



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

Issued by the Chief Inspector

Name of designated centre:	Leeside
Name of provider:	Health Service Executive
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	14 May 2025
Centre ID:	OSV-0003319
Fieldwork ID:	MON-0038310

About the designated centre

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

Leeside is a designated centre operated by the Health Service Executive (HSE). The designated centre provides community residential care for up to three adults. The premises comprised of a dormer bungalow which has been divided into main house and an adjoining apartment. The downstairs of the main house comprised of a kitchen, dining room, two sitting rooms, office and two individual bedrooms. The upstairs is comprised office, meeting room and storage space. The adjoining apartment consisted of individualised en-suite bedroom and living area. There is a secure accessible garden to the rear of the house. The staff team consists of a social care leader and social care workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 14 May 2025	09:00hrs to 17:15hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was completed by one inspector over one day.

The inspector had the opportunity to met with the three residents in their home throughout the inspection as the they went about their day. The inspector also spoke with three staff members and management during the inspection. Overall, the inspector found that the residents received good quality person centred care and support in this designated centre. However, some improvement was required in the premises and continued support for one resident regarding their placement.

On arrival to the centre, two of the residents had left the service to attend day services. The inspector met with one resident in the sitting room as they prepared for the day. The resident showed the inspector their bedroom which was decorated in line with their preferences. The resident stated that they did not like living in the centre and wished to move from the centre. They noted that at times there are loud noises in the centre. The resident had communicated their wish to move from the centre to the provider previously and during previous inspections. The inspector was informed that some maintenance had been completed to the premises recently in the service which caused increased noise levels. In addition, the inspector reviewed evidence the provider had supported the resident to explore their concerns about their placement with an external advocate and continued clinical supports. The resident then left the service to access the community.

Later in the morning, the second resident returned home. This resident used alternative communication methods such as vocalisations and gestures to communicate. The inspector met them in their sitting room which was decorated with their artwork and pictures of their family. The resident appeared content in the centre and in the presence of the staff team. The resident then communicated that they wanted to spend time outside in the sun on their swing. In the afternoon, the resident was supported to access the community to go swimming.

In the afternoon, the third resident returned home from their day service. The inspector met them in their apartment. They spoke positively about living the centre and told the inspector about their interest in music and plans to attend a concert of an musician they liked. The resident showed the inspector their bedroom which was decorated with posters and their personal belongings. Overall, they appeared comfortable in their home.

The inspector carried out a walk through of the house accompanied by the person in charge. The dormer bungalow which has been divided into a main house and an adjoining apartment. The downstairs of the main house comprised of a kitchen, dining room, two sitting rooms, office and two individual bedrooms. The adjoining apartment consisted of individualised en-suite bedroom and living area. The

inspector found that the centre was decorated in a homely manner with resident personal belongings and pictures of the residents and their family. In general the house was clean, well maintained and in a good state of repair. There was a large garden to the rear of the centre which contained a large shed and 'art' cabin. In addition, the inspector observed a trampoline and swing in the garden belonging to certain residents.

However, some areas of the premises required attention including a fence surrounding the septic tank in disrepair. In addition, the inspector observed some aspects of the service which required review as it impacted on the homeliness of the centre including one inactive external CCTV camera and staff signage in general areas of the house.

The inspector also reviewed three questionnaires completed by the residents with the support of their representatives. The questionnaires described their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

Overall, based on what the residents communicated with the inspector and what was observed, the residents received good quality of care and support. Two of the residents appeared content and comfortable in the service. As noted, one resident highlighted that they were not happy in the service and their wish to move from the service. The staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in the premises and continued support for one resident regarding their placement.

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

Capacity and capability

Overall, there was a defined management structure in place which ensured that the service provided was safe, consistent and appropriate to residents' needs. On the day of inspection, there was appropriate staffing arrangements in place to meet the assessed needs of the residents.

The centre was managed by a full-time, suitably experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the unannounced six-monthly visits, annual review and local audits which identified areas of good practice, areas for improvement and developed actions plans in response.

