



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

Issued by the Chief Inspector

Name of designated centre:	Gentili
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	26 February 2026
Centre ID:	OSV-0008149
Fieldwork ID:	MON-0045574

About the designated centre

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

Gentili's service is for vision impaired young people, aged 18 plus, both male and female, including young people who are vision impaired with additional disabilities. Gentili offers four residential places. The primary and main aim of a residential placement in Gentili is to facilitate access to appropriate educational and social provision. Gentili provides social care and support consistent with maximising the young person's educational attainment and holistic development. Gentili provides a high quality standard of care which is responsive to the individual social and emotional needs of the vision impaired young people who live in the house. The centre is managed by a full-time person in charge and staffed by a team of social care workers.

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
Thursday 26 February 2026	11:10hrs to 16:50hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a high level of compliance. Since the previous inspection in June 2024, the provider has implemented actions to improve the governance and management arrangements and the quality and safety of the service provided to residents. Some minor improvements were still required under Regulation 7: Positive Behaviour Support and Regulation 16: Training and Staff Development.

There were three residents in the centre, and one vacancy. The residents attended various educational programmes during the day, which were mostly delivered on the provider's main campus. The campus was within a short walking distance from the centre. There was a vehicle available in the centre to transport residents to their day programmes and community-based amenities and services. They could also use nearby public transport links.

The inspector spoke with all three residents. One resident did not communicate their views with the inspector, but was happy for the inspector to listen to them play music on a keyboard. The resident appeared relaxed, and the inspector observed staff warmly engaging with them.

One resident spoke with the inspector at the kitchen table. They told the inspector that they were happy in the centre. They liked how the environment was fully accessible, and that their bedroom was spacious with an en-suite bathroom. They showed the inspector their mobility equipment, which they said was in good working order. They liked the staff, and enjoyed meeting their link worker to review their goals and plans. They also said that they got on with the other residents. They told the inspector that they felt safe, had participated in fire drills, and could raise any potential concerns. They said that they managed their own money, and could make decisions about how they spent their time. On the evening of the inspection, they were planning on meeting a friend for dinner and drinks in a nearby pub. They liked the food in the centre, and said that they liked to cook meals and shop for groceries in nearby supermarkets. The resident also sat on the provider's student forum, which met with the Director of Social Care to discuss residents' issues.

Another resident was not present during the inspection, but was happy to speak with the inspector on the phone. They said that they really liked the centre, as it was accessible, spacious and comfortable, and close to services, such as shops. They liked to be as independent as possible, but said that there was always enough staff available to provide support as needed. They liked the food, and said that they

often had their favourite meals and also liked to eat out. They got on with their housemates, and said that they sometimes played games together. They enjoyed their educational programmes, and at the time of the inspection they were doing travel training and language courses. In the evenings, they liked to relax, chat with staff and the other residents, and do leisure activities, such as bowling. They felt safe, and knew the escape routes from the centre in the event of a fire or emergency. They said they could speak with staff or Director of Social Care if they were ever unhappy.

The inspector did not have the opportunity to meet the residents' representatives. However, the recent annual review noted that they provided positive feedback as they complimented the staff and the supports for residents to develop their independence.

The inspector found that the provider had implemented arrangements to consult with residents about the running of the centre and the care and support they received. For example, residents had link workers to help them plan goals, they could attend house meetings, the centre was represented at the provider's student forum, and they were consulted with as part of the annual review and unannounced visit reports. Communication plans were also in place where required to support residents to express themselves and be understood.

As part of the recent unannounced visit report, residents said that they were happy in the centre and complimented the premises and the staff team. The inspector also reviewed the September and November 2025 house meeting minutes. They noted discussions on staffing, activities, fire safety, raising complaints, menus, infection prevention and control, and respecting each other.

The inspection was facilitated by the person in charge. They told the inspector about the provider's plans to move the centre to another premises; however, these plans had not been finalised at the time of the inspection. They had no concerns for the residents' safety, and said that arrangements were in place to support residents with behaviours of concern, and to manage incidents. They said that the staffing arrangements were appropriate, and that the centre operated in line with its statement of purpose.

The inspector also spoke with two social care workers. They said that the residents were supported to learn to be as independent as possible, and that there was good collaboration with their educational services. They told the inspector that the residents appeared to be happy in the centre, and had choices over how they spent time there. They also spoke about the arrangements for reporting concerns and incidents, and some of the residents' behaviour and communication support needs, and were found to be well informed on these matters.

The inspector was shown around the premises by the person in charge. The premises comprised the ground floor of a large two-storey building. The premises included residents' bedrooms with en-suite facilities, staff rooms and an office, and communal spaces including a utility room, a kitchen, and an open-plan living and dining room. The premises were observed to be clean and warm. Residents'

bedrooms were decorated to their tastes, and there was communal space for them to use. The kitchen was well-equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from.

