Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kilcarra
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 May 2026
Centre ID:	OSV-0001708
Fieldwork ID:	MON-0050234

About the designated centre

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

Kilcarra is a designated centre operated by Sunbeam House Services CLG. The centre provides residential care for men and women who are over the age 18 years. The centre comprises a five bedroom bungalow in a rural area close to a large town. Kilcarra supports people who have severe and profound intellectual disabilities and may also have physical disabilities. All residents have a high level of dependency. The residents in Kilcarra receive a wraparound service which looks at community inclusion and providing opportunities for residents to experience activities and events which can enhance and improve the quality of their life. There is a full-time person in charge and dedicated team to ensure that all residents receive the highest standard of quality care. There are staff available to support residents 24 hours a day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 May 2026	10:25hrs to 16:15hrs	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 good level of compliance with the regulations, and that residents were in receipt of a safe and quality service.

The centre comprises a bungalow located in a picturesque and rural setting with beautiful views of the countryside. It is within a short driving distance of a large town with many amenities and services. There is a vehicle available in the centre for residents to access the town and beyond.

The inspector walked around the centre with the person in charge. Overall, the premises was seen to be bright, clean, homely and well maintained. Each resident had their own bedroom, which were decorated in line with their personal tastes and provided sufficient storage space for their possessions. There was sufficient communal space, including a large sitting room, a kitchen with dining space, and bathrooms. The inspector observed that specialised equipment was available to residents; for example, mobility equipment such as electric beds and hoists. The equipment was up to date with its servicing requirements.

There were large front and rear gardens with mature trees and bright plants. The gardens were well maintained and provided an inviting outdoor space to use. There was also a cabin-style exterior room with decking in the front garden that was primarily used by one resident. It was nicely furnished.

The inspector also observed good fire safety precautions, such as fire detection and fighting equipment throughout the centre. The premises and fire safety are discussed in further detail in the quality and safety section of the report.

Overall, the inspector observed a peaceful and homely environment in the centre. For example, photos of residents were displayed in the hallway, the furniture was comfortable, and staff prepared home cooked meals for residents. Residents appeared to be relaxed and content in their home, and staff were warm and kind to them. For example, the inspector observed staff gently holding a resident's hand to guide them through the house and sharing jokes with residents. Residents responded to staff by smiling.

The inspector met all four residents. They communicated using non-verbal means, including gestures, manual signs and body language. They did not express their views to the inspector, but did make eye contact and smiled. The inspector asked two residents if he could read their assessments of need and care plans, and with staff support they indicated yes. The residents were supported by staff in the centre

with their social and leisure activities. During the inspection, residents were seen using smart devices and personal electronics, listening to music, watching television, and spending time in the garden, cabin, and with staff in the kitchen while meals were being prepared.

The inspector also spoke with different members of staff working in the centre, including the person in charge, the deputy manager, and social care workers. They gave good feedback on the quality of care and support residents received, and had no concerns for their safety.

On the day of the inspection, three staff were scheduled to be working, including an agency staff member. However, the agency staff member had cancelled their shift, and the management team were unable to find another staff member to fill it. Staff told the inspector that it was very rare for the centre to be short staffed, and that it did not impact on residents' safety as a risk assessment had determined that the centre could operate safely with two staff members on duty. The person in charge and deputy manager were also available to provide additional support to residents if required.

Staff also spoke about a range of matters, including residents' care needs and interests, safeguarding arrangements in the centre, staff training and supervision, and fire safety. They were found to be well informed on the matters, and spoke about residents with warmth and affection.

Overall, the inspector found that residents were in receipt of a safe and high-quality service, and that adequate arrangements were in place to meet their assessed needs and wishes. The centre was homely and provided a safe and nice place to live. Minor improvements were required to the maintenance and review of residents' care plans.

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

There were good 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 ensured that the centre was well-resourced. For example, the premises met residents' needs, and multidisciplinary team services were available to them.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and were supported in the management of the centre by a deputy manager. The person in charge reported to an operations manager, and there were systems for them to

communicate and escalate information, including scheduled meetings. The operations manager reported to an operations director, who in turn reported to a Chief Executive Officer (CEO).

