



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Áine
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	18 February 2026
Centre ID:	OSV-0009015
Fieldwork ID:	MON-0047804

## About the designated centre

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

Teach Áine is a dormer bungalow on the outskirts of Wexford Town providing full-time residential care for up to four adult residents with high dependency needs. As detailed in the statement of purpose for this centre, care and support can be provided for residents with severe to profound intellectual disabilities and physical disabilities, behaviours of concern, and sensory impairments. On the ground floor there is four resident bedrooms, a living room, dining room, two sitting rooms, a large kitchen, a utility room and five bathrooms. The first floor is used exclusively by staff and consists a staff office, a large meeting room, a staff room and a number of storage spaces. The house is situated close to shops, restaurants and other local amenities. There are two vehicles to support residents to visit their family and friends and access activities' of their choice. Residents are supported by a staff team consisting of a person in charge, a clinical nurse manager, registered nurses and multi-task workers.

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

Number of residents on the date of inspection:	4
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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 18 February 2026	09:30hrs to 16:30hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This was the first inspection of this designated centre since it was registered in July 2025. It was short-announced the day before and completed by one inspector of social services over one day. Based on observations and what residents, staff and a residents' representative told them, the inspector found that residents were in receipt of a good quality and safe service in this designated centre. Areas of good practice were identified in a number of areas and each regulation reviewed was found compliant.

Teach Áine can provide 24/7 care and support for up to four adults with a primary diagnosis of intellectual disability. There were four residents living in the centre at the time of this inspection. The designated centre comprises a dormer bungalow on its own site on the outskirts of Wexford Town. There are four resident bedrooms a large kitchen, a dining room, a laundry room, two living rooms and a number of bathrooms downstairs. The upstairs of the house is being used exclusively by staff with a staff office, a staff room, a meeting room, a bathroom and storage areas. There is a large front and back garden area. There are two vehicles available at Teach Áine to support residents to visit their family and friends and access their local community. The house is situated within walking distance of a number of shops and restaurants. Support is provided by a staff team comprising person in charge, a clinical nurse manager, nursing staff and multi-task workers.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting each of the four residents living in the centre, the person in charge and the five staff on duty (two of which were regular agency staff). Documentation was also reviewed throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

On arrival, the inspector observed a warm, friendly and welcoming atmosphere in the house. The inspector completed a walk around the premises with the person in charge. During this time they had an opportunity to meet three residents as they were engaging in their morning routines. One resident was in hospital on the morning of the inspection, but they returned to the centre later in the day.

Residents had a variety of communication support needs and used words, vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff members on duty were observed to be very familiar residents' care and support needs and their communication preferences. Residents were observed to smile and maintain eye contact with staff or to approach staff when they required their support.

Residents were being supported to choose what they want to do daily and this will be discussed further under Regulation 9: Residents Rights. Over the course of the inspection, the inspector had an opportunity to sit with each resident for a short time and to observe them as they went about their day. They were supported by staff to engage in activities of their choice in their home. For example, one resident used sensory equipment and another resident played musical instruments to the beat of their favourite songs. They used a number of musical instruments and the music was streaming through their phone to large speaker. They each appeared to enjoy these activities and were observed to smile throughout.

Over the course of the day three residents were observed to leave the centre. One resident went for a walk with staff. Three residents went out for pub grub at lunchtime. On return from hospital, the fourth resident was supported to enjoy a bath and get into their comfy clothes. They were observed relaxing in the company of staff as they recovered and recuperated after their hospital stay.

While spending time with one resident and members of the staff team, they spoke about two previous designated centres the resident had lived. When staff asked if they liked this house better they smiled and said they really like their room here. When asked if they were happy in this house, they said "yes".

The inspector also had the opportunity to speak to one residents' family member on the phone. They were complimentary towards care and support for their family member, and towards the staff team. They said they were aware of the complaints process and who to go to if they had any concerns. They spoke about some of the the positive impact of their family member moving from a congregated setting in the past where they shared their home with nine residents, to now sharing their home with three residents. Based on a review of documentation and through discussions it was evident that residents were being supported to spend time with the important people in their lives and this will be discussed under Regulation 11: Visits.

