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:	White Strand Respite Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	06 May 2026
Centre ID:	OSV-0002085
Fieldwork ID:	MON-0045057

About the designated centre

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

The provider's statement of purpose details that the centre will provide respite care for a maximum of 5 residents. The centre can support residents with low, medium, moderate and high support needs, physical care needs and autism.
There are different staffing arrangements in place based on the profile of respite admissions and the assessment of resident needs. In accordance with the statement of purpose the provider can manage admissions to provide single occupancy accommodation where needed. The centre is located in the centre of the local community with easy access to all facilities and services.

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
Wednesday 6 May 2026	09:15hrs to 16:15hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed in the designated centre. The centre provides a respite service to support adults in the locality. The centre can accommodate a maximum of six people and there were three residents staying there on the day of the inspection. One area within the premises could provide a resident with a self-contained area in the home, if this was required.Overall compliance levels were good with some action required in governance and management and fire precautions.

The inspector met with two of the residents after they returned home from their day service. The residents seemed comfortable with the staff team and the staff team appeared to know the residents well. The residents that were spoken with said they were happy staying in the centre. The other resident in the centre was having their first stay in the house and staff had prepared well for this and had also got to know this resident well.

The premises of the designated centre was well maintained. The home provided the residents with adequate space to undertake activities and residents were seen using the living areas of the centre along with the kitchen-dining area when they returned to the centre. The residents were encouraged to bring their own belongings in for their respite stay if they so wished. This enabled residents to personalise their bedrooms when they stayed there. Respite residents had their own individual rooms when they stayed at the centre. The residents had specialist mobility equipment available to them with hoists and bathing equipment, which aided a resident's mobility if required. The residents also had a multi-sensory room to use in the designated centre. Painting had recently been completed in areas of the designated centre. The person in charge discussed plans for a sensory garden to be constructed in the outdoor area.

Staff returned with the residents in the evening of the inspection and were seen interacting with the residents in a respectful and humorous manner. It was evident that the staff team knew the residents well. The staff spoke about how they supported the different respite residents and what supports they required while they were staying there.

The activities residents undertook were chosen and planned by the residents for their stay. From the interactions seen during the inspection it was evident the residents were being supported by staff in ways in which they chose.

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

Capacity and capability

The registered provider had an appropriate management structure in place in the designated centre. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided. There was a staff team in place to support the residents.

The staff team had received training to support them in their roles. Oversight of training was well managed and future training dates for staff were planned.

Documentation associated with the designated centre such as the directory of residents, the statement of purpose and the registered provider's written policies and procedures met the requirements of the regulations and were subject to review.

Regulation 14: Persons in charge

The person in charge was appointed in the designated centre on a full-time basis. The person in charge was suitably qualified and had the relevant skills and experience required by the regulations, such as three years' management experience.

It was evident that the person in charge knew the residents and their individual needs well. They were working to ensure there was a person-centred service in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that there was an appropriate skill-mix of staff supporting the residents, which matched the levels set out in the designated centre's statement of purpose and staffing levels were appropriate for the size and layout of the centre.

The person in charge maintained a planned and actual staff rota in place which showed the staffing levels available to the residents on a given day. The staff rota was reviewed for four months from January 2026 to April 2026. This review showed consistent staff members and staff levels that were used in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training to support the residents in the designated centre such as fire safety, safeguarding and manual handling. Staff had completed refresher training in these areas when required.

The person in charge worked closely with the staff team and met them on a regular basis to discuss concerns and issues in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. This directory of residents was made available to the inspector on the day of the inspection. The directory included the information specified in Schedule 3 of the regulations such as the details of the residents' next of kin and their general practitioner.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a clearly defined management structure in the designated centre and had sufficient resources in place to support the residents.

The registered provider had undertaken an annual review of the quality and safety of care and support in the designated centre for 2024 but had yet to complete this for the year ending 2025. The review that was available on the day of the inspection contained information regarding another designated centre. This was amended following the inspection and submitted to the Chief Inspector. The unannounced visits to the designated centre were being undertaken by the registered provider. There were two of these visits completed in September 2025 and March 2026.

