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:	Kare DC14
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	15 June 2026
Centre ID:	OSV-0001989
Fieldwork ID:	MON-0044934

About the designated centre

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

The designated centre provides full time residential services to five adults over the age of eighteen years with an intellectual disability. The centre is a two-storey house situated on the outskirts of a large town in Co. Kildare. The property consists of a detached house which is split into two sections, one section can accommodate three residents and the other is a single-occupancy apartment. There is a second apartment which is adjacent to the main house that can accommodate one resident. One section of the main house contains a lounge area, a kitchen, a utility room, bathroom, an office and one bedroom. The other section of the house contains a living room, a kitchen and four bedrooms, two of which are en-suite. Both sections are divided by a code-locked door. The apartment contains a kitchen and living area and a bedroom with an en-suite shower room. To the back of the house there is a garden which contains a decking area. Residents are supported by social care staff during the day and overnight.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 15 June 2026	09:15hrs to 17:30hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over one day by one inspector. The purpose of the inspection was to monitor the designated centre's compliance with relevant regulations and standards. Overall findings of the inspection indicated that residents were in receipt of care that met their assessed needs. Residents had a good quality of life and were encouraged and facilitated to engage in activities in their community. Improvements were identified in protecting residents finances, risk management and premises, these will be discussed further under their respective regulations.

The centre comprises a two-story house with a separate individual living area to the rear of the property for one resident and an additional single occupancy apartment beside the house. The main part of the house is home to three residents, in total there are five residents in the centre. There were no vacancies on the day of inspection.

On arrival to the centre the person in charge greeted the inspector and they sat at the kitchen table with one resident who was eating their breakfast, another resident was in the kitchen making their lunch. They told the inspector their plans for the day ahead including a golf practice session before competing in the special Olympic games later that week. They spoke excitedly about their planned few days away for the games. This resident told the inspector they worked three days a week in a local entertainment centre and really enjoy it. They were seen to get ready for work and prepare their golf clubs for later in the day. This resident was very chatty and enjoyed a joke with the person in charge. The resident at the table spoke to the inspector about their family, visits home and activities they enjoyed including aqua aerobics. After their breakfast they went to pack their bags for aerobics and were observed to say goodbye before leaving the house. The person in charge informed the inspector they enjoy their independence and often walk to the leisure centre and on occasion they will request a lift which can be facilitated.

The third resident in the main house had left to attend their job in a local library, the inspector met with them later in the day. The spoke about working in the same place for several years and how they really enjoyed it. They also chatted about other peers who lived in the centre and how they all get along and support each other.

The inspector visited the resident who lived at the rear of the house, they had their own bedroom, bathroom and kitchen-living area. They had recently celebrated a big birthday and their cards and gifts were on display, this resident was eager to show the inspector around their home and they spoke about their volunteer role and their plans for the day. A staff member arrived to support them out and they were smiling as they went out the door.

When the inspector visited the next apartment the resident spoke at length about areas of interest including movies and music, their relationships, activities they enjoy and their recent health concern, the tests and treatment they were prescribed. The resident showed the inspector around the apartment, they had a bedroom with en-suite off the kitchen-living room. The resident enjoyed collecting DVD's they told the inspector about how they traded some of their collection for cash. They spoke positively about the centre and how they were able to self direct who and where they wished to spend their time. Although they did comment that they would prefer if transport was available at the centre at all time so they would have more flexibility.

Overall the inspector found the residents were involved in the day-to-day running of their home and had opportunities to participate in activities they enjoyed. 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 service being delivered.

Capacity and capability

The provider's systems to monitor the quality and safety of service provided for the residents included, unannounced provider audits every six-months, and an annual review. Through the review of documentation and discussion with staff the inspector found that provider's systems for the day-to-day management and oversight of the centre were effective on the day of inspection.

The person in charge was full-time and had responsibility for one other designated centre. The person in charge was knowledgeable in relation to the centre and the resident. From the information provided to the inspector it was evident that the person in charge was spending time in the centre to ensure sufficient oversight was in place.

Regulation 15: Staffing

The provider had ensured there were sufficient staff on duty to meet the assessed needs of the residents. There was currently no requirement to use agency staff and while they did use relief staff these were consistent.

The inspector reviewed the roster for the previous three months and found them to be reflective of the staff on duty. Staff members were identified by their full name and grade and all training and statutory leave was documented and covered in advance. The staffing team consisted of social care workers and health care

assistants in line with the providers statement of purpose. This team was lead by the person in charge.

Newly employed staff were supported with provider and local induction and then through the probation system. The inspector reviewed the local induction process and one new staff member's probation minutes and found they discussed their role and responsibilities and areas where support was identified. Local induction included discussions about residents assessed needs, daily duties and relevant policies.

