Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kare DC8
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0001987
Fieldwork ID:	MON-0049855

About the designated centre

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

Kare DC8 is a designated centre registered to provide residential short breaks (respite) to children and adults with an intellectual disability. The centre has six registered beds and accommodates children and adults, at separate times, in a dormer bungalow situated just outside Kildare Town. The house includes a living room, kitchen-dining room, utility room, a sensory room, six bedrooms, a bathroom, sluice room and an office, toilet and bedroom for staff. There is a large garden on the premises with a play area which includes a trampoline, swing and jungle gym with slide. A minibus is provided to assist residents attend their day service, school and social activities during their stay. A full-time person in charge leads a team of social care workers, social care assistant and nurses employed in this centre to support service users during their stay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Tuesday 31 March 2026	16:40hrs to 21:00hrs	Raymond Lynch	Lead
Wednesday 1 April 2026	09:00hrs to 16:00hrs	Raymond Lynch	Lead
Wednesday 1 April 2026	14:30hrs to 16:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

The children availing of respite services in this centre were very well supported and cared for, enjoyed their short breaks in the house and, staff were at all times observed to be child-centred, warm and caring in their interactions with the children.

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). This respite centre was registered for six beds and could cater for both adults and children (adults and children were never on respite breaks in the house at the same time however). At the time of this inspection, there were three children availing of a short two-night holiday break and, the inspector meet and spent time with all three of them.

Three family members were also spoken with so as to get their views on the quality and safety of care provided to their relatives when availing of respite breaks in the house.

The house was a large dormer bungalow situated just beside Kildare Town. It comprised of a living room, kitchen-dining room, utility room, a sensory room, six bedrooms, a bathroom, sluice room, an office, toilet and staff bedroom There was also a large garden on the premises with a playground area for the children which included a trampoline, a swing and jungle gym with slide. A minibus was also provided so as to ensure the children could attend school, attend their summer clubs and avail of social outings during their short breaks in the house.

On arrival to the centre the inspector observed that the house was spacious, clean, warm and welcoming. Two of children were in the kitchen with staff. They said hello to the inspector and were observed to be relaxed and happy in the company and presence of staff. Staff were also observed to be warm and person centred in their interactions with the children.

One child took the inspector by the hand to the sitting room. Although they did not speak directly with the inspector, they appeared very comfortable in their surroundings and were observed smiling at staff. There were toys available to this child to play with such as dolls and prams however, on the day of this inspection, they seemed to prefer to be in the company and presence of staff. The child used hand gestures to communicate with staff and the inspector could see that staff understood what the child was saying. For example, when the child asked about their mother, staff reassured and explained to them that their mother would be collecting the next morning. Staff were also observed to be attentive to the child at all times over the course of this inspection.

Another child was having tea and a snack at the table. They too appeared relaxed in the house and happy in the company and presence of staff. Again, this child did not directly communicate with the inspector however, staff were familiar with their preferred method of communication. Staff spoke gently to the resident with short sentences and at times, used pictorial aids. For example, this resident loved to have a Jacuzzi when on their break in the house. Later in the day staff showed them a picture of the Jacuzzi so as the child could make their own choice as to whether or not to avail of this activity. Staff also made sure that the child had adequate access to drinks and snacks.

The third child was in the sensory room which was a large room in the back garden. This room was decorated and equipped with sensory items, soft lighting, a projector, a swing chair and ball pit. Staff told the inspector that this child loved the sensory room, especially the lights, colours and ball pit. The child took the inspector by the hand and walked them around showing them the lights and lighting system, and the various coloured balls in the ball pit. This room was important as it not only provided a fun place for the children to be in, but also provided a safe environment to help manage sensory overload and or reduce anxiety. This child appeared in very good form and were observed to be smiling at all times when interacting with the inspector.

The inspector was invited to sit with the children and staff at dinner time and have a cup of tea. Dinner time was observed to be a social occasion, where the children and staff had their meal together creating a fun and family like environment. The three children appeared to enjoy their meal very much and again, staff were observed to be supportive, warm and kind in their interactions with the children.

