



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

Issued by the Chief Inspector

Name of designated centre:	Moorefield House
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	08 September 2025
Centre ID:	OSV-0001959
Fieldwork ID:	MON-0039495

About the designated centre

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

Moorefield House consists of a two story detached house, including an adjoining apartment, located in a village area. The centre can provide a home for up to four residents, each with their own bedrooms, and also provides bedrooms for volunteers working for the provider. This centre also contains a kitchen/dining area, sitting room, laundry room, a staff office and bathrooms. The centre provides 24 hour residential care and support for those who have mild to severe intellectual and physical disabilities, over the age of 18 years, both male and female. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care. The centre does not provide emergency admissions and residents avail of day care service facilities in the surrounding area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 8 September 2025	09:00hrs to 17:30hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations and inform the upcoming registration renewal decision. From what the residents told the inspector and based on what they observed, a good quality of care and support was provided in this centre.

Overall, the provider, local management and staff team were striving to provide a person centred approach and ensure residents were safe in the centre, while the inspector noted many improvements since the previous inspection there was a number of regulations that still required improvements to ensure they were compliant with all regulations. Improvements were identified in governance and management, premises, positive behaviour support, medication and pharmaceutical services, and admissions. These will be discussed in detail throughout the report.

The centre was located in a village area outside Kilkenny city, it consisted a two story detached house. The centre is registered to accommodate four adults and currently has no vacancies. The property has an adjoining apartment where one resident had been admitted earlier this year. This apartment has a kitchen, dining and living area and a spacious en suite bedroom. They told the inspector how they enjoyed choosing all the paint colours and decor for their apartment. The other three residents resided in the main house two upstairs and one downstairs. These bedrooms were seen to be individually decorated in line with residents preferences and interests. For example, one resident had sporting memorabilia on display. Overall, the property had a homely feel, it was decorated nicely and was clean and tidy although some areas did require repair or replacement, such the cabinetry in the utility and kitchen.

The inspector had an opportunity to meet with three of the four residents who lived in the centre. One resident was at day service and community activities for the duration of the inspection.

Residents told the inspector about living in the centre, they spoke about how they decorated their own bedrooms, how they interact and spend time with other residents in the centre and also about different activities and trips they have been involved in. One resident spoke about beauty treatments they like to receive and others spoke about horse riding and attending GAA games. One resident was still in a period of transition to the centre and express how they felt settled in the centre and enjoyed the other residents they lived with, the reported staff cook nice dinners and they enjoy going swimming.

On the morning of the inspection, when the inspector arrived all residents had already left the centre to partake in their scheduled activities. The person in charge

and the house leader both facilitate the inspection. The inspector also had the opportunity to speak with three of the live in volunteers and a staff member.

Volunteers expressed that residents were comfortable in the centre and had access to a range of activities, from day service, community based activities and in house activities such as playing football and table top games. The inspector observed volunteers and two residents playing football when leaving the centre. Residents were laughing and cheering each other on and eager for everyone to get involved. Volunteers reported they were supported at all times and felt the training and initial induction period supported them to carry out their role effectively. One volunteer spoke about the safeguarding policy and how they could identify and report concerns.

The inspector observed that staff spoke with residents respectfully and reassured them where necessary. Relationships with family and friends were important to the residents in this centre and the staff spoke of how they supported these. Residents met their family regularly and met their friends for coffee or visited each others homes to share a meal together.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. The residents used these documents to provide information on the care and support being provided within the centre. Residents indicated that it was a nice place to live and that staff knew their likes and dislikes. Residents also indicated that their privacy and dignity was respected and overall they were satisfied with the care and support received.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of a good quality of care and support. They were supported and encouraged to take part in the day-to-day running of their home and in activities they enjoy.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with local management found that provider's systems to monitor the quality and safety of care and support required review to ensure they were proving fully effective. The inspector observed that the six monthly unannounced visits were not fully completed and the provider annual review was not made available to residents

of the centre. Improvements were also required in relation to premises, medicines management, admissions and positive behavioural support.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. For example, the provider had submitted an updated residents guide outlining the type of service available in an easy read format for residents.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for this designated centre and two others operated by the same provider.

There was suitable support arrangements in place to ensure effective management of this centre including a full time house leader who was only based in this centre only. The person in charge demonstrated a very good knowledge of the residents who were supported in the centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of rosters and found that there was an established staff team in place which ensured continuity of care and support to residents. The roster demonstrated the staffing ratio was in line with the needs of the residents living in the centre.

The staff team is stable and consistent and comprises of house leader, deputy house leader, social care worker and care assistants. The centre also has access to a staff nurse who works across three centres operated by the same provider.

