant to their role, and as part of their professional development. There was a training schedule in place for all staff working in the centre which was regularly reviewed by the person in charge. Overall, staff were provided with appropriate training so that they had the necessary skills and training to support them in the delivery of a quality, safe and effective service. However, some improvements were needed to ensure that all staff were provided training that was specific to all residents' 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 that ensured that, for the most part, the designated centre complied with all notification requirements.

The registered provider had established and implemented effective systems to address and resolve issues and complaints raised by residents or their representatives. Complaints management arrangements, in addition to a complaints policy and procedure, included information on advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Registration Regulation 5: Application for registration or renewal of registration

An application to vary the registered footprint of the designated centre was submitted by the provider to the Office of the Chief Inspector of Social Services in March 2025 and the variance application was granted.

The application was to reconfigure the footprint of the centre to incorporate the two adjoining residential homes under the one designated centre, where previously they had been registered as two separate designated centres.

While both homes could accommodate up to eight residents at any time, there were six residents living in the centre at the time of the inspection.

On speaking with management and staff, during the course of the inspection, the reduced resident numbers were resulting in a more relaxed, spacious and comfortable home for residents which in turn was having positive outcomes for them.

It was the provider's intention to renew the registration of this centre with six registered beds and at the time of the inspection the provider had complied with their statutory responsibilities and had submitted an application to renew the centre's registration within the correct time frame and with the required fee and documentation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge divided their role between this centre and one other. The local monitoring systems and structures in place supported this arrangement in ensuring effective governance, operational management and administration of the designated centres concerned. The person in charge was supported in this centre by two team leaders.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role.

The person in charge was familiar with the residents' needs and was striving to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider and team leaders, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

From speaking with staff, the inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

The inspector spoke in detail with two staff members on the day as well as having general conversations with other staff and team leaders. The inspector found them to be very knowledgeable of the residents' needs and the supports in place to meet those needs. The inspector found that the staff team were invested in promoting the residents' independence as much as each resident was capable of.

At the time of the inspection the centre was operating with two staff vacancies, one vacancy was for a social care worker post and the other for a health care worker post.

The person in charge was endeavouring to provide continuity of care to residents and had employed the same two relief staff and agency staff as much as possible. In addition, the core staff team covered some additional shifts where possible.

However, the inspector found that a review of the centre's staffing levels was required. This was to ensure that the staffing levels took into consideration the need for staff to attend training as well as refresher training. The provider had also identified this issue in their annual review and had identified an action for staff rosters to be managed in a way that facilitated staff attend all required training.

However, despite the provider's annual review identifying this deficit and making recommended actions to address it, at the time of the inspection the issue was still ongoing. The inspector was informed by management, at times, it was still challenging to release staff to attend training as there were limited relief staff to

cover and in some cases agency staff were required.

Judgment: Substantially compliant

Regulation 16: Training and staff development

One-to- one supervision meetings, that support staff in their role when providing care and support to residents, were being completed in line with the organisation's policy. Staff who spoke with the inspector, advised that they found the meetings to be beneficial to their practice.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

From reviewing the training records for the staff team, the inspector found that staff had undertaken a number of training courses, some of which included the following:

- Manual handling
- Fire safety
- Epilepsy
- Studio 3
- Safe medication management
- Infection prevention and control including;
- safeguarding vulnerable adults

However, some improvements were needed.

A resident had a near-miss choking incident in May 2025. The person in charge had organised for a speech and language therapist (SLT) to assess the resident after the incident had occurred. One of the recommendations of the therapist's assessment report was for all staff to be provided first aid training which included training on managing choking incidents. However, at the time of the inspection six staff had yet not completed first aid training. This staff skill deficit meant that there was a potential risk to a resident's health and safety in the absence of the recommended training.

Some residents living in the centre had a diagnosis of autism however, thirteen of the staff members had not completed training in this area.

In addition, there were other trainings outstanding for staff including, risk assessment and personal planning training.

Judgment: Substantially 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.

On the day of the inspection, the person in charge organised for staff records to be made 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 HIQA 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

Overall, the inspector found that, governance and management systems in place in the centre were effective in ensuring good quality of care and support was provided to residents.