Later in the evening two of the children went on a social outing with staff and, one child stayed behind. This child liked to spend time at the kitchen table with staff. The inspector sat with the child and one staff member and had a cup of tea. Staff offered the child a number of activities and, the child chose to have their nails done. A little while later, they chose to do some art and the inspector observed that the child appeared happy and content engaged in these activities and in the company and presence of staff

While the other two children were out on their social activity, the inspector had the opportunity to speak with three family members about the care and support provided to their relatives in this service. All three were exceptionally complimentary and positive in their feedback. For example, one family member said that they were very happy with the service and that their relative enjoyed their short breaks in the house. They also said that their relative especially enjoyed the garden area and playground at the back of the house. They were satisfied that their relative had access to healthy meals when in the house and, got to go on social outings and trips. The family member said that their relative's personal items were very well looked after when on their respite breaks and that the staff team and person in charge were very nice and approachable. They expressed no concerns whatsoever about the quality or safety of care and said that they had no complaints. They did

say however prior to the end of the call, that the would like more respite breaks for their relative if possible.

The second family member said that their relative was always happy to go on their short breaks in the house and, whilst there, they were very well looked after. They said that there was great communication between the staff and family members. They were satisfied that their relative's nutritional needs were adequately provided for and, that their medications, pocket money and personal items were safe. They said that their relative liked to stay in the 'blue room' when on their respite breaks and this room was always made available to them. Their relative also got to go for meals out and for drives. They had no complaints about any aspect of the service and reiterated that their relative was very well looked after and very happy when on their breaks in the house.

The third family member spoken with was equally as positive with their feedback. They said that their relative was always content to go on their breaks in the house and, that they have never had any issues with the service. The house had a large Jacuzzi and this family member said that their relative loved to have a Jacuzzi each time they were in the house. They were happy that their relatives pocket money was accounted for and kept safe saying the systems in place to ensure this were transparent as all money spent could be accounted for. They were satisfied that communication between the service and family members was good and said if they had any concerns, they could ring staff or the person in charge. They also said however, that they had no concerns about the quality of care and support provided to their relative.

When the other two children arrived home, the inspector got to spend more time with them. Staff said that they enjoyed their outing and would shortly have their baths/showers and retire to bed after supper. Again, one child took the inspector by the hand and was showing off the lighting system and emergency exit signs in the house. This child was able to communicate to the inspector using a small spelling toy and spelt out some words related to the emergency lighting system. Prior to bedtime, the inspector observed that staff created a relaxing and tranquil environment in the house so as the children could calmly transition from their daytime routine and activities into their nigh time routine.

On the morning of day two of this inspection, the inspector got to briefly meet with the three children again. They were well groomed and looking forward to being picked up by their parents to go home from Easter. They all appeared in good form and staff reported that all the children slept well. The inspector observed that the childrens' personal belongings were neatly arranged and packed ready for pick up by the childrens parents. When family member arrived to pick up the children, the children appeared excited and happy to go home. The inspector observed that there was a positive rapport between family members and that staff team. Before leaving for home, staff informed family members of how the children got on over their two night break in the house.

The inspector met directly with three family members who had visited the centre on the morning of day two of this inspection. A relative of theirs was shortly going to

use the respite service for the first time and they wanted to see what it was like so as to assess would their relative like the house. Visiting a respite house before staying overnight helps build familiarity, reduces anxiety for family and relatives, and helps ensure the that the house is suitable for each individuals needs. It also allows family and relatives to meet with staff and see the environment first hand, which can help for a successful transition and, address any concerns (if any). The inspector observed that the family were shown around the house and any questions they had were answered by staff. Additionally, staff were also reassuring and kind in their dealing with the family members. The family members told the inspector prior to leaving, that they felt their relative would fit in and be very happy on their respite breaks in the service.