Team meetings were seen to be held weekly, from review of the minutes, discussions were held in relation to safeguarding, learning from incidents, risk

assessments, and a detailed update on all residents health, well being and goal progression. From these meetings and consultation with residents a weekly schedule was developed identifying where residents were going throughout the week, any supports required such as transport or staff, for example, if a resident was planning a home visit the drop off and collection times would be noted. This schedule also identified the on-call arrangements for the week and the cleaning schedule.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a system in place for the training and development of the staff team. From a review of a sample of training records, it was evident that for the most part the staff team had completed training which had been identified as mandatory by the provider, such as fire safety, safeguarding, medication management and manual handling. The staff team had also completed additional training in areas such as epilepsy awareness and dysphagia, in line with the assessed needs of the residents in the centre.

For staff who were due to completed training or refresher training, the person in charge had this planned in advance.

There was a supervision schedule in place and staff were in receipt of supervision in line with the providers policy. From review of supervision minutes, staff were supported with discussions around best practice, legislative guideline, work load management and review of previous actions. From discussion with staff and house leaders, they felt supported in their role and were aware of their duties and responsibilities.

Judgment: Compliant

Regulation 19: Directory of residents

The provider and local management had ensured that a directory of residents had been maintained for the centre with up-to-date information on all residents. From review of this directory, the inspector found it to be comprehensive and include information as identified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place which was lead by the person in charge who also had responsibility for two other designated centres operated by the same provider. The person in charge reported to the service manager. The person in charge was supported in their role by a team leader and deputy team leader, who both were actively involved in the centre.

While the provider was implementing systems to monitor the quality and safety of service provided for residents these systems required review and improvement. The provider had completed two unannounced six-monthly audits in the last 12 months in the centre as per the time frame outlined in the regulations. However, from review of these audits they were not fully completed and did not give a full representation of the lived experience of residents. Between 33% and 46% of each audit was marked as TBC (to be confirmed) in the action section with no data available on their findings.

The provider had also completed a annual review of the centre in November 2024 and this had not been discussed or made available to the residents living in the centre, this also required review.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

As part of the admission process the resident was provided with a contact of care and an easy-to-read residents guide. On review of the contract of care it was found that there was no record of any conversation or discussion held with the resident in relation to the contact or the residents guide. The contact was also not signed or dated by the resident, the provider or a witness as outlined at the end of the document. This required review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

Inspectors reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Quality and safety

From what the inspector observed, speaking with residents, staff and management and from review of the documents it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure residents were in receipt of a good quality and safe services. Residents were offered good opportunities to engage with their community and complete activities of their choosing.

The centre was homely and clean although some premises works were outstanding such as the replacement of the utility and kitchen cabinetry and upgrade works to one of the main bathrooms. Improvements were also required in relation the management of medication and the guidance available to staff for 'as required' (PRN) medication, stock rotation and use of restrictive practices.

There was a range of systems in place to keep residents safe, including risk assessments, safeguarding procedures and support plans. For the most part the systems in place were utilised in an effective manner.

Regulation 17: Premises

The provider had completed work to the property since the previous inspection and new flooring was due to be fitting in one of the hallways the week of the inspection. While the provider was actively working on some maintenance of the property some

work was still outstanding with no approved funding or time frame outlined as to when it would be completed. The utility and kitchen cabinetry was chipped and peeling and required replacement. One of the main bathrooms also required upgrade, the grout between the floor tiles was lifting increasing the infection prevention control risk.

The centre had a number of communal spaces including the kitchen dining area, sun room and sitting room, all were nicely decorated with soft furnishings and several photos of residents displayed all over the walls. Residents also had access to a garden at the rear of the house which was surrounded by mature hedging and foliage and had a large goal post at the top of the lawn.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspectors reviewed a resident's guide which was submitted to the Office of the Chief Inspector prior to the inspection taking place. For the most part this met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre. On the day of inspection the inspector requested the provider review of the residents guide ensuring it reflected how residents were involved in the running of the designated centre and to submit the updated copy to the Chief Inspector of Social Service, this actions was completed by the provider.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

There were systems in place to record incidents, accidents and near misses and learning as a result of reviewing these was used to update the required risk assessments and shared with the staff team via team meetings.

The inspector reviewed the individual risk assessments in place for the four residents and found that the control measures in place suitably address the risk. For example, there was a risk assessment in place for one resident in relation to their risk of falls, it had been updated and was reflective of the current control measures

in place since their last fall and all follow up appointments and outcomes had been identified. All risk assessments were in date and were reviewed regularly by the person in charge.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. For the most part these systems were working effectively.

The inspectors observed that there were suitable storage facilities for medicines, including a system for storing 'as required' medication (PRN). The inspector reviewed the residents medication records and associated documentation. Each resident had up to date record with their perscribed medication and their was suitable recording documentation in place for the administration of medication.

