



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

Issued by the Chief Inspector

Name of designated centre:	Teach Dochas
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0007866
Fieldwork ID:	MON-0047613

About the designated centre

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

Teach Dochas is a four bedroom semi-detached two storey house situated on the outskirts of a large town in County Westmeath. The house is located in a housing estate and is within walking distance to some community amenities. A car is provided in the centre also should residents wish to avail of amenities that are not in walking distance. The centre can provide care to male and female adults. Each resident has their own bedroom and the property consists of a well equipped kitchen/dining room and a sitting room. There is a landscaped garden to the back of the property. One staff member is on duty during the day and at night the staff member is employed on a sleep over basis. A senior manager who is a nurse provides an out of hours on call service for staff. The person in charge is fulltime in the organisation and is also responsible for another designated centre under this provider. Residents attend a day service Monday to Friday.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 5 November 2025	12:50hrs to 18:10hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre provided residential services to adults, and accommodated three residents. The centre was located in a large town, and transport was provided for residents use.

The centre comprised of a two-storey semi-detached property, with three bedrooms for residents' use one of which was ensuite. There was also a staff bedroom. Each resident had their own room and there was plenty of storage for their personal possessions. The centre was homely, warm and welcoming, and had all the facilities residents needed.

The centre closed during the morning when residents went to day services and to work, and the inspector met the person participating in management on arrival to the centre. Later in the afternoon, the inspector had the opportunity to meet all three residents together and they told the inspector about their experiences living in the centre, as well as their active social life.

Residents spoke very positively about living in the centre and told the inspector they felt safe in the centre, and there was nothing they would like to change. Residents told the inspector about their broad range of interests and activities including swimming, horse riding, going to the gym, drama classes, basketball, and gardening. One resident worked in a hotel and a day centre, another resident worked one day a week in a charity shop, and all residents accessed the provider's day service. There were very good links with the day service, and the centre supported residents to attend evening activities organised by day services.

Resident told the inspector they have keyworker meetings all year round, and spoke about some of the goals and activities completed and planned. For example, going on holidays, going to a festive light show, and concerts. All residents said they were really looking forward to a music concert at the weekend in a local theatre, and had tickets purchased for another show in the New Year. Residents were also planning a trip to England next year, to visit the set of two soap shows.

Residents said their privacy was respected in the centre, and told the inspector they discussed their rights at their weekly meeting. It was evident that residents' independent skills and rights were promoted the centre, including managing their own money, voting in elections, respecting their privacy, and promoting choice.

There was a warm and friendly atmosphere in the centre, and the inspector observed residents, staff, and the person participating in management chatting away with each other about their day, and upcoming plans. At all times staff were observed to be respectful and kind in their interactions with residents, and it was clear that residents organised their day-to-day life as they wished, and were supported by staff as needed.

From speaking to a staff member, the person in charge, and the person participating in management, it was evident that the team knew the residents very well, and described the supports in place to promote residents' rights, and to meet their needs. Residents maintained links with their friends and families, and visited home regularly.

The next two sections of the report describe the governance and management arrangements and how these positively impacted on the quality of care and support provided to residents.

Capacity and capability

This unannounced inspection was carried out to monitor ongoing compliance with the regulations. Good levels of compliance were found on the day of inspection, with 10 of 11 regulations found to be compliant.

There were sufficient staff in the centre, and planned or unplanned leave was filled by regular relief staff, who knew residents well. Suitable resources were provided in the centre, and there was a clearly defined management reporting structure from centre level to the board of directors.

The management systems were ensuring the service provided to residents was safe and effective, and there was ongoing review of the services provided. The provider had commenced reviewing the annual review process, to include the views of residents and their representatives, and the inspector was shown a sample template on the day of inspection.

Regulation 15: Staffing

Residents were supported by a consistent staff team who knew their needs well. There were sufficient staff employed in the centre, with the appropriate skills and qualifications to meet the needs of residents.