While fire safety was found to be not-compliant, and minor issues identified with staffing, risk management and the statement of purpose, the children using this service at the time of this inspection appeared very happy and content on their short respite breaks. Staff were at all times observed to be kind and caring in their interactions with the children and feedback from three family members on the quality and safety of care was very positive.

The next two sections of the report outline 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 care provided to the children.

Capacity and capability

The children appeared happy and content on their short breaks in this respite facility and systems were in place so as to ensure their needs were provided for.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge was responsible for the day-to-day management of the service and to ensure it was operating in line with the statement of purpose. It was observed however, that the statement of purpose required some updating.

Systems were in place for the smooth transition of children into the service and once admitted, each child had a contract of care in place (in consultation with family members)

A review of a sample of rosters from March 2026 indicated that there were sufficient staff on duty to meet the needs of the children as described by the person in charge. However, the staffing arrangements required review.

Six staff spoken with had a good knowledge of residents' individual care plans/risk assessments. Additionally, the inspector found that staff (to include relief staff) were

provided with training to ensure they had the necessary skills to respond to the needs of the children.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and, a six-monthly unannounced visit to the centre had been carried prior to this inspection. On completion of these audits, a team action plan was developed and updated as required to address any issued identified in a timely manner.

Regulation 14: Persons in charge

The person in charge was a qualified social care professional with an additional qualification in management. They were a key component of leadership in this service and were found to be competent in carrying out their duties.

They were aware of the assessed needs of the children who availed of respite breaks in the service and, were knowledgeable of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

The person on charge had a strong focus on child-centred care and led by example in ensuring the quality of life of the children was promoted and that the care delivered to the children, was of a high standard.

They also ensured that the children enjoyed their short breaks when in the house. Family members spoken with over the course of this inspection, spoke highly of the person in charge and their staff team.

Judgment: Compliant

Regulation 15: Staffing

While the staffing arrangements in place were as described by the person in charge, they required some level of review.

The staff team consisted of nursing staff, social care workers and social care assistants. A review of the actual rosters for the month of March 2026 found that the staffing levels were as follows:

- three staff worked each day in the house
- one staff member worked live night duty
- one staff member was on a sleep over arrangement

The person in charge assured the inspector that where nursing staff was required to meet the needs of the children safely, it was always provided for. Staff spoken with, also confirmed this.

The person in charge also maintained actual and planned rosters and, had a system in place for the support and supervision of their staff team.

Although Schedule 2 files were not viewed in their entirety on this inspection, the inspector saw evidence that all staff (including relief staff and a student on placement) had appropriate vetting on file. One staff had recently started working in the designated centre prior to this inspection and the inspector saw that they also had appropriate vetting and references on file.

The staffing arrangements require some level of review however. For example, the centre was operating with a short fall of one nurse and one social care worker. Core staff and relief staff were covering these hours and where required, the person in charge was also providing cover on the floor due to staffing gaps. It was also observed that the respite centre could not open on one night in March 2026 as there were insufficient staffing resources available. No child missed out on their respite breaks however, as the person in charge had pre-empted this issue in a timely manner and ensured there were no bookings taken for this particular night.

Notwithstanding, this issue required review so as to ensure there were adequate staffing arrangements in place for this respite service to operate smoothly and effectively at all times

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix and found that staff were being provided with the required training to meet the needs of the children that availed of respite breaks in this service. For example, staff had training in the following:

- Children's First
- safeguarding of vulnerable adults
- open disclosure
- safe administration of medication (to include a competency based assessment)
- positive behavioural support
- emergency first aid (social care workers and social care assistants only)
- cardiac first aid responder (nursing staff only)
- fire safety
- infection prevention and control (IPC)
- manual/person handling
- human rights

The inspector requested to see the actual certificates of achievement of of training for all staff working in this centre (to include relief staff) in Children's First, safeguarding of vulnerable adults, emergency first aid and cardiac first aid responder. The person in charge produced these certificates for review on day two of this inspection and it was observed that all was in order.