Improvement was required in relation to PRN protocols and stock rotation. There was an absence of PRN protocols for some residents PRN medication to identify when and how the medication was to be administered, along with the maximum does to be given in 24 hours. On review of the medication press and stock records the inspector observed one item of medication that was passed its expiry date. This was removed and returned to pharmacy on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found them to be person-centred and detailed. It was clear from review of plans where residents' strengths and needs were and there was clear documentation of residents' wishes and what they liked to do or not do. Examples of care plans reviewed included, skin care, mouth care, hair care including reference and guidance to prescribed and non-prescribed shampoo for one resident.

One resident who had was admitted to the centre earlier this year had an assessment of need and subsequent care plans in place to guide staff in the areas they required support.

All residents had identified goals that were reviewed annually. The goals were recorded under a number of heading including, identifying the goal, the actions required to make it successful and progress of the goal. Residents had identified goals such as, swimming, visiting family and friends, training programmes, trips

away, attending a show or musical to name a few. Many of these were seen to be achieved, one resident had been to see a musical, one enjoyed a trip to Dingle during the summer and another had started to regularly attend a hotel leisure centre to go swimming. The centre was also keeping a weekly house and work-shop (day service) report on all goals to monitor progress.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

Residents who required it had positive behaviour support plans in place. These plans had been developed almost nine years ago, from review many aspects of them were still relevant and effective and the person in charge was ensuring they were reviewed at least annually. The person in charge had informed the inspector the registered provider had recruited a behaviour specialist to cover the three centres and they would be commencing in their role in the coming weeks and would begin with reviewing all plans in place to ensure they are appropriate to the residents needs.

A previously mentioned the use of restrictive practice required review. One restrictive practice in use in the centre was an alarm on the front door to alert staff when it was opened. This was previously put into place for one resident who had a risk of leaving the centre. This resident had not engaged in this behaviour in excess of 12 months but the restriction was still in place, the inspector was not assured this was the least restrictive given the significant reduction in the risk.

Judgment: Substantially compliant

Regulation 8: Protection

The provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy and procedure in place which protected the people using services. The policy was clearly laid out and all staff had received safeguarding training to support them in the prevention, detection and response to safeguarding concerns.

The inspectors reviewed a sample of incidents and accidents occurring in the designated centre which demonstrated that incidents were appropriately managed and responded to. There were no open safeguarding plans on the day of inspection.

There was evidence of compatibility and preferences being considered during the transition and admissions process. Visits to the centre were planned for the resident transitioning and residents who already resided in the centre were consulted on this before they took place. All residents had an opportunity to spend time together on a number of occasion to access their compatibility before the admission took place.

Judgment: Compliant

Regulation 9: Residents' rights

Through a review of documentation, discussions with residents, staff and volunteer members it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spend their time.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were observed being offered choices in a manner that was accessible for them. Residents privacy was maintained in their home and they were observed to seek out staff support if and when they needed it.

The inspector found that residents meetings were happening in line with the providers policy. From a review of minutes they were found to contain information that related to how residents spend their time, what they would like to eat, and information provided to residents in relation to matter that effected them. For example, residents had been informed of the planned inspection for the centre and residents were shown a photo of the inspector and supported to complete the questionnaires in advance of the inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moorefield House OSV-0001959

Inspection ID: MON-0039495

Date of inspection: 08/09/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• L'Arche Ireland Audit Team are currently working on improving the Audit Tool to remove any information that is not relevant to an adult service.• The audit team will ensure that more areas are covered within the inspection.• The PIC will ensure that all audits are reviewed, and a detail action plan is implemented.• Annual visits and other relevant information will be discussed with Residents during their weekly meetings. <ul style="list-style-type: none">• Completed By 1st November 2025	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none">• All contracts have been signed and discussed with the resident. Completed.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Costings for upstairs bathroom have been approved awaiting a start date from company carrying out the work. Completed 1st Nov • Awaiting Costings for Kitchen & utility room upgrade. Once prices are gathered the work will be carried out. <p>Completed By Jan 2026</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Protocols are currently being developed by the L'Arche Nurse for all residents. PRN medication with all relevant information required considering when to administer, dosage and how to administer the PRN. Complete 1st November • Weekly checks are done on medication cupboard to ensure all items are in date and a signing off sheet in place. House Leader has reviewed with staff the correct process for this. <p>Completed.</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> <ul style="list-style-type: none"> • Behavioral Support Specialist will meet with PIC and staff on 28/10/25 to discuss all BSP Plans and will review the restrictive practice regarding the alarm on the door. The risk will be looked at and reviewed to see if this practice is still required. <p>Completed by 28/10/2025</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2026
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Substantially Compliant	Yellow	01/11/2025
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall	Substantially Compliant	Yellow	09/10/2025

	reside in the designated centre.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	30/11/2025
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	28/10/2025