The provider and local management team had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out with actions identified to drive quality improvement.

The staff skill-mix, of social care workers and healthcare assistants, and complement was appropriate to the number and assessed needs of residents. There was one vacancy, however it was well-managed to reduce the risk of any adverse impact on residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal appraisal meetings. Staff could also contact an emergency on-call service for support outside of normal working hours.

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 recent staff team meetings from February to May 2026 which noted discussions on HIQA inspections, audit findings, infection prevention and control, restrictive practices, incident reporting, complaints, safeguarding protocols, and fire safety.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising the person in charge, a deputy manager, social care workers and healthcare assistants, was appropriate to the number and assessed needs of the residents living in the centre.

There was a healthcare assistant vacancy of less than one whole-time equivalent. On the day of the inspection, the management team were interviewing applicants for the post. The vacancy was well managed to reduce the impact on residents; regular relief and agency staff worked the vacant shifts. However, on the day of the inspection, an agency staff had cancelled their shift, and the management team were unable to fill it. The person in charge and staff on duty told the inspector that this was a very rare occurrence, and that there was still enough staff on duty to maintain residents' safety and wellbeing.

The inspector found that staff spoken with were well informed on the topics discussed, such as residents' care plans.

The inspector viewed a sample of the March, April and May 2026 planned and actual staff rotas. They recorded the names of staff working in the centre and the hours they worked. They also indicated that planned staffing levels were maintained.

Staff Schedule 2 files were not reviewed as part of 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 records viewed by the inspector showed that staff were up to date with their training requirements. The training included safeguarding of residents, administration of medication, first aid, communication, human rights, supporting residents with modified diets, management of complaints, infection prevention and control, and fire safety. Five staff required positive behaviour support training, and were scheduled to attend it in June 2026.

The person in charge provided informal support and formal supervision to staff working in the centre. The inspector reviewed three staff supervision records, and found that they had received formal supervision in line with the provider's policy. Staff could also utilise an on-call service outside of normal working hours if they required support.

Staff spoken with were satisfied with support they received, and described the management team as being open and responsive.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The inspector found that it was well-resourced to ensure the delivery of effective care and support. For example, the staffing arrangements were appropriate to residents' needs, the premises were well-maintained, and a vehicle was available for residents to access community services.

There was a clearly defined and effective management structure with associated lines of authority and responsibilities. The person in charge was based in the centre, and supported in their role by a deputy manager. The deputy manager's duties included supervising staff, carrying out audits, and organising staff rotas. This local management team also had responsibility for another designated centre. However,

this did not impact on their effective governance, management and administration of the centre concerned.

The person in charge reported to an operations manager, and there were arrangements, for them to communicate and escalate information, including regular scheduled meetings. The inspector reviewed a sample of their meeting minutes dated from November 2025 to April 2026. They noted discussions on staffing, residents' updates, risks, safeguarding plans, audit findings, incidents, and restrictive practices. The operations manager also frequently visited the centre as part of their oversight arrangements.

The provider and local management team carried out a suite of audits, including detailed unannounced visit reports and annual reviews, and comprehensive health and safety, and infection prevention and control (IPC) audits. The audits identified actions for quality improvement which were monitored by the person in charge.

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

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been no admissions to the centre since the last inspection in 2024. The inspector reviewed two residents' contracts for the provision of services. They were found to be up to date, and outlined the fees residents were to pay and the terms of their residence in the centre. The contracts had been prepared in an easy-to-read format using pictures to make them easier to understand.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support. Residents were safe and had a good quality of life. Residents did not communicate their views to the inspector, but they appeared to be comfortable and relaxed with the care and support they received from staff. Staff told the inspector that residents were happy and safe, and they had no

concerns for their wellbeing. The inspector observed that staff engaged with residents in a respectful manner, and were able to communicate with them.