There was an audit schedule for the centre which the person in charge undertook including safeguarding and medication audits. The person in charge was facilitating staff meetings where staff discussed their roles in the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared, in writing, a statement of purpose for the designated centre. The statement of purpose contained the information set out in Schedule 1 of the regulations such as the facilities and services that are provided by the registered provider to meet the resident's care and support needs.

The registered provider had ensured that the statement of purpose had been reviewed in the last 12 months, with the last review being completed in June 2025. A copy of the statement was available to the residents and their representatives in the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared, written and implemented policies and procedures that are set out in Schedule 5 of the regulations such as incidents where a resident goes missing and provision of behaviour support. These written policies and procedures were available to staff in the designated centre. The registered provider had reviewed and updated these policies and procedures within in the last three years.

Judgment: Compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans were reviewed in a timely manner. These plans contained information on residents' needs in relation to healthcare and on how they communicate and how they liked to be communicated with. Residents had goals for the year and these goals were realistic and reviewed. Residents plans also contained information on positive behaviour.

The premises was well maintained and was providing residents with sufficient communal and private space. The fire safety equipment in the designated centre

was serviced and was in good working order. Residents' personal emergency evacuation plans required review and this is discussed under Regulation 28.

Regulation 13: General welfare and development

The registered provider had ensured that the respite residents were able to attend their regular day services during their stay and were able to engage in activities of their choosing outside of this. The residents were able to access their own communities at this time.

The person in charge arranged and supported residents to attend their regular training and education centres and ensured that there was continuity between these services.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was laid out to meet the aims and needs of the residents. The premises was in good repair, was clean and suitably decorated.

The registered provider had equipment required by the residents in place such as hoisting equipment and accessible baths. This equipment was well maintained and in good order. This equipment was available to the residents and assisted with maintaining as much independence as possible for them.

The premises met all the requirements of Schedule 6 of the regulations with adequate private and communal space, suitable storage, a sufficient number of bathrooms and areas to undertake laundry provided.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers were checked and serviced in a timely manner.

The person in charge was ensuring that staff were completing fire safety checks in the designated centre in line with registered provider's policy. Fire doors checked during the inspection by the inspector were operating correctly.

The emergency plan in the event of a fire was displayed throughout the centre. There was fire safety overview guidance for staff and a fire evacuation procedure, which explained what would happen if the designated centre needed to be evacuated.

The personal evacuation emergency plans were in place for the residents, however, these plans lacked detail on how the residents were to be supported when evacuating the centre and it was not evident when these plans had last been reviewed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider and the person in charge had completed a comprehensive assessment of need which identified the health, personal and social care needs of the residents.

The person in charge had reviewed the individual assessments and personal plans within the last 12 months. The personal plans of residents contained information on their healthcare, communication and activation needs.

The person in charge had ensured the designated centre was suitable for the residents and they discussed creating a sensory garden in the outdoor area for the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that the restrictions that were in place were logged and reviewed. Following this review, some restrictions were removed in the designated centre.

The person in charge had ensured that staff had received training in managing behaviour that is challenging, including de-escalation and intervention techniques. Staff were also given up-to-date information in this area to support the residents using respite services.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for White Strand Respite Services OSV-0002085

Inspection ID: MON-0045057

Date of inspection: 06/05/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review of Safety of Quality & Safety of Care and Support will be completed for the year 2025. This review will be prepared and Completed in a new Format based on the HIQA Guidance Document / Template. The report will be prepared based on the Individualised Support & Care, Effective Services, Safe Services & Health & Development and Leadership and Governance & Management, Use of Resources and Responsive Workforce and Use of Information. The report will be available for review in White Strand Respite Services – Designated Centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The personal evacuation emergency plans in place for all residents will be reviewed and further and appropriate detail on how the residents will be supported when evacuating the centre incorporated. All Respite Attendees participate in a fire drill every 3 months and the personal evacuation emergency plans will be updated if necessary to accommodate any changes as result of the outcome of the fire drill. A record of those respite attendees participating in the fire drill will be available in the White Strand Respite Office and will include the date of the Respite Attendee's most recent fire Drill.	

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 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	16/07/2026
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.	Substantially Compliant	Yellow	30/09/2029