Additionally, a student was on a placement in the centre and the inspector saw evidence that they had vetting on file and, had completed Children;s First training and safeguarding of vulnerable adults.

Staff spoken with were knowledgeable on the care plans and or risk assessments in place for the children.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. It was led by a suitably qualified and experienced person in charge who was supported in their role by a member of the management team.

The service was being audited as required by the Regulations. An annual review for 2025 had been completed and, an unannounced inspection of the service had been completed shortly before this inspection. Any actions arising from those audits were being fed into a team action plan and were being addressed in a timely manner. For example, the auditing processes identified the following:

- a fire drill was to be completed
- the risk register required review
- the logging of some restrictive practices required review

These issues had been addressed at the time of this inspection.

The person in charge also ensured systems were in place to ensure that staff working in the centre were supported to effectively exercise their professional, personal and collective accountability for the provision of effective and safe care supports. Six staff spoken with informed the inspector that they would have no hesitation in contacting the person in charge if they had any concerns about the welfare of the children in their care. However, they also reported that at this time, they had no such concerns.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to this service were based on the needs of the children.

Each child and their family representatives were consulted with regarding an admission to the centre. The person in charge met with the children, families and other allied healthcare professionals so as to gather information on the new admission and to determine if the respite centre was suitable in meeting their needs.

The child and their family had the opportunity to visit the house and meet staff prior to their first sleepover so as they could familiarise themselves with staff and the environment. The person in charge said at times, some children may require more than one visit and that all admissions were taken at the pace of the child. Once the visit went well, the child would be invited to have their first sleepover.

On admission to the centre, all children and their family representatives signed a contract of care detailing and agreeing what services would be provided, and any potential costs for same.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose clearly set out the aims and objectives of the service to include the facilities and services to be provided.

However, on review of the statement of purpose and the key policies that were detailed for the prevention, detection and response to abuse (including the reporting of concerns and or allegations of abuse to statutory bodies), it as observed that no reference was made to arrangements for contact with relevant services regarding children in care and child care legislation, which is vital for safeguarding children's welfare and ensuring quality standards in children services.

Additionally, under training there was inadequate reference made to importance of Children's First training. Again this training is critical for equipping staff and organisations with the knowledge to safeguard children, recognise abuse, and fulfill their legal reporting obligations under the Children First legislation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the designated centre in line with the Regulations.

Judgment: Compliant

Quality and safety

The children availing of respite in this service were supported to enjoy their short breaks and, systems were in place to meet their assessed needs. However, the fire safety arrangements required significant review.

Systems were in place to safeguard the children and where or if required, child protection and welfare plans were in place. At the time of this inspection however, there were no active child safety concerns.

Systems were also in place to manage and mitigate risk and support the childrens' safety in the centre. However, as aspect of the risk management procedures required review.

The premises were found to be clean, warm and welcoming on the day of this inspection and suitably decorated and furnished for children.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. However, the fire safety arrangements required review so as to ensure that they were at all times effective, for the safe evacuation of the children (and adults when they were availing of respite breaks) from the centre in the event of a fire.

Regulation 10: Communication

The children were supported to communicate in line with their needs, preferences and communication support plans.

The person in charge had ensured that where required, staff had training in specific communication techniques and tools that the children used for communication purposes. For example, all staff had training in a specific manual signing system designed for children with disabilities and communication needs, and the inspector saw staff use this training at times, with some of the children.

Additionally, staff also used pictorial aids to communicate with other children. Some children also communicated using spelling devises.

The children also had access to televisions and telephones

Judgment: Compliant

Regulation 13: General welfare and development

The general welfare and development of the children was supported and promoted when availing of their respite breaks in this centre.

The families of the children generally took responsibility of their education and welfare needs and the children viewed their respite breaks in this service as short holidays.