Residents got on well living together, and appropriate arrangements were in place to safeguard them from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. The inspector found that previous safeguarding concerns had been managed appropriately, and that staff spoken with knew how to report potential safeguarding concerns.

The person in charge had ensured that residents' health, social and personal care needs had been assessed to inform written care plans. The inspector reviewed two residents' care plans, including those on communication, meals, behaviours, health care, and social goals. The health care plans reflected input from a range of multidisciplinary team services. One resident's social goal plans required updating to reflect barriers in achieving their goals and changes of circumstances. A safety plan also required review to ensure that it was comprehensive and clearly outlined guidance for staff to follow.

Residents were supported to engage in various activities in line with their wishes and interests, including swimming, eating out, and using smart devices. Some residents also liked to go on hotel breaks with staff.

The premises comprises a bungalow in a rural setting that is within a short driving distance to a large town with many amenities and services. The premises were observed to be bright, comfortable, clean, and generally well-maintained. Some upkeep was required in places, such as to a damaged external door, and had been reported to the provider's maintenance department. Overall, the inspector observed a warm, peaceful, and homely environment in the centre.

The inspector observed good fire safety precautions. For example, there was fire-fighting and detection equipment, and the fire doors closed fully when released. The inspector observed potential risks to the effectiveness of two fire doors and two fire extinguishers during the inspection. However, the provider's maintenance manager visited the centre during the inspection and made arrangements to mitigate the risks.

There were good arrangements for the assessments of risks in the centre. The arrangements were underpinned by a written policy. Centre and resident specific risk assessment had been completed. The inspector viewed a sample of them. They were up to date and outlined control measures to manage and mitigate the risks.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in their own individual means.

Residents communicated using various and multimodal non-verbal means, such as manual signs and gestures. Staff had completed communication training, and the inspector reviewed two residents' care plans and found that they outlined clear information on how residents' communicated for staff to refer to. Staff spoken with were able to describe the means residents used.

The provider's February 2026 unannounced visit report of the centre recommended that additional visual aids were developed for residents. Staff told the inspector that visual aids had been trialled in the past, but were not effective. However, the person in charge contacted the provider's speech and language therapist during the inspection to seek assistance in developing new aids that could be tried.

The provider had ensured that residents could access different media forms in the centre, including television, newspapers, smart devices for streaming entertainment, radio and the Internet.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be appropriate to the number and needs of the residents. The premises comprises a large bungalow. The bungalow is located in a rural and peaceful setting that offers pleasants views of the countryside.

The premises were seen to be clean, bright, comfortable, and well-maintained. The bungalow was homely and nicely decorated. Residents had their own bedrooms, which were decorated in line with their personal preferences; for example, some residents had their own large televisions and had family photos on display. There was sufficient communal space, including a large sitting room, a kitchen with dining space, and bathrooms. There was also an external cabin with decking that provided an additional comfortable and private space for residents to use. There was also a staff sleepover room and an office. The gardens were mature and nicely maintained with bright plants and raised planting beds.

The provider had ensured that specialised mobility equipment, such as hoists and electric beds, was available to residents, and there were arrangements to ensure that the equipment was kept in good working order.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had prepared a written risk management policy which outlined the arrangements for the identification, assessment and management of risks. The

policy also referred to positive risk taking and promoting residents' rights to make decisions in their lives.

The inspector reviewed a sample of the risk assessments for the centre and residents' individual risk assessments. They outlined various risks, including infection prevention and control, aspiration, behaviours of concern, abuse, injury and harm, fire, and staff shortages. The assessments were up to date, and detailed control measures to reduce and mitigate the risks.

The vehicle used in the centre was observed to be clean and tidy. It had been recently serviced and was insured.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems in the centre. There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. Staff completed daily, weekly and monthly checks of the equipment, exits and escape routes.