Team meetings were held regularly with a standing agenda. An update on each of the residents health and well bring was given this included any upcoming appointments or changes to support plans. Discussions were also held on learning from incidents and audits.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured that staff access to training opportunities, and uptake of training and refresher training was high in this centre. Staff were completing training identified as mandatory by the provider, and a number of trainings in line with residents' assessed needs.A training matrix was available in the centre that identified all staff training and expiry dates.

The inspector reviewed the matrix, staff had received training in manual handling, fire safety, management of behaviour, safeguarding and human rights. In addition staff and one resident were supported to access relationship and sexuality training to support there specific identified needs.

The inspector reviewed the provider's new annual review and reflection system, all staff had engaged in an initial meeting and details were captured in relation to wellbeing, your roles, workload and professional development. This system was still in its infancy and would need time to become more established. Staff and management had been supported with a short training video on the process prior to it commencing.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. It was evident the person in charge was spending time in the centre, they were aware of the residents' assessed needs and their preferences. The person in charge also held the same role in one other designated

centre operated by the same provider. The inspector observed interactions between them and residents as positive, fun and respectful.

The quality of care and experience of residents was being monitored and developed on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with the inspector were aware of their roles and responsibilities and how to escalate any concerns they may have. The person in charge reported to and received supported from a senior manager.

The inspector found that the provider had systems in place to complete audits and reviews. These included systems to ensure that annual and six monthly reviews were completed in relation to residents' care and support. An annual review for the year 2025 had been completed a total of 91 actions had been identified with 81 of these completed at the time of inspection. The review process also included feedback from residents and their representatives, the feedback recorded was for the most part positive although the request for more permanent transport for the centre was identified as an area for improvement. Two six-monthly audits had also been completed in August 2025 and February 2026 in line with the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place to record incidents, accidents, near misses and medication errors. The inspector reviewed the system and had completed a review of notifications received by the Chief Inspector of Social Services prior to the inspection and found that all incidents requiring notification had been duly reported.

Judgment: Compliant

Quality and safety

Overall, residents were seen to be provided with person centred care, the staff members spoken to and spoke about residents in a respectful manner and residents were seen to approach staff when they had questions or required support. Residents spoke positively about their experience of living in the centre.

From what the inspector observed, speaking with residents, local management and members of the staff team, and from the documentation reviewed it was evident there were a few areas requiring improvement such as protecting residents'

finances, not all resident risks had been identified and some areas of the property required maintenance.

Regulation 12: Personal possessions

The inspector reviewed the systems in place regarding the residents' finances, and found improvements were required for the protection of two residents' finances.

Two residents did not have full and direct access to all of their personal finances. Both residents had identified family members who supported them with their finances. In both cases the provider was unaware of the residents' balance, withdrawals and spending from the account as they were not in receipt of statements. In addition, the provider was not maintaining a property asset list for either of these residents.

On review of one of these residents goals and wishes the resident had identified a goal of maintaining their own bank card in 2023 and manage finances independently in 2024, while some progress had been made, for example, the resident had access to their bank card for a period of time until October 2025 on the day of inspection they did not have access to their bank card. In addition, there was no evidence available to show if these residents had been assessed as having capacity around the decisions they made in relation to their finances. Although a referral was sent seeking advocacy support for one resident.

For the remaining residents in the centre there were appropriate measures in place to protect their finances. These systems included daily balance checks, support with planned expenditure and safe and secure location to store personal finances

Judgment: Not compliant

Regulation 17: Premises

The inspector completed a walk around of the property as part of the inspection and noted some areas that required improvement.

As previously mentioned, the property was a two-storey house within a housing estate close to local facilities including shops, cafés, restaurants and public transport. The property was home to five residents who availed of full time residential services. Two of the residents had their own individual living arrangements and the remaining three shared the main house.

One of the single occupancy arrangements to the rear of the house required some high dusting and the en-suite was in need of repair. A number of tiles were cracked and broken, grout was black and there was a build up of scum in some areas of the

shower. The property had new fire doors fitted resulting in painting now required where the walls were marked and damaged. The paint in the hallway of the main house was also worn and chipped in areas. One resident required a new toilet seat and another residents wardrobe laminate cover was lifting off. The covering on the utility worktop had also lifted and created large bulges in areas.

Overall, residents had personalised bedrooms, they reported they liked their home and had sufficient storage for their belongings. While some of the above works were identified on the providers maintenance application it was unclear if the works were approved or when they would be completed this required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which contained the required information. The inspector reviewed the centre risk register which had risks identified relevant to the centre and reviewed three of the five residents individual risks.

For the most part the provider had detailed risk assessments and management plans in place which promoted the safety of the residents and these were subject to regular review. However, the provider had not identified any medical conditions as potential risks. For example, residents who had diagnoses of high blood pressure, mental health difficulties and mood disorder had no risk assessments in place to outline the risk, the control measures in place to reduce or mitigate the risk.