However, while on their breaks the children were supported to engage in social and recreational activities of their choosing. For example, the children got to attend summer clubs, where they had the opportunity to meet with friends and engage in activities such as yoga or, going to a pet farm.

The children also got to go on other outings such as trips to Wicklow, visit a toy shop, go for meals out, visit sensory gardens, go on day trips and go for walks in the woods. The inspector saw pictures of some of the children engaged in these activities and they appeared to have enjoyed them very much.

Additionally, the house had a playground area to the rear for the children to play during times of good weather. The playground had swings, a slide and a trampoline. Toys and games were also available to the children on their respite breaks.

Special events such as birthdays, Easter and Halloween were also celebrated.

The person in charge also said that they and their staff team, supported and promoted the childrens' independence skills around key areas such as personal care and communication when they were availing of their short respite breaks in the house..

Even though their respite breaks were very short in this service, contact with family members was supported and promoted. Family members rang the house regularly when the children were availing of respite and staff ensured these calls were answered and provided an update to families on each child were requested.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the needs of the children availing of respite in this service at the time of this inspection.

The centre has six registered beds and could accommodate children and adults, at separate times only. The house included a living room, kitchen-dining room, utility room, a sensory room, six bedrooms, a bathroom, sluice room and an office, toilet and bedroom for staff.

There was a large garden to the rear of the premises with a play area which included a trampoline, swing and jungle gym with slide.

A minibus was provided to assist residents attend their day service, school and social activities during their stay.

A number of issues were identified with the premises in a recent audit. For example: some external areas needed cleaning, parts of the garden needed sprucing up, some external walls required painting and, the centre required an upgrade to their mode of transport.

However, these issues had been identified in a recent audit and a team action plan was in place to address them.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support the childrens' in the centre.

There was a policy on risk management and each child had a number of individual risk assessments on file so as to support their overall safety and well being. For example, where a risk of choking was identified for one child, the following measures were in place to mitigate it:

- the child was on a special diet (which staff were familiar with)
- the child was closely supervised at meal times
- a qualified first aid trainer was on duty

It was also observed that for some of the children with specific health-related issues, a qualified nursing professional was on duty to meet their assessed needs. For example, where a child was prescribed oxygen, a qualified nurse was on duty to administer this when that child was availing of respite.

Some aspects of the risk management process required review however. For example:

- systems were in place to support the safe incoming and outgoing of medicines to the centre. (One of these was a controlled medicine). While two staff members were able to inform the inspector as to how this process operated and how they were assured that the practice of incoming and

outgoing medicine was safe, this process could have been more explicitly documented in a risk assessment
- it was observed on one risk assessment that a control measure to manage the risk of choking was that 'there was a high chance of a nurse being on duty'. This control measure needed review as it was unclear if a nurse was needed or not needed to be available in the centre when a child at risk of choking was availing of respite

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

However, the fire safety arrangements in this centre required review. For example:

- one child required the use of a specialised large bed with a surround and during a fire drill, one staff was required to take this bed out from the bedroom to the fire assembly point. A recent fire drill reviewed by the inspector noted that one staff member could get the bed out of the building however, could not get it to the fire assembly point. Additionally, when one staff member was supporting this child during a fire drill at night time, there was only one other staff available to support the other children to evacuate. This required review so as the provider could be assured the staffing arrangements at night were at all times adequate, to evacuate all children from the centre in the event of a fire.
- an occupational therapist conducted an environmental review of the premises and made a number of recommendations regarding the premises and evacuation of one adult resident from the centre during a fire drill. For example, this report recommended that a number of exit doors required flush thresholds for the smooth transition of wheelchairs from the building (this include the exit door from the bedroom this resident used while on their respite breaks)
- the report noted that there was difficulty manoeuvring wheelchairs in a number of entry and exit key areas of the building. Additionally, a number of doors in the building did not meet the required accessibility standards. This had the potential to impact on the evacuation of adult residents who used wheelchairs from the centre
- the report also recommended that a mobile rubber ramp be removed from the exit door out of the kitchen and replaced with 'flush' threshold so as to ensure a smooth transition of people who used wheelchairs from the kitchen