The fire panel was addressable and easily found in the front hallway. The fire alarm in the outdoor cabin was connected to the fire panel. During the inspection, a staff member activated the alarm in the cabin and the inspector could clearly hear it in the kitchen even with music from a radio playing in the background. There were fire doors throughout the premises. The inspector released the doors, including the kitchen and bedroom doors, and observed that they fully closed.

The exit doors had easy-to-open devices to aid a prompt evacuation. The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they required in evacuating. Fire drills, including night-time scenario drills, were carried out to test the effectiveness of the evacuation plans. The records of the drills were reviewed by the provider's health and safety officer as part of the provider's oversight systems.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' care needs were assessed which informed the development of personal plans.

The inspector viewed a sample of two residents' health, social and personal care plans including those on intimate care, behaviour, eating and drinking, communication, finances, and safety. The inspector asked the residents' permission before viewing the plans. The plans outlined information on residents' personalities, preferences, and their care and support needs. The plans were readily available for staff to refer to, and staff spoken with had a good understanding of them, such as resident dietary and intimate care needs.

However, some residents' social goal plans required updating. For example, one resident had a goal of swimming since November 2025, but it had not yet been achieved. Staff told the inspector about barriers to the goal; however, they had not been recorded or escalated. Another related to attending a social club, but staff told the inspector that the resident had not attended the club in approximately six months. Overall, the goals required review and updating to ensure that they remained meaningful and were being progressed in line with residents' wishes.

Additionally, information related to a specific risk to a resident's safety required cohesion to ensure that staff had clear and comprehensive guidance in order to effectively respond to the risk if it presented.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider and person in charge had ensured that residents received appropriate health care.

Residents were supported to access to the provider's multidisciplinary team and community services as they required. For example, general practitioners (GPs), dentists, nursing, chiropodists, physiotherapy and specialist services.

Written care plans outlined the supports and interventions required by residents. The inspector reviewed two residents' care plans, and found that they were up to date. The inspector discussed a sample of the plans with staff and found that they were well informed on the interventions outlined in the plans, such as when to administer certain medicines.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The provider had prepared a written safeguarding policy, which underpinned the systems and outlined the associated arrangements.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to. Staff spoken with during the inspection were aware of the procedures for responding to and reporting potential safeguarding incidents.

The inspector found that safeguarding incidents in the centre had been appropriately reported, responded to, investigated, and managed. For example, the inspector reviewed three safeguarding concerns from the previous 12 months, and found that they had been reported in line with the provider's policy, and that associated safeguarding plans had been prepared.

The inspector reviewed two residents' care plans, and found that they contained information on their personal and intimate care needs for staff to follow to help ensure that they supported residents in a manner that respected their privacy and dignity.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. Residents were supported to make decisions in their lives and have active lives. For example:

- residents had active lives, and were supported to engage in activities that they enjoyed. The inspector reviewed two residents' recent activity records and key worker meeting minutes. They noted activities in line with residents' interests, such as using sensory rooms, going to parks, eating out, visiting family, going to pubs and hotels, and using electronics and smart devices
- residents were supported by allocated key workers to choose, plan and achieve individualised goals meaningful to them. For example, going on hotel breaks with staff. As noted under Regulation 5: Individualised assessment and personal plan, some improvements were required to the records of social goals.

Information about residents was written using personal and person-centred language, and described the residents' individual personalities and what is important to them, such as their hobbies and interests.

The inspector also observed that residents were treated with respect during the inspection; for example, staff spoke warmly with them and were gentle when

providing physical supports. Staff had also completed human rights training to support their understanding of how to promote residents' rights.
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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcarra OSV-0001708

Inspection ID: MON-0050234

Date of inspection: 27/05/2026

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 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Keyworkers' session has been scheduled with the residents with a specific focus on individual goals. Documentation will be amended, and reviewed goals will be shared and discussed at the staff meeting. Date for next staff meeting 22/07/2026. Goals status will be updated during monthly key working sessions. This will be completed by 31/08/2026

Risk assessments and support plans will be reviewed and revised to clearly identify the risk and support plan will provide clear guidance to staff. This will be completed by 30/06/2026

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/08/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2026