There were no staff vacancies in the centre, and residents were supported by the person in charge, and two support workers, and staffing levels were in line with the details set out in the statement of purpose.

There was one staff on duty in the morning, and all residents went to work during the day. In the afternoon there was one staff on duty, who worked overnight in a sleepover capacity. The inspector reviewed a sample of rosters over a three month period, and consistent staff had been provided. This meant that residents were provided with continuity of care and support. Where staff vacancies arose due to planned or unplanned leave, regular staff from a relief panel were employed. The

inspector spoke with the person in charge and a support worker over the course of the inspection and they knew the residents well, and described a range of supports in place to meet their needs.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems had ensured the service provided to residents was safe, effective and was monitored on an ongoing basis, and suitable resources were provided.

Suitable resources were provided in the centre including sufficient staffing levels, a well-maintained premises, and transport. There was a clearly defined management structure, and staff reported to the person in charge. The person in charge was responsible for this and one other centre, and divided their time between the two centres. The person in charge reported to the person participating in management who reported to the operations manager and onwards to the Chief Executive Officer. The service was governed by a board of directors.

There were systems in place to ensure the service provided was safe and effective including the management of risk, fire safety procedures, the provision of appropriate care and support, and measures to protect residents. While some improvement was required in individual assessment and personal planning, the provider had a plan to review these arrangements.

An annual review of the quality and safety of care and support had been completed for 2024, and following recent inspections in this service, the provider had developed a new template, which would ensure residents and families were consulted as part of this review. Six monthly unannounced visits had been completed in June and December 2024 and in June 2025. The inspector reviewed the most recent unannounced visit, and residents and families had been consulted at the time. Most actions related to documentation changes, and were completed, for example, updating the details on a health and safety poster.

A range of audits were completed and the inspector reviewed six audits completed in 2025. These included medicines management, health and safety, infection prevention and control, environmental audit, and quarterly health and safety reports. Actions arising related to staff training, and all training due was complete on the day of inspection. The inspector met with a staff member who stated they can raise concerns with the person in charge about the quality and safety of care and support if needed.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, and the service provided was planned around the decisions residents made on how they wanted to live their life.

Residents' needs had been assessed and planned for, and while there were some improvements required in developing and streamlining assessments and plans, appropriate care and support was provided for in practice. The rights of residents were upheld, and this in turn meant that residents' independence and autonomy was promoted.

Residents enjoyed varied and fulfilling lifestyles, thereby promoting social interactions, friendships, opportunities to earn money, and enjoy new experiences and places. Residents' were very positive when talking about their life, and about the support staff provided in the centre.

Suitable accommodation was provided in the centre, and the centre was clean and well-maintained. There were safe and appropriate arrangements in place to protect residents, manage risks and incidents, and for fire safety.

Regulation 12: Personal possessions

Residents retained control over their own possessions and finances, and where support was needed, this was provided by the staff in the centre.

Residents managed their own money, and the residents told the inspector they were provided with a safe place to keep their money. Residents also said they look after their own possessions and have plenty of space for their clothes and personal items. Some residents had requested assistance with allocating their weekly budget, and this was provided by staff in the centre.

Suitable facilities were provided for residents to launder their clothes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support, that included supporting residents to pursue their goals and interests through community, social and occupational activities.

The inspector spoke to the three residents together about their interests, and about living in the centre, and it was very evident that residents led their lives as they wished. Two residents attended a day service during the week, with one of these residents working in a charity shop one day a week. Another resident worked part-time in a hotel and in a day centre, and attended a day service the remainder of the week.

Residents had busy social lives, and went horse riding, swimming, to the gym, played basketball and bocce, and residents spoke about meeting up with their friends at these activities. Residents also described their interest in music, and have bought tickets for two upcoming music shows in the town. Residents took part in weekly drama classes, and one resident was part of a dance group, and said they would be performing in a show in the coming months.