The provider and person in charge had ensured that since the last inspection, all actions were completed and Regulation 27, Protection against infection, was back into compliance demonstrating the provider's capability in responding to regulatory findings and having the capacity to address deficits effectively.

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 two team leaders to carry out their role in this centre.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. There were a number of actions to be addressed in 2025, many of which had been completed. On review of the action plans, the inspector saw that the person in charge completed a regular check on the traction of each action until they were completed.

In addition to the annual review, the provider carried out a six-monthly unannounced audits of the centre in June 2025 and ensured there was an action plan in place to follow up on any improvements needed. Furthermore, there was a comprehensive local auditing system in place in the centre to evaluate and improve the provision of service and to achieve better outcomes for residents.

Some of the audits and checks completed by the provider included medication management tool audit, six monthly training audit, infection prevention and control audit and residents' financial audits. The person in charge and team leaders completed annual, bi-annual and quarterly checks and audits. These provided oversight and assurances of the systems in place related to fire safety, residents' finance, staff meetings, residents' care plans, residents' household meetings, staff training and the staff roster.

Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. On review of the minutes of the last two meetings, the inspector saw that topics included medication incidents, updates on residents, clinical, medication and care plans, health and safety and maintenance, restrictive practices, risk assessments, the staff roster, annual leave, policy updates, HIQA and audits. Decisions were made and followed on by actions and time frames to be completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which for the most part, 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.

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 within the required time frames 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 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 a complaints procedure which was underpinned by a comprehensive policy which was in date and last reviewed in April 2024.

Easy-to-read posters of the complaint's procedure, alongside information on advocacy were located in communal spaces in the centre. From speaking with the person in charge and staff, the inspector was informed that the complaints procedures were regularly discussed with residents at house hold meetings as well as keyworking meetings, to promote awareness and understanding of the procedures.

Staff and management advocated for residents and supported them engage in the complaint process when required. Where one resident required additional support to understand that a new complaint's officer had been employed and what their role was, a social story had been developed to support their understanding and in a way that was in line with their communication needs and preferences.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents, including guiding staff in delivering safe and appropriate care.

On a review of a sample of the centre's Schedule 5 policies, the inspector found that all policies and procedures had been reviewed in line with the regulatory requirement. The sample included the following policies:

- The prevention, detection and response to abuse, including reporting of concerns and /or allegations of abuse to statutory agencies;
- Admissions, including transfers, discharge and the temporary absence of residents;
- Provision of personal intimate care;
- Provision of behavioural support;
- Communication with residents;
- Health and safety, including food safety, of residents, staff and visitors;
- risk management and emergency planning;
- Medication management;
- The handling and investigation of complaints for any person about any aspects of service, care support and treatment provided in, or on behalf of a designated centre.
- Closed-circuit television (CCTV) (in designated centres where CCTV systems are in use).

As such, the register provider had ensured that policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service.

Judgment: Compliant

Quality and safety

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

Each 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. Residents were empowered and encouraged to live as independently as they were capable of and to have meaningful participation in their community. Some improvements were needed to the areas of communication and restrictive practices.

The physical environment of designated centre was clean and tidy and in good decorative and structural repair throughout. 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. There had been significant upgrades to areas in the house and these are discussed in detail under Regulation 17: Premises

The inspector observed a culture of listening to and respecting residents' views in the service. On observing staff engagement with residents, the inspector saw that staff understood what residents were expressing. Overall, the provider and person in charge were endeavouring to ensure that every effort was made to allow residents communicate in a way that was in line with their needs and preferences.

The service provided a rights-based approach to residents' general welfare and development by supporting each resident to make decisions about how they wished to live their life. To make these choices, residents were enabled and empowered through key working meetings. This meant that the person in charge and staff were endeavouring to implement care based on the residents' strengths, and encourage their integration and participation in the community in which they lived.

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. Residents were supported to partake in activities they liked in an enjoyable but safe way through innovative and creative considerations in place.