The inspector observed good fire safety precautions, such as fire alarms and fire-fighting equipment. Two fire doors did not fully close when released, but this matter was addressed by the provider's maintenance team before the inspection concluded. The premises and fire safety are discussed further in the quality and safety section of the report.

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

Capacity and capability

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs. The provider had also ensured that the centre was well-resourced in line with the statement of purpose.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, based in the centre and knew the residents well. The person in charge had ensured that incidents occurring in the centre were notified in accordance with regulation 31. The person in charge reported to a Director of Social Care, and there were effective arrangements for them to communicate with each other.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The staff skill-mix consisted of social care workers. The person in charge was satisfied that it was appropriate to the assessed needs of the current residents. The inspector viewed the recent staff rotas; the rotas showed that appropriate staffing levels were maintained. A minor improvement was required to ensure that the full name of a regular relief staff was recorded on the rotas.

Staff were required to complete a suite of training as part of their professional development. There were also arrangements for the support and supervision of staff, such as management presence and formal supervision meetings. However, the

inspector found that the frequency of the supervision meetings was not in line with the provider's policy.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the staff team meeting minutes from November 2025 to February 2026. The minutes recorded discussions on incidents, risk management, fire safety, infection prevention and control, premises issues, staff, training, restrictive practices, behaviour support, residents' updates, and the planned move of the centre.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents in the centre. Residents spoken with told the inspector that they liked the staff working in the centre, and that there were enough staff on duty to support their needs.

There was one part-time vacancy. However, regular relief staff were used to cover it, which ensured that residents received continuity of care and support.

The person in charge maintained planned and actual staff rotas. The inspector viewed the recent rotas for January and February 2026, and found that they clearly showed that appropriate staffing levels were maintained at all times.

The inspector did not review staff Schedule 2 files during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, human rights, manual handling, first aid, food safety, infection prevention and control, behaviour support, fire safety, and assisted decision-making. The training records viewed by the inspector showed that staff were up to date with their training requirements.

The person in charge provided informal support and formal supervision to staff. The person in charge was based in the centre, and informal supervision was carried out on a regular basis. Staff spoken with told the inspector that they were satisfied with support and supervision they received. However, the inspector reviewed formal

supervision records for five staff, and found that it was not happening in the frequency outlined in the provider's policy. This discrepancy had also been noted in previous inspections of the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, the staffing arrangements were appropriate to the residents' needs, and there was a vehicle to facilitate activities outside of the centre.

This inspection also found improvements in compliance across most regulations inspected since the previous inspection. For example, previous non-compliance under regulation 10 had been addressed.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. The person in charge had ensured that incidents occurring in the centre were notified in accordance with Regulation 31: Notification of Incidents. They reported a reported to a Director of Social Care, who in turn reported to a Chief Executive Officer. There were good arrangements for the local management team to communicate and escalate any concerns. For example, the person in charge attended regular meetings with the Director.

The provider had also implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports (which consulted with residents and their representatives) were carried out, along with a suite of audits by the person in charge on areas, including care plans, health and safety matters, fire safety, incident management, complaints, safeguarding, and infection prevention and control. The audits were escalated to the Director, Clinical Nurse Manager, and Health and Safety Officer.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could easily raise any concerns with the management team. In addition to the support and supervision arrangements, they attended weekly team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Office of the Chief Inspector (Chief Inspector). For example, the inspector found that incidents that had occurred in the centre since the previous inspection, such as an unplanned evacuation, had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. Residents told the inspector that they felt safe, and were happy in the centre and with the service provided to them.

Residents had active lives, and were supported to make decisions about their care and support, and on the running of the centre. The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. For example, residents attended meetings concerning them, they received behaviour support and were supported with input from relevant professionals to communicate in line with their needs. However, the provider's restrictive practice policy was found to require enhancement.

There were no safeguarding concerns. However, the provider had adequate arrangements to ensure that any potential concerns were reported and responded to. There were also good risk management procedures, and the inspector found that risk assessments pertaining to the centre and individual residents were up to date.

The premises comprised the ground floor of a large building close to many amenities and services. It comprised individual residents' bedrooms, and communal spaces, including a kitchen, and an open-plan living and dining room. It was comfortable, warm and well maintained.

The kitchen was well-equipped for residents to store and prepare food, and there was a good selection of food and drinks for them to choose from. Residents told the inspector that they liked the food in the centre, and were supported to purchase, prepare, and cook food as they wished.

The inspector also observed good fire safety precautions. For example, there was fire-fighting and detection equipment throughout the centre, and staff had received fire safety training.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes.

Some residents communicated using multimodal means, including words, body language and gestures. The inspector found that communication plans had been prepared by speech and language professionals that outlined the supports they required to communicate and be understood. The plans were up to date and readily available to guide staff practice.