In summary, the house appeared homely and comfortable. Residents appeared happy and content in their home. They were choosing when and what activities they wished to take part in. They were spending time with the important people in their lives on a regular basis.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service provided.

## Capacity and capability

The findings of this short-announced inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good

practice and areas where improvements were required in their own audits and reviews.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge provided supervision and support to the staff team. The person in charge received supervision and support from a person participating in the management of the designated centre (PPIM). There was an on-call service available out-of-hours.

The centre was staffed in line with residents' assessed needs. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, induction, probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

### Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and also identified as person in charge of another designated centre close to this one. During the inspection, the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

The residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector were complimentary towards the support they provided to them. The inspector found they were focused on quality improvement initiatives and implementing a human-rights based approach to care and support for residents. They were also motivated to ensure that each resident was happy, safe, engaging in activities they find meaningful, exploring their new community and developing valued roles in their community.

Judgment: Compliant

### Regulation 15: Staffing

There were enough staff to meet the assessed needs of residents. When the centre opened based on residents' assessments a day time staffing compliment of four staff was implemented. However, once residents moved in this was not found to be fully meeting their needs, specifically relating to their social care needs. A risk assessment was completed by the person in charge and escalated to the funder. This had been approved and additional staffing was put in place, with a fifth staff on

duty for nine hours a day five days per week. As this had just been implemented relief or agency staff were covering these shifts.

There was one staff on long-term unplanned leave but based on a review of a sample of rosters this was not found to be impacting on the continuity of care and support for residents. For example, over a four week period the same regular relief or agency staff were covering the required shifts. There were planned and actual rosters and they were well maintained.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to training and supervision to support them to carry out their roles and responsibilities to the best of their abilities.

The inspector reviewed the staff training matrix and found that staff had completed training listed as mandatory in the provider's policy, including fire safety, safeguarding, manual handling, and infection prevention and control (IPC). In addition, they had completed a number of area specific trainings such as food safety and a number of trainings in line with residents' assessed needs.

The inspector reviewed a sample of supervision records for four staff. These were being completed in line with the timeframes identified in the provider's policies. The agendas were varied and resident focused. Discussions were held in relation to areas such as staff roles and responsibilities, incidents, safeguarding, risk management and training and development.

The staff members who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or the resident's care and support. They spoke about the availability of the person in charge and PPIM should they require support.

The inspector reviewed a sample of minutes of four staff meetings. Agenda items were varied and included discussions around resident's support needs and goals, incident review and learning, restrictive practices, safeguarding, risk management, staff training, fire safety and quality improvement initiatives.

Overall, the inspector found that the staff team received support and supervision to ensure good practice in the centre.

Judgment: Compliant

## Regulation 22: Insurance

The contract of insurance was submitted and reviewed as part of the provider's application to register the designated centre and was reviewed in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the management structure was in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

The person in charge was present regularly and demonstrated good monitoring and oversight of the centre. For example, they were following up on the actions from audits and reviews that were being completed in this centre.

The inspector reviewed the first six-monthly review completed by the provider for this centre. It was detailed in nature and findings were similar to those of this inspection with a number of areas of good practice identified. It reflected the positive impact for people moving to this house which was designed and laid out to meet their needs. As the centre was not open for 12 months, the annual review was not due to be completed at the time of the inspection.

In addition to the provider's audits, there was a folder in the centre with 29 audits to be completed at specific intervals throughout the year. For example, some were completed weekly, monthly, quarterly or six-monthly. The person in charge was completing some of these and had delegated the rest to specific members of the team. There was some repetition across these audits; however, they were being utilised effectively to identify areas of good practice and areas where improvements were required. The actions from these audits and reviews were tracked, marked when completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to register and it was available and reviewed in the centre during this inspection. It contained the required information and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector carried out a walk around the centre and a review of records and found that where required, notifications were submitted to the Chief Inspector of Social Services within the time frames specified in the regulations.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and were in the process of exploring their local community. They were spending time with their families and friends and had opportunities to set and achieve goals. The house was warm, clean, well maintained and homely.

The inspector reviewed each residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs. There were a number of restrictive practices in place and these were being regularly reviewed to ensure they were the least restrictive for the shortest duration.