to the garden area. This mobile ramp was exceptionally heavy and was stored on the fence opposite the kitchen. This meant that in order for a person in a wheelchair to evacuate from the kitchen, staff had to lift this ramp off the fence and place it at the exit out from the kitchen door. One inspector actually lifted the ramp from the fence in order to place it at the exit from the kitchen and found that this was a difficult task due to the weight of the ramp, Additionally, it was not possible to fully align the ramp with the exit door. This meant that it was difficult to smoothly transition people in wheelchairs from the kitchen to the garden area.

Overall, the fire precautions required complete review so as the Provider could be assured that there was adequate means of escape from the centre in the event of a fire and to ensure all residents in the designated centre could be evacuated and brought to a safe location.

Judgment: Not compliant

Regulation 8: Protection

Systems were in place to support the children's welfare and safety while on their respite breaks in the centre.

The inspector reviewed all adverse incidents that had occurred in the centre since 01 January 2026. It was observed that incidents were being logged and systems put in place to support the childen's safety. It was also observed that where required, incidents were being reported to the safeguarding officer, the Chief Inspector and, the child and welfare agency (Tusla). However, at the time of this inspection, there were no active child safeguarding concerns.

The inspector also observed the following:

- the child protection safety statement was on display in the hallway
- information on child safeguarding and advocacy was available in the centre
- six staff spoken with said they would report any concern they had about the welfare of the children to the person in charge. However, they had no such concerns at the time of this inspection
- three family members spoken with by the inspector raised no concerns about the quality or safety of care and all there were positive and complimentary about the service
- safeguarding was discussed at team meetings

Additionally. All staff (to include relief staff) had the following training completed:

- Children's First
- Safeguarding of vulnerable adults
- Open disclosure

All staff (to include relief staff and a student on placement) had vetting on file as well.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kare DC8 OSV-0001987

Inspection ID: MON-0049855

Date of inspection: 01/04/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Kare have been and continue to actively recruit for staff vacancies for a short fall of one nurse and one social care worker. Advertisements are on line in our usual recruitment websites as well as on Kare website and social media platforms. The outcome of this HIQA inspection and action plan information was provided to the recruitment working group by the end of April 2026. At times in the absence of a full staff compliment the location plans for closures to manage staffing in advance to reduce the risk of cancellations. This is completed by the person in charge in advance. Families are informed of the scheduled breaks on average two to three months in advance. When staff are actually available for any of the pre-planned closures, the staff will be rostered on and people offered places in respite which will be populated by the waitlist.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose will be updated by the 8th of May 2026, the changes were communicated to the staff team at the staff team meeting on the 28th of April 2026. Families will be provided with access to the update of the statement of purpose which is available in the designated centre.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Safe administration and management of medication policy will be updated to include a detailed section on the transfer requirement between services and home of medication	

with specific requirements for controlled schedule 2 medication. This will be completed prior to the end of June 2026.

Individual Risk assessments which will specify if a nurse will be on duty or not while supporting an individual will be updated by the end of June 2026.

The location risk register in relation to medication management will be reviewed to identify and address and gaps with consultation with the staff team by the end of June 2026.