The registered provider had also ensured that residents had access to various media sources in the centre, including televisions and the Internet.

Judgment: Compliant

Regulation 17: Premises

The centre comprised the ground floor of a two-storey building operated by the provider. The first floor was not used by the staff or residents in the centre, however it shared a main entrance way.

The premises of the centre comprised individual residents' bedrooms with en-suite facilities, staff rooms, an office, a utility room, a bathroom, a kitchen, and an open plan dining and living room. There was also a long and wide hallway with seating furniture, games, and musical instruments for residents to use. The residents' bedrooms were spacious and had been decorated to their tastes.

The centre was observed to be clean, and well maintained and equipped. For example, mobility equipment and aids were available to residents as they needed them, and the heating system had been upgraded since the previous inspection. Residents told the inspector that they liked the premises, as it was spacious and fully accessible to them.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from. The kitchen was also well equipped with cooking appliances and equipment.

Residents told the inspector that they liked the food in the centre, and that they chose their meals. Some residents liked to cook, while others required support from staff. There was information in residents' care plans about their food preferences for staff to follow. Residents also told the inspector that they enjoyed eating out and takeaways, and could shop for groceries in local supermarkets.

Residents did not require modified diets; however, some required assistance with eating at meal times. Staff spoken with were found to have a good understanding of these supports.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that improvements had been made to the risk management procedures since the last inspection.

The centre's risk register and residents' individual risk assessments outlined various risks, including accidental injuries, safeguarding concerns, health related issues, fire, infection control, behaviours of concern, and risks related to independent community activities. The assessments were up to date, and detailed control measures in place to reduce and mitigate the risks.

There were also good arrangements to record and report incidents for escalation and to ensure that they were reviewed to identify potential learning.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights throughout the house, and it was serviced to ensure that it was maintained in good working order. Staff also completed scheduled fire safety checks of the equipment.

Fire doors were fitted to contain potential smoke or fire spreading. However, two fire doors were observed to not close fully when released. The provider's maintenance department attended the centre during the inspection to fix them.

There was an evacuation plan for the centre and individual evacuation plans for the residents. The individual plans were up to date and outlined the supports residents required. Fire drills, including drills reflective of different scenarios, were carried out to test the effectiveness of the fire plans. Residents told the inspector that they knew how to evacuate the centre if the fire alarm sounded.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that supports were in place for residents with behaviours of concern. The inspector viewed one resident's behaviour support plan. The plan was up to date, readily available to guide staff practices, and had been prepared by an appropriate healthcare professional. Staff spoken with told the inspector that the plan was effective. Staff had also completed relevant training in this area to inform their practices.

The provider had prepared a written policy on restrictive practices. However, the inspector found that further detail was required in the policy on how restrictive practices were reviewed at a provider level. The 2023 and 2024 inspection of the centre had also identified this deficit in the policy.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that the registered provider had implemented systems to safeguard residents from abuse. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance in the centre for them to easily refer to.

Residents told the inspector that they felt safe, and could speak to staff and the management team if they had any concerns. Relevant topics, such as respect and raising concerns were also discussed with them during their house meetings.

Intimate care plans had been prepared and outlined the individual supports residents required to guide staff in delivering care in a manner that respected residents' dignity and bodily integrity.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Gentili OSV-0008149

Inspection ID: MON-0045574

Date of inspection: 26/02/2026

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Recent and significant changes to staff rostering schedules indicate that a gap has occurred whereby the supervision policy has fallen out of line with previously manageable supervision schedules. Given these changes, the organisation's supervision policy has now been amended to provide for a more realistic supervision schedule and adherence to this will be regularly reviewed.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The centre's policy relating to restrictive practice is being revised to better ensure transparency as to how restrictive practices are reviewed at provider level. Although restrictive practices are not ordinarily a feature of the centre, the policy will be re-drafted to ensure enhanced discussion of first, whether a practice might be restrictive, in whole or in part and second, there will be a clear step by step process included which indicates who will be involved in the decision making process as to whether or not a practice is to be managed and reviewed. In the first instance any issue of restrictive practice will be reviewed by a standing committee of ChildVision therapists, including psychology. The function of this review will be to determine if a practice meets the clinical criteria to be deemed restrictive and, if so, how might it be modified or, at best, replaced with a non-restrictive practice.</p> <p>In the second instance, if a practice is found to be restrictive (whether modified or not) the issue will then be referred to ChildVision's Human Rights Committee which is independently chaired. The purpose of this second layer of review is to determine if the</p>	

practice is consistent with a young person's right to be treated with dignity and respect as an autonomous person. If the practice is found not to be consistent with human rights principles the Human Rights Committee will direct to this effect and the matter must be escalated to ChildVision's Senior Management Team for resolution.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/03/2026
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	20/04/2026