Residents, staff and visitors were protected by the safeguarding, fire safety and risk management policies, procedures and practices in the centre. There was a system for responding to emergencies.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

### Regulation 11: Visits

The inspector reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. Based on what they read and were told, residents were supported to develop and maintain relationships. They were visiting and spending time with their family and friends on a regular basis.

There were a number of private and communal spaces available to them to receive visitors.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the premises was spacious clean, warm and homely. Its design and layout was suitable to meet the needs of residents living there.

The premises was renovated and specifically designed to meet residents' needs prior to them moving in. For example, rooms and corridors were spacious and three overhead hoists had been installed. There were systems to ensure that maintenance and repairs were completed in a timely manner. A monthly walk through audit of the premises was completed and the required works were logged and followed up on. For example, it had been identified that shelving was required in a number of areas and additional ventilation was required in the laundry room. These works were approved and scheduled to be completed after the inspection.

As residents had only moved in a number of months before the inspection they were in the process of decorating, furnishing and personalising their rooms. For example, they were in the process of picking and filling photo frames. Their bedrooms were spacious and they had suitable storage facilities for their personal possessions. Their favorite items and pictures were on display.

A number of works had been completed to the garden before residents moved in to make it more accessible and more were planned. For example, funding was in place for a robot lawnmower and for a landscape company to come in and further develop the existing garden.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was available and reviewed in the centre during the inspection. It contained all of the information required by the regulations. This included information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider's risk management policy was reviewed and found to meet regulatory requirements. There was a detailed emergency plan in place which was regularly reviewed.

The risk register, a risk management audit, four health and safety audits, 10 general risk assessments and 11 residents' individual risk assessments were reviewed. These were found to be reflective of the presenting risks in the centre. They were also up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed a sample of eight incident reports from 2025. The person in charge was completing monthly incident review and trending. Follow up actions were taken and learning was shared with the team in the sample of team meetings reviewed. Based on a review of incidents, the required general and individual risk assessments were in place. The control measures were detailed in nature and had an appropriate risk rating assigned to them. Now that the centre was operating six months the risk rating of some risk assessments were being reduced as it was now demonstrated that the existing control measures were proving effective at reducing presenting risks.

The inspector found that there were systems to respond to emergencies and to ensure the two vehicles in the centre was roadworthy, suitably equipped and regularly serviced.

Judgment: Compliant

## Regulation 28: Fire precautions

As previously mentioned, the inspector carried out a walk around of the house during the inspection. They observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were fire doors with swing closers in place, where required. The inspector reviewed records for 2025 to demonstrate that quarterly service and maintenance were completed on the above named fire systems and equipment.

There was a detailed fire risk assessment in place for the centre. Three fire safety audits were reviewed and these were reviewing areas such as alarm testing, emergency lighting, fire-fighting equipment, fire detectors, the fire register, means of escape and drill checks. They were identifying when actions were required. For example, the release system on one fire door was not fully operational and then arrangements were made to replace it.

The inspector reviewed a sample of eight fire drill records since the centre opened. Drills were occurring frequently, and records reviewed demonstrated that the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios. Drills were occurring with the available equipment options and minimum staffing levels.

Personal emergency evacuation plans for two residents were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. The fire evacuation plan was on display and included the different routes for evacuations.

Judgment: Compliant

## Regulation 6: Health care

Based on a review of documentation and discussions with staff, residents were being supported to enjoy best possible health. Their health and wellbeing was being supported through diet, nutrition and recreation.

From a review of two residents' plans, it was evident that, as required, they had access to a general practitioner (GP) and a range of health and social care professionals in line with their assessed needs. For example, they were supported to access dietitian, speech and language therapist and consultants in line with their assessed needs. Where treatment and recommendations were made, these were being implemented.

Residents were cared for by trained staff who engage in continuous professional development, enabling them to support residents in line with their specific healthcare needs. For example, staff were trained in first aid and the safe administration of medicines, including oxygen and epilepsy rescue medicines.