The service user medication management form will be updated in this location to include specific transport of medication requirements. Following this medication management plans will be reviewed and updated accordingly. This will be complete by the end of July 2026.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Kare confirms that full compliance with Regulation 28 will be achieved by 28 August 2026. By this date, all operational, staffing, environmental, and procedural measures required to ensure the safe evacuation of every resident—including wheelchair users and individuals with complex mobility needs.
The provider further confirms that all immediate and medium term actions will be complete by 28 August 2026, and that long term structural works, once funded, will support the future re increase of occupancy levels in a safe and sustainable manner.
1. Immediate and Medium Term Controls – Fully in Place by 28 August 2026
1.1 Fire Drills and Evacuation Performance
• Monthly fire drills for six months, including day, night, mixed group, and independently observed scenarios.
• All drills completed within the three minute evacuation benchmark, with learning documented and acted upon.
• Continuous review of drill outcomes to ensure safe evacuation for all individuals currently supported.
1.2 PEEPs – Full Review and Strengthening
• Comprehensive review and update of all PEEPs, with emphasis on:
o Group mix compatibility
o Individual mobility needs
o Required staffing levels
o Evacuation equipment needs
• New PEEP guidance document issued to leaders by 31 July 2026.
• Updated PEEP template in place by 31 July 2026.
• PEEPs reviewed after each drill to ensure accuracy and responsiveness.
1.3 Staffing, Skill Mix, and Occupancy Controls
• Occupancy levels adjusted where necessary to ensure safe evacuation with available staffing.
• Referrals paused until safe group mixes are confirmed.
• Staffing levels maintained to ensure adequate support for all residents during evacuation.

1.4 Environmental Improvements – Threshold Mats / Ramps
• Specialist ramp company onsite 22 May 2026; suitable lightweight threshold mats identified for three exits.
• Bespoke mats expected within 1–6 weeks and scheduled for installation by 3 July 2026.
• Follow up site visit on 25 May 2026 to finalise specifications.
• These mats will significantly improve wheelchair evacuation routes pending structural works.
1.5 Fire Safety Systems and Environmental Controls
• Ongoing checks and maintenance of fire alarms, emergency lighting, fire doors, and evacuation equipment.
• Evacuation routes kept clear and accessible at all times.
• Location risk assessments reviewed within required timelines.
2. Service Review and Occupancy Planning – Completed by 31 July 2026
Kare will complete a full assessment of the service by 31 July 2026, including:
• Review of all PEEPs
• Review of all fire drills and evacuation performance
• Review of service user compatibility and suitability given current structural limitations
• Consideration of occupancy adjustments or staffing increases
• Evaluation of service delivery implications
Following this review, any required interim changes that will unduly effect individuals amount of breaks will be documented and communicated to families by 31 August 2026.
3. Assurance of Safe Operation Pending Structural Works
Until long term structural works are completed:
• Only individuals who can be safely evacuated with available staffing and improved threshold mats will be supported.
• This will be continuously reviewed following each fire drill.
• Any issues identified will be addressed immediately.
• This ensures ongoing compliance even before capital works commence.
4. Long Term Structural Works – Pathway to Re Increase Occupancy
The Internal Occupational Therapy report has been fully reviewed and independently costed. All 15 recommendations involve significant structural modifications, including:
• Door widening
• Floor level adjustments
• Expansion of the accessible personal care bathroom
These works are essential to restore and increase occupancy levels in the future.
Funding and Planning Timeline
• HSE informed of challenges in May 2026.
• Funding application to be submitted by 31 August 2026.
• Progression dependent on cost confirmation and HSE approval.
• Discussed at quarterly engagement meetings, including July 2026.
• Once funded, works will require 3–6 months of closure, planned to avoid disruption to scheduled respite breaks.
Completion of structural works will:
• Enable the service to safely increase occupancy
• Improve accessibility for all residents
• Enhance long term compliance and resilience
• Support a broader cohort of individuals with complex mobility needs
5. Final Assurance to HIQA – Full Compliance by 28 August 2026
Kare confirms that:

• All immediate and medium term actions required under Regulation 28 will be fully implemented by 28 August 2026.
• By this date, Kare will be fully satisfied that the service can safely evacuate every resident.
• Long term structural works, once funded, will support the future re increase of occupancy in a safe and compliant manner.
• Progress will continue to be monitored closely, with updates provided to HIQA as required.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/04/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2026
Regulation 28(2)(c)	The registered provider shall provide adequate	Not Compliant	Orange	30/06/2026

	means of escape, including emergency lighting.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	28/08/2026
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	08/05/2026