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily. During conversations with residents and staff, the inspector was informed that residents were supported to engage in healthy activities such as going for walks, attending the gym and using exercise machines in their home.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used, they were clearly documented and reviewed by the appropriate professionals on a regular basis.

There were some restrictive practices in use in the centre. Where applied, the restrictive practices were, for the most part, documented and subject to review by the organisation's positive behaviour support instructor. However, some improvements were needed so that all restrictions in use were identified as such, processed in line with best practice and policy and notified to HIQA as required.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. Safeguarding was included on the agenda of staff meetings. Where incidents had occurred, the inspector found that, they have been followed up appropriately and in line with best practice.

Regulation 10: Communication

Residents' communication needs were included in their assessment of need which provided a level of guidance on how to support the resident communicate in a way that was in line with their preferences. In addition there was guidance on how to communicate with residents in their proactive and reactive strategies plan. Furthermore, there was information on residents communication needs included in their traffic light stress scale document.

However, some improvement was required to ensure a specific communication support plan was in place which would better support and guide staff members, as well as relief and agency staff, to easily access information regarding residents' communication support needs and preferences.

Staff members were endeavouring to enable residents to actively make informed decisions and be consulted about the service they were provided. On review of key working meetings, as well as residents' weekly meetings, the inspector found that residents were being listened to and supported to express their thoughts, feelings, needs and wants in relation to the care and support provided to them.

The inspector saw that where appropriate, some residents were provided with social stories or picture format information, for example, menu planners and activity planning boards. These communication systems endeavoured to support residents to express themselves in a communicative format that they preferred and in a way that they could understand or be understood. There were also a number of easy-to-read types of information in residents' personal plans as well as in communal spaces in the house. Some residents did not require such supports however, they were there as an addition support should they need them.

Residents had access to television, radio, hand held electronic devices and Internet in their home.

Judgment: Substantially compliant

Regulation 17: Premises

The physical environment of the house was clean and in good decorative and

structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. There had been a number of upgrades to the house since the last inspection, which saw positive outcomes for residents as well as improvements to the effectiveness of the infection prevention and control measures in place.

All bathrooms and shower rooms, as well as toilets, had been renovated with newly tiled floor and walls. One resident had a preference of having a bath and a new bath was installed when the renovations were taking place. These spaces were observed to be clean and provided a bright and spacious room for residents' to complete their personal care in.

Residents expressed themselves through their personalised living spaces. Each resident was provided their own bedroom and it was evident that they had been consulted in the décor. Residents who showed the inspector their bedroom expressed their happiness of the décor and layout of the room.

The external areas of the house were well maintained. There was a large garden to the back of the house that provided facilities that were of interest to the residents. For example, there was a trampoline which one resident enjoyed, a clothes line with a shelter available to all but was of particular interest to one resident who enjoyed carrying out laundry activities on a regular basis. There was also a garden patch and a BBQ for residents to enjoy in the good weather.

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 policy had been last reviewed in October 2025 and was not due further review until October 2028.

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 inspector found that there had been significant improvement since the last inspection with upgrades to all the centres' bathroom, shower and toilet facilities. Overall, the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents.

The centre was observed to be clean and cleaning records demonstrated a good level of adherence to cleaning schedules. Daily handover document included a cleaning checklist on the back to be completed by staff while on shift.

Where there were water outlets not in use, such as bedroom sinks, the water had been shut off. In addition, the inspector viewed records that demonstrated that the landlord's maintenance team carried out a legionnaire test of the premise's water on a monthly basis.

The inspector observed that there were adequate cleaning equipment and cleaning products and that they were stored appropriately.

The provider had ensured there were satisfactory oversight mechanisms in place to review the effectiveness of the infection prevention and control measures in place. An infection prevention and control audit had taken place in the centre in April 2025 and demonstrated the effectiveness of the measures in place to protect residents.

Staff had been provided an array of infection prevention control (IPC) training, while some areas required refresher, overall, all staff had up-to-date training on a least one set of IPC trainings.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fire fighting equipment. All staff had been provided training in fire safety and it was observed as up-to-date.