All residents told the inspector they were supported to develop goals, and told the inspector about some of the goals they had planned and achieved. These included, for example, going to Dublin for an outdoor light show, going on holidays to Galway, and next year all residents were planning to visit the set of two favourite soap shows in England. Residents were also involved in community initiatives including the Tidy Towns, and helping in the local church.

Residents kept in close contact with their families, and visited home regularly. Residents told the inspector they each have their own mobile phones, and ring their families every night.

Overall it was evident that residents were enjoying a varied and fulfilling lifestyle that was based on their interests and wishes, and promoted their autonomy.

Judgment: Compliant

Regulation 17: Premises

The centre was suitable for the needs of the residents living in the centre, and was clean and well-maintained throughout.

The inspector was shown around the centre by the person participating in management. The centre comprised of a two-storey semi-detached property, with three bedrooms for residents, and a staff bedroom on the first floor. Each resident had their own bedroom, one of which was ensuite. There was a bathroom that two residents used, with individual storage provided for the residents' personal care items.

On the ground floor was a large sitting room, with comfortable seating and a

television. The kitchen dining room had suitable facilities for cooking and storing food, and there were suitable waste disposal facilities provided. The centre was observed to be clean and well-maintained throughout, there were suitable arrangements in place for hand hygiene, and for food safety. Toilet facilities were also available on the ground floor.

The centre was brightly decorated, and suitable heating and lighting was provided. The back garden was well laid out with seating areas, and the residents told the inspector they had made up the planters in the back garden, and last year had hosted a family barbeque. Overall the inspector found the centre was homely and comfortable for residents' use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a varied and nutritious diet, consistent with their preferences and specific needs.

Where required, the dietary needs of residents were set out in health care plans, and it was evident that the practice in the centre supported residents' preferences for a healthy diet. There was plenty of fresh fruit and vegetables available, and a range of snacks and drinks that residents availed of as they wished. The residents chose what they would like to eat, and generally ate their dinner in day services during the week. The menu for day services was made available in the centre, which meant that residents could choose to bring an alternative meal with them during the day of they preferred. Residents planned their evening and weekends meals at their weekly residents' meeting, and a good variety of food was provided. Information was on display in the kitchen on healthy eating.

There were suitable facilities for preparing and storing food. Colour coded chopping boards were available, and a record of fridge and freezer temperatures was maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place for managing and escalating risks, and for reporting and responding to adverse incidents.

The inspector reviewed a records of incidents for 2025, and there had been a minimal amount of adverse incidents in the centre. All incidents had been reviewed by the person in charge, and actions taken to prevent reoccurrence. Where

additional actions were required, these had been completed, for example, reviewing practice regarding medicines administration with a clinical nurse manager.

There was a safety statement that was reviewed in February 2025, and a risk register was maintained. The measures and actions to control the risks of self-harm, accidental injury to residents visitors or staff, aggression and violence, and the unexpected absence of a resident, were included in the risk register. The inspector reviewed a sample of control measures outlined in five centre risk assessments and found these were implemented. For example, to reduce risk related to lone working, a nearby centre could provide support at night time, and suitable food safety and cleaning procedures were in place to control the risk of acquiring norovirus.

Individual risks for residents had been assessed, for example risks related to falls or to COVID-19 and respiratory illnesses, and control measures were in place. For example, providing orthopaedic insoles, and ensuring residents were offered the annual flu vaccine and a booster COVID-19 vaccine. Positive risk taking was promoted for residents, for example, managing their own money, self-administering medicines, and accessing the local community independently.

The person in charge outlined the procedure for escalating risks in the event they could not be effectively managed in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place in the centre, including arrangements for detecting, containing, and extinguishing fire, and for giving warning of a fire.

The centre was equipped with a fire alarm, emergency lighting, call points, fire doors, fire extinguishers and a fire blanket. All equipment had been serviced within the required timeframe. Staff completed weekly and monthly checks of fire safety systems including the alarm, emergency lighting, fire doors, extinguishers and means of escape.