There was a system in place to record incidents, accidents and 'near misses' the inspector reviewed minutes of team meetings where incidents, accidents and 'near misses' along with medication errors were discussed and learning form these incidents were shared with the team to reduce the likelihood of them happening again.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had polices, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector observed that there were suitable storage facilities in each property for medicines.

On reviewing two of the three residents' prescriptions (Kardex), it was noted they had up-to-date records in place. All administration of medicines had been appropriately signed and each 'as required medication' (PRN) had clear guidance for

staff on when to administer them, the maximum daily dosage allowed, and the minimum time gap between dosages. All staff had completed training in the safe administration of medicines.

All residents had been supported to complete a competency assessment to determine what level of support they required with their medication. Four residents were self administering their daily blister packed medication and one was fully supported. One resident was able to order and collect their own medication and had a support plan in place for this. One resident in the centre was prescribed a schedule two (control) drug, the inspector observed two staff counting and signing for stock balances twice daily and the medication was stored in a double locked press.

Weekly stock checks were completed on all medication, staff checked what had been administered and remaining balance and expiry dates of medication.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found that they effectively guided the staff team in supporting residents with their healthcare needs. The person in charge ensured that residents were facilitated in accessing appropriate health and social care professionals, as required.

Each resident had annual review of their health, with planning in place for the year ahead for routine appointments and reviews. The person in charge ensured that all residents had up-to-date hospital plans detailing their communication supports, medical history, toileting and personal care needs and any supports needed for interventions such as taking blood.

It was evident from speaking with residents they directed their care in relation to medical needs, they were informed about appointments and results of tests. Residents were supported to understand any health concerns and changes in medication.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have effective arrangements in place to ensure that residents were protected from all forms of abuse within the centre. Any allegations

made, were appropriately documented, investigated and managed in line with national policy.

The residents in the centre had intimate care plans in place, which were subject to regular review and guided staff supporting them with personal care. All staff had completed training in safeguarding. In addition, a 'Keep me safe' poster and the complaints policy were on display in the centre.

Residents had received training and skills teaching in relation to safe relationships, this supported residents who had partners and were exploring their sexuality. Residents who required it also had a support plan on 'identify, expression and choice,' this was developed with the support of the resident's psychologist.

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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kare DC14 OSV-0001989

Inspection ID: MON-0044934

Date of inspection: 15/Jun/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 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The Kare policy states 'The staff team will maintain the property list in line with the individual's will and preference as documented in their property support plan'. Each individual in this location has a money support plan which outlines the support required to manage property.
This will be reviewed and updated by the end of September 2026 to ensure all necessary information is included. The PIC and staff team will complete a comprehensive review of the financial support arrangements for both residents, including current family involvement, consent arrangements, and decision-making supports prior to the end of September 2026.

The keyworker and leader will meet with each resident (and their chosen representative where appropriate) to review their wishes and preferences regarding the management of their finances and document these within their personal plans and financial support plans. This will be complete by the end of September 2026.

The quality team will conduct a financial audit of all records held during 2026 in the residential house. They will identify learning and provide recommendations. This will be completed by March 2027 in line with audit annual plan.

The provider internal Risk Escalation Forum will discuss resident's finances and associated risks in general across all designated centres at the next meeting in September 2026.The organization risk register related to supporting finances for residents was reviewed and updated in June 2026. This will be reviewed again in September 2026. One individual has a scheduled advocate appointment on the 12th of August 2026.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The single occupancy arrangement to the rear of the house required some high dusting and cleaning in the shower area - Completed by location team on the 2nd of August 2026.
Remediation works to cracks in tiles were carried out in July 2026. Works gone out to procurement to have ensuite Enviroclad to replace all tiled walls. This is packaged with other works to be completed before end Q1 2027.
The property had new fire doors fitted resulting in painting now required where the walls were marked and damaged –This is gone out to procurement with other works at house and will be completed before end Q1 2027.
The paint in the hallway of the main house was also worn and chipped in areas. - This is gone out to procurement with other works at house and will be completed before end Q1 2027.One resident required a new toilet seat – completed before the end of June 2026

Residents wardrobe laminate cover lifting off - This is gone out to procurement with other works at house and will be completed before end Q1 2027.

The covering on the utility worktop repairs have gone out to procurement with other works at house and will be completed before end Q1 2027.

** Note: extensive works are being carried out across the Kare portfolio of houses and so the Q1 2027 reflects contractor availability

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Updated and new detailed risk assessments and management plans which promote the safety of the residents will include medical conditions as potential risks.

Risk assessments with appropriate controls and mitigations will be in place for residents who have a diagnosis of high blood pressure, mental health difficulties and mood disorder.

This will be in place by the end of August 2026 and reviewed in line with risk management policy timelines.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/Sep/2026
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/Mar/2027
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	31/Aug/2026

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			