There were adequate arrangements made for the maintenance of all fire equipment and there were adequate means of escape and emergency lighting arrangements. However, improvements were needed to ensure that all fire safety equipment service records were in place in the centre as per the regulatory requirement. On the day of the inspection the person in charge organised for the external company to email the completed service records so that they could be made available to the inspector.

Overall, the exit doors throughout the premises were easily opened to aid a prompt evacuation and any key coded locked gates opened promptly when the fire alarm activated. On walking around one of the units, the inspector observed the conservatory exit door to get stuck on the internal door mat. The mat was removed at the time.

There had been a day-time fire evacuation drill carried out in the designated centre in June 2025 and all residents evacuated immediately on hearing the alarm with no issues recorded. However, there had been no simulated night-time drill with the most amount of residents and least amount of staff. In addition, residents' individual personal evacuation plans did not reference if residents needed support during a night time evacuation. This meant that the provider could not be assured if all residents could be evacuated in a timely manner during the night time where there were six residents and two staff.

Subsequent to the inspection, the person in charge submitted a copy of the drill that took place on Friday night 21st of November, which provided assurances that all residents were able to evacuate in a timely manner during a night time simulated fire drill evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. On the day of the inspection, the inspector reviewed a sample of three residents' personal plans.

Within each plan there was an assessment of need in place for residents, which identified their health, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of the effectiveness of plans.

Residents' personal plans were regularly reviewed and residents, and where

appropriate, their family members, were consulted in the planning and review process of their personal plans. Overall, the inspector found that reviews of residents plans were effective and took into account changes in circumstances and new developments in residents' lives.

Plans demonstrated that each resident was facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. The person in charge carried out regular checks of the documentation within the personal plans to ensure information within them was relevant and up-to-date.

Where appropriate residents were provided with an accessible format of their personal plan in a communication format that they understood and preferred. Some residents were provided with an activity choice board that aligned with their chosen goals. Where a resident chose not to keep a copy of their personal plan, this was respected and noted in their personal plan.

One of the staff members showed the inspector the new online system for recording residents' chosen goals as well as monitoring their progress. The new system was recently launched and staff were provided training in using it. The effectiveness of the new system was being monitored on a regular basis. This included feedback from staff using the system as well as the residents' views of the new plans. .

Judgment: Compliant

Regulation 6: Health care

Overall, the inspector found that appropriate healthcare was made available to all residents having regard to their personal plan. Healthcare related plans were regularly reviewed in line with the residents' assessed needs and required supports.

There were an array of healthcare support plans in place to support staff in their practice when supporting the resident with their health. For example there were support plans relating to residents' general health, epilepsy, dental plan, dermatology plan, healthy lifestyle plan, eating management plan and illness plan, but to mention a few.

In addition, residents' health and wellbeing was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. On review of residents' menu plans, the inspector found that the choice of food, beverage and snacks offered to residents was varied, nutritious and in line with each resident's likes and tastes.

Residents were also encouraged to exercise through attendance at the local gym, swimming in the community pool, going for long walks in the countryside and local town areas and through use of the exercise machines, such as treadmill and exercise bike, that were placed in the residents' conservatory.

On review of one resident's chosen goals for 2025, the inspector saw that one goal included keeping fit and healthy. The resident had set themselves a challenge to complete 7000 - 10000 steps a day. The resident's keyworker supported the resident to monitor the progress of the goal.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Where appropriate, residents were facilitated and supported to register for health screenings. Where residents did not engage in the screenings process, this was being followed up and reviewed by their GP.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were systems in place to ensure that where behavioural support practices were being used that, overall, they were clearly documented and reviewed by the appropriate professionals on a regular basis and more often if required.

Where residents were in receipt of positive behaviour supports they were provided with a wellbeing plan, a proactive and reactive strategy plan and a traffic light stress scale. All these plans and measures provided clear guidance to staff on how to support residents manage their behaviours.

All staff had been provided specific training that focused on behaviour management, crisis intervention and support for individuals with various challenges, included autism and learning disabilities.