They had a log maintained of all their appointment and follow ups. The inspector reviewed a sample of 14 support plans relating to healthcare which were detailed in nature and reviewed as required. Residents had a number of assessments completed in line with their healthcare needs such as nutrition, falls and skin integrity. They were having annual health checks. In addition to health passports they had emergency grab sheets for use if they needed to go to hospital.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector found that residents were supported to access supports in line with their assessed needs. There were a number of restrictive practices in place and the provider was reviewing these on a regular basis to ensure they were the least restrictive for the shortest duration.

Each resident was accessing the support of a behaviour specialist and three residents had positive behaviour support plans in place. They were also accessing psychology and psychiatry input, as required. Each residents' plan was reviewed by the inspector and found to contain proactive, reactive and post incident strategies. These plans were sufficiently detailed to guide staff how to respond while supporting residents. In addition, each resident had a grab sheet which detailed cues/triggers, required supports and interventions.

Some examples of restrictive practices in place included, door and keypad locks, welfare checks at night in line with residents' healthcare needs, bed rails and lap belts on equipment. From a review of the each residents' assessments and plans, these restrictions were regularly reviewed. They were reviewed at least annually by the provider's rights committee which had external representation and six-monthly during restrictive practice audits. In addition, they were reviewed monthly during care plan audits. The documentation reviewed demonstrated that the provider was reviewing restrictive practices on an ongoing basis to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

## Regulation 8: Protection

Based on a review of documentation and discussions with staff, the inspector found that residents were protected by the safeguarding policies, procedures and practices in this centre.

From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge and two staff on duty and found that they were all knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Each resident had a risk assessment detailing their vulnerabilities to abuse. They also had a safeguarding support plan in place. Prior to their transition to this centre compatibility assessments had been completed to review their environment and determine if they were compatible to share their home with each other. Residents had lived together in the past but it had been a number of years since some had shared their home.

The provider had a safeguarding policy which was available and reviewed in the centre. There had been no safeguarding concerns notified to the Chief Inspector

since the centre opened. However, the inspector reviewed the systems in place to ensure that safeguarding plans were developed and reviewed, if required.

Each resident had a detailed intimate care plan in their personal plan folder. The inspector reviewed a sample of two and they were detailed in relation to residents' support needs and how they communicate their choices and wishes and preferences.

The inspector reviewed the systems in place to ensure that residents' finances were safeguarded. This included a review of the finance folder, residents' financial assessments, a log of all their purchases and the corresponding receipts. These records were regularly audited and reconciled against statements of account. A monthly audit was being completed on residents' finances and property and their valuables were checked against their property inventory at least six-monthly.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre.

The inspector observed staff treat residents with dignity and respect throughout the inspection. Staff who spoke with the inspector discussed residents' strengths, talents and goals. They used person-first language and described how important it was to them that each resident was happy, safe and engaging in activities they find meaningful.

Staff had completed additional training in areas such as the fundamentals of advocacy, supporting decision making, four modules on applying a human-rights based approach in health and social care, communicating with people with ID, and social role valorization.

Menu and activity planning was discussed at residents' meetings. Since moving to the house residents' preferences on how they like to have information presented was further explored. It was identified that easy-to-read documents did not meet some residents' communication preferences and that they preferred to watch videos online on their phones and tablet computers about topics such as safeguarding, rights and the availability of advocacy services. For other residents picture rosters were on display and there were easy-to-read documents and social stories available in areas such as safeguarding, rights, complaints, mental health, finances, fire safety, and how to access advocacy services. A log was maintained of when these documents were reviewed with residents.

Throughout the inspection, residents were observed moving freely around the house and they appeared very comfortable in the presence of staff. They were observed to

seek out staff support if they required it, and to spend time in shared areas of their home, or alone in their bedrooms.

As some residents did not express their opinions verbally a document was in place outlining how they indicate their consent and how they show they are withholding their consent. For example, what body language, vocalisation, gestures and body movements they use to give or withhold consent.

There had been a significant focus since this centre opened on supporting residents to develop and achieve their goals. For example, they had each gone on a holiday and for some this was their first holiday since moving to residential services. Staff had researched and sourced hotels with accessible rooms and facilities. Residents' goals included building relationships and developing their roles in the local community. For example, plans were in progress to support residents to become members of local clubs and societies.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant