



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

Issued by the Chief Inspector

Name of designated centre:	Cove Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	08 July 2026
Centre ID:	OSV-0002087
Fieldwork ID:	MON-0042465

About the designated centre

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

Cove Residential Services is a designated centre operated by Carriglea Cairde Services. It provides a community residential service to a maximum of eight adults with a disability. The designated centre consists of two houses, one in a urban estate and one in a rural setting within close proximity of that town. Each house comprised of a kitchen, dining room, sitting rooms and individual resident bedrooms. The staff team consists of a social care workers and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 July 2026	09:00hrs to 16:40hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection of the designated centre. The inspection took place to review the provider's compliance with the Regulations and to inform a decision on the renewal of the registration of the centre. The centre was registered for eight residents and there were five residents residing there on the day of the inspection. While the residents appeared to be happy and living a good life, some findings on this inspection in relation to the rights of the residents will be discussed further in the report. Action was also required in relation to updating staff training.

There were five residents living in the designated centre on the day of the inspection. None of the residents were at their homes during the inspection but three of the residents were met in their day service during the inspection. The residents spoken with had limited interaction with the inspector. The residents did indicate they were happy with their living arrangements and discussed activities they were undertaking.

The person in charge and other members of the staff team were met during the inspection. These staff members knew the residents and their needs well and were able to discuss the residents' interests. Residents were comfortable and relaxed in the presence of staff. Staff interacted with the residents in a respectful manner.

The centre was made up of two homes which were in two different locations with one in rural setting and the other on the outskirts of a large town. The homes for the residents were large and gave them ample spaces to relax and to have their privacy if they so wished. The houses were decorated with personalised pictures important to the residents such as family pictures. The residents had adequate storage for their personal items. There were sufficient bathroom, kitchen and laundry facilities available to the residents. The outdoor areas of the homes were well maintained and ensured that residents had outdoor spaces to use in better weather. The person in charge commented that some of the residents were directly involved in maintaining the outdoor areas.

As this was an announced inspection the residents were given the opportunity to complete surveys prior to the inspection and the five residents that resided in the designated centre completed these with the assistance of the staff working with them. The residents' responses to these surveys was positive about where they lived and the staff team supporting them.

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 in place an appropriate management structure in the designated centre which was familiar to the staff team. 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 members spoken with during the inspection knew the residents well. Some training required by staff for the roles in the centre had not been fully completed. This is discussed under the relevant regulation.

Documentation associated with the designated centre such as the registration documentation, the statement of purpose and insurance documentation met the requirements of the regulations and were subject to review.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was submitted to the Chief Inspector of Social Services and contained all of the information as required by the regulations, including the statement of purpose and proof of insurance. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge worked full-time and had the required qualifications, skills and experience necessary for role. The person in charge had a management qualification and had three years experience related to the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured there were appropriate staffing levels maintained in the designated centre. The staff team were appropriately qualified to meet the needs of the residents. The staffing levels matched what was set out in the designated centre's statement of purpose and were appropriate for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that the staff team in the designated centre were appropriately supervised. There was a schedule developed to guide the person in charge on when to undertake supervision sessions with staff members.

Staff had access to appropriate training for the roles they were undertaking including fire safety and safeguarding. From a review of training records maintained in the centre however, some staff required training which had not taken place. Two staff required training in relation to fire safety and four staff required training in manual handling.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured there was an appropriate contract of insurance in place. Evidence of this was provided by the registered provider in documents submitted for the renewal of the registration of the designated centre. This was reviewed by the inspector prior to the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a suitable governance structure in place with staff members clear on who they reported to or who was available to report a concern to. The staff team reported to a person in charge who worked in a full-time capacity in the designated centre. The person in charge in turn had support from senior management within the organisation.

The registered provider had completed an annual review of the quality and safety of care and support in the designated centre which was completed for 2025. This

review contained actions for improvement of the service and contained personalised information regarding the residents and what they had done during the year and also their objectives for the service for the following year.

The registered provider had completed the unannounced visits to the designated centre on two occasions in the previous 12 months in December 2025 and June 2026.

Judgment: 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 last review being completed in May 2026. A copy of the statement was available to the residents and their representatives in the designated centre.

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 health care and also on how they communicate and how they liked to be communicated with. Residents had plans for the year to try new activities and also increase their independence. Residents had appropriate plans in place to support them with more positive behaviour.

The premises of the designated centre was well maintained and provided for the needs of the residents. Residents' finances were managed in a transparent manner. Medicines and pharmaceutical services provided to the residents were safely managed.

Some of the rights of the residents in relation to choice being provided and contributing to the running were not being effectively catered for. This is discussed under regulation 9.

Regulation 12: Personal possessions

The registered provider was ensuring that residents were supported with their own finances in an appropriate manner. All residents in the designated centre had an account with a financial institution in their own name.

The person in charge enabled residents to maintain control over their own laundry and had facilities to manage this themselves if they wished to. The residents' bedroom provided ample storage space for the residents' personal items. A resident property list was being maintained in the centre to ensure that these possessions and property were being accounted for.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises was laid out to meet the number and needs of the residents. All residents had their own private spaces and were able to spend time in their own personal areas.

The inspector completed a walk through of the premises and found that the centre was clean and suitably decorated. The residents had their own bedrooms that were decorated in a manner which reflected their interests such as their interest in sports.

The premises provided the residents with access to kitchen areas, suitable storage, bathrooms and access to a laundry area. The premises met the requirements of Schedule 6 of the regulations.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had an information document on the designated centre which was available to the residents. This guide contained the information required by the regulations such as a summary of the services and facilities provided and the terms and conditions relating to the residency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that the residents in the designated centre had access to a pharmacy and pharmacy services.

The person in charge and the staff team managed medicines in a suitable manner in the designated centre. Medication was stored in a secure manner. It was clear for whom the medication was intended for. There was a system in place for the disposal of medication that were out-of-date. Medicines received from the pharmacy were logged to ensure that each resident had received the correct amount.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider and the person in charge had completed an assessment of need for each resident which identified their health, personal and social care needs.

The person in charge had reviewed the residents' individual assessments and their associated personal plans within the last 12 months. It was evident that the wider multidisciplinary team were involved with residents when required, such as a physiotherapist and a positive behaviour support specialist.

The person in charge had ensured the designated centre was suitable for the residents and their stated needs. The residents were planning activities for the year such as going on day trips, overnight stays and taking part in sporting events.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was facilitating residents to participate in the running of the designated centre by scheduling meetings for them in the designated centre. The meetings were not always taking place as stated, that is weekly and the topics discussed with residents were not found to be well documented.

Two residents were required to move to another home within the service to facilitate the transition of another resident to a different centre. The residents did not provide consent for this temporary move and did not appear to be offered choice in this

move. It was documented that the residents were anxious about when they were able to move back to their home. The residents had returned to their home prior to the inspection. It was acknowledged by a family member of one of the residents that while they were apprehensive about the temporary move, the reason for the transition process had been beneficial for their family member in the long term.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cove Residential Services OSV-0002087

Inspection ID: MON-0042465

Date of inspection: 08/07/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training will be provided for the two staff who required training in relation to fire safety and the four staff who required training in manual handling. This training will be offered and provided by 30th September 2026.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider will place a renewed focus on Residents Meetings and 1. Residents meetings will be held weekly in the home 2. Topics discussed will be documented and actions from the meeting will be noted and brought forward. 3. The Authorised Signatory on behalf of the Provider to comment in the 6 Monthly Report on quality and safety of care 4. The importance of Residents Meetings to be raised at the Services PIC forum Residents will be provided with information, consulted with and their agreement and consent will be sought in relation actions or decisions by the Service that impact on the lives of residents and this will include any temporary relocations to another house. The rationale for the temporary relocations will be clearly set out and documented and the timeframe will be provided. The Provider will ensure that residents will be provided with the freedom to exercise choice and control their daily lives.	

5. The Authorised Signatory on behalf of the Provider to comment on the freedom to exercise choice in the 6 Monthly Report on quality and safety of care.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2026
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	10/07/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in	Not Compliant	Orange	10/07/2026

	accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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