In line with the organisation's policy, the provider had a very clear restrictive practice assessment process in place. All restrictive practices were risk assessed. Where applied, the restrictive practices were clearly documented and were subject to approval and review by the organisation's human rights restrictive practice forum.

There was a comprehensive form to be completed when an restrictive practice was proposed. This process ensured that there was a clear rationale for the restriction, there was clinical input, and that there were reactive and proactive strategies in place to reduce or fade the proposed restriction.

However, on the day of the inspection, the inspector observed three restrictive practices in place that had not been identified as such and had therefore not been provided the same approval or review process as other restrictions. In addition, they had not been notified to HIQA as required.

For example, the inspector saw that there were restrictions in use relating money management, the use of an audio monitor at night-time and the use of CCTV. This meant that not all restriction in use were in line with best practice or the provider's

policy and overall, the provider could not be assured that these three restrictions were the least restrictive for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the inspector found that residents were protected by practices that promoted their safety.

All staff had been provided with training in safeguarding and protection of vulnerable adults. Management and staff who spoke with the inspector were aware of the safeguarding policies and procedures in place to protect residents.

On review of staff meetings, the inspector saw that safeguarding was a standing agenda item, and where incidents had occurred, these were discussed at the meetings to ensure shared learning.

On review of staff Schedule 2 folders, the inspector saw that all staff had undergone the Garda vetting process.

Where safeguarding incidents had occurred in the centre, the person in charge had followed up appropriately and ensured that they were reviewed, screened, and reported in accordance with national policy and regulatory requirements. The inspector reviewed a sample of one preliminary screening, as well as an interim safeguarding plan and saw that it included measures to protect the residents concerned and reduce the risk of similar incidents recurring. Where the incident had been closed off by the national safeguarding team, the person in charge kept the formal safeguarding plan in residents' folders so that staff continued to implement and review the safeguarding measures in place.

Residents' surveys demonstrated that they knew who they could talk to if they were feeling unhappy or worried. On speaking with residents, they told the inspector that they would go to the person in charge, team leaders or staff should they be upset about a matter.

Residents were also provided information about keeping safe at their monthly household meetings and some residents were provided keyworking sessions and social stories to ensure their full understanding of staying safe.

There was an easy-to-read safeguarding poster in the centre and it provided details of how to contact the designated centre if needed.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially 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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dolmen House OSV-0005769

Inspection ID: MON-0040014

Date of inspection: 19/11/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1.The Registered Provider has facilitated a recruitment drive that culminated in interviews being held the week commencing 3.12.2025. Successful candidates have been offered posts across different skill sets, namely Social Care, Health Care & the Relief panel which nullifies the current vacancies in the designated centre & replenishes the Relief Panel. Successful candidates will be in post by 30.01.2026.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1.The Person in Charge will ensure that the training gaps for staff are rectified. First aid Training for 6 staff & Autism Awareness training for 13 staff will be scheduled. This will be completed by 28.02.2026. 2.The Person in Charge will ensure that all outstanding staff training as identified in the designated centre’s training gaps report, such as Risk Assessment training & Person-Centered Planning training will be scheduled for staff. This will be completed by 28.02.2026	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: 1.The Person in Charge will develop individualized person-centered communication plans detailing each resident’s communication profile, needs & style. To be completed by 30.01.2026	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1.The Registered Provider will ensure that the 2026 fire drill schedule will have a simulated fire drill during the hours of darkness, with the minimum level of rostered staff. This will be completed by 28.02.2026 2.The Registered Provider will support the Person in Charge to clearly indicate in residents’ personal evacuation plans the support they need to safely evacuate the designated centre in the hours of darkness. This will be completed by 28.02.2026 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1.The Registered Provider will support the Person in Charge to ensure that the 3 restrictive practices identified during the inspection will be referred to the organization’s Human Rights & Restrictive Practices forum for review. To be completed by 30.01.2026 2.The Person in charge shall ensure that the restrictive practices identified during the inspection are notified to HIQA through the quarterly NF 39A’s returns. To be completed by 31.03.2026 	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/01/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/01/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	28/02/2026

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	28/02/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/01/2026
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/03/2026