All exits in the centre were observed to be clear from obstruction, and residents told the inspector they regularly practice fire drills and can evacuate the centre. The inspector reviewed records of fire drills; regular drills were carried out, including a night-time drill, and residents and staff had safely evacuated within a satisfactory timeframe. Personal emergency evacuation plans were available and outlined the support residents needed to evacuate the centre, and these had been reviewed in January 2025. Training certificates for all staff were available including for fire safety, and practical use of fire extinguishers.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While residents' needs had been assessed, and support was appropriately provided, improvement was required to ensure assessments and plans reflected the most up-to-date information and guided practice.

Residents' needs had been assessed by the staff team, in consultation with day service staff, a general practitioner, and hospital consultants where required, and assessment of need documents were available in residents' files; however, some identified healthcare needs were not detailed in these documents, but were later outlined in annual medical reviews.

Personal plans were in files and some of these guided practice. However, a number of healthcare plans were developed as medicine plans, and had limited guidance outside of administering the prescribed medicines, of how to support the residents with some specific needs. Additionally, there was limited information on a significant medical issue a resident had experienced, as well as guidance on the ongoing support for the resident. Notwithstanding, the inspector spoke to a relief staff member and they clearly outlined how to support a resident with a respiratory issue, and to support a resident with an allergy including responding to an emergency. The inspector spoke to the person participating in management about the assessment of need and personal plan process, and they identified there was a plan to review these processes following recent inspections within the service.

As mentioned, the social, personal and occupational needs of residents were comprehensively assessed and planned for, and as a result residents were enjoying a very good quality of life.

Judgment: Substantially compliant

Regulation 8: Protection

There were suitable arrangements in place to protect residents, and residents were provided with guidance on how to keep themselves safe.

As mentioned, the inspector reviewed records of incidents and there had been no safeguarding incidents in the centre. Residents told the inspector they felt very safe in the centre, had been provided with secure storage for their possessions and money, and that they got on well together. Residents also said there was nothing they would like to change about the centre, and if they had any issues they could talk to staff. Residents told the inspector staff have talked with them about how to keep safe, and about their rights including respect.

The inspector met a staff member and they told the inspector they had been

provided with training in safeguarding. They also described how to respond to a safeguarding incident including ensuring residents' safety, and reporting the incident.

Judgment: Compliant

Regulation 9: Residents' rights

The service in this centre was led by how residents chose to live their life, and staff respectfully supported residents' choices and preferences in a person-centred, rights-based approach.

The residents met together as a group with the inspector and they spoke very positively about what their life was like living in the centre, and their day-to-day experiences in day service and in work. Residents were very positive about all aspects of support provided, including the team in the centre, and the range of opportunities they availed of in the community with the support of the service. Residents chose what they wanted to do, including social, leisure and work opportunities, and it was evident that residents' autonomy was supported and promoted, and was the basis of how the centre was run on a day-to-day basis.

All aspects of residents' care and support was discussed by the team with them, and residents were free to decline support if they wished, for example, booster vaccinations. Consent had also been received for administering medicines, and taking photographs. Residents told the inspector about the national advocacy service representative in the area, and were hoping to meet them soon.

There was easy-to-read information, that was readily accessible in the sitting room, including information on the presidential election, infection prevention and control, financial rights, self-care, staying safe, and assisted decision making. All residents were registered to vote. Residents' personal information was securely stored.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Dochas OSV-0007866

Inspection ID: MON-0047613

Date of inspection: 05/11/2025

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Clinical Team has scheduled Risk and Care planning Training for all staff across the service which is practice based to improve the quality of care planning and understanding of same in the service to begin 7th Jan 2026.</p> <p>The service provider will create an auditing document / tool for reviewing risk and care planning in order to identify actions and monitor outcomes. This will commence after Q1 2026 to allow time for practice training to be implemented.</p> <p>The Care Plans for: cancer care, bee stings and Eltroxin bloods, were created/updated 15/10/25. The cancer Care Plan was sent to clinical Nurse Manager for review 20/10/25.</p>	

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 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	07/12/2025