There was an established staff team in place which ensured continuity of care and support to the residents. From a review of the roster, the inspector found that there

were appropriate staffing arrangements in place. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner. There were appropriate systems in place for the training and development of the staff team to ensure they had up-to-date skills and knowledge to support the residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the Regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for this designated centre alone. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

The person in charge maintained a planned and actual roster. From a review of the previous two months of rosters, the inspector found that there was an established staff team in place. At the time of the inspection the centre was operating with 1.5 whole time equivalent vacancies. The vacancies were covered was required regular agency staff and the inspector was informed that the provider was actively recruiting to fill the vacancies. This ensured continuity of care and support to the residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The three residents were supported during the day by three staff. In addition, a fourth staff member was available during three days of the week to support residents with activities. At night, two waking night staff

supported the three residents.
Judgment: Compliant
Regulation 16: Training and staff development
<p>There were systems in place for the training and development of the staff team. From a review of the training records, it was demonstrable that the staff team had up-to-date training in fire safety, medication, manual handling, safeguarding and deescalation and intervention techniques.</p> <p>A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of three supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy. A supervision schedule had been developed for the upcoming year.</p>
Judgment: Compliant
Regulation 22: Insurance
<p>The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for this designated centres alone. The person in charge reported to Director of Nursing and Social Care Manager, who in turn reports to the General Manager Disability Services.</p> <p>There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the six-monthly provider visits and the annual review 2025. The annual review included evidence of consultation with the residents and their representatives as required by the regulations. In addition, local audits were being completed in</p>

personal plans, health and safety, medication and safeguarding.

The audits identified areas for improvement and action plans were developed in response. For example, the audits identified areas for improvement including fencing in the garden requiring attention, personal plans in need of review and ensuring consistent staffing. There was evidence that these had been addressed or plans were in place to address same.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents occurring in the centre for the previous year and found that the person in charge had notified the Chief Inspector of all incidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the residents in a homely environment. However, improvements were required in the premises.

The inspector reviewed the residents' personal files which contained a comprehensive assessment of the residents personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs. The provider had self-identified the need to update one residents plans to ensure the staff team

were accurately guided in supporting the resident.

As noted one resident told the inspector they were not happy in the service and wished to move. This had also been noted to the provider and in previous inspections. The resident had been supported to access advocacy services and continued clinical supports. The provider demonstrated that they were continuing to follow up with the resident regarding their concerns on their placement.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, one external camera overlooking part of the garden was observed in place. While the camera was not active it impacted on the homeliness of the centre and required review. The inspector also observed that the fence around septic tank was in a state of disrepair. This was highlighted to the person in charge and addressed on the day by the maintenance team. In addition, the placement of a number of signs meant for the staff team required review. The inspector observed the signs in communal areas of the centre which impacted on the homeliness of the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. The previous inspection identified improvements required in fire containment measures and the provider outlined plans to install self-closing devices on a number of fire doors to protect the escape routes. There was evidence that the self-closing devices had been installed on the day of inspection.

There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The previous inspection identified that improvement was required in hour of darkness fire drills. This had been addressed as the fire drills

demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the three residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place.

The personal plans in place for one file required some review to ensure the staff team were provided with up to date guidance in supporting the residents. For example, while there was evidence of plans had been reviewed and changes made, the original plan had not been re-typed for a significant period of time. This had been self-identified by the provider and an action plan was in place to address same.

The previous inspection found some improvement was required in the assessment and personal plans to promote residents' autonomy and personal development, particularly in relation to finances and the self-administration of medication. This had been addressed.

As noted, one resident stated to the inspector that they did want to live in the centre. The resident had stated the same in previous inspections and to the provider. However, on reviewing documentation and discussing the concern with the provider, the provider demonstrated that they supported the resident to engage with advocacy services and continued support from the clinical team regarding this. However, continued support was required to ensure the resident's will and preference regarding their placement or their wish for an alternative placement guided their care and support.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. The positive behaviour support guidelines were up-to-date and appropriately guided staff in supporting the residents. There was evidence that residents were supported to access psychology

and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed in line with the provider's policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The staff spoken with demonstrated a good knowledge of what to do in the event of a concern.

Judgment: Compliant

Regulation 9: Residents' rights

The residents living in the centre were supported to exercise choice and control over their daily lives. Staff were observed to speak to and interact respectfully with residents. Resident meetings were held with each resident which discussed plans, activities and meals. The provider had recently developed consent indicators for each resident. This supported the staff team to recognise when a resident may communicate verbally or through other means of communication that they did not consent or consented to an activity or practice. The staff team were also supported to completed training in human rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Leaside OSV-0003319

Inspection ID: MON-0038310

Date of inspection: 14/05/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>17 (1)(b) The Person in Charge will ensure that health and safety walkabouts will include the full extent of the external grounds going forward, this will ensure all external structures will be kept in a good state of repair and any repairs or replacements shall be carried out once identified, for example the surround for the septic tank which has been temporarily fixed has been identified as needing to be replaced with a more aesthetically pleasing and homely structure, this work has been approved and is due to be completed by 30.08.2025</p> <p>17(1) (c) The Person in Charge shall ensure that the premises is laid out in a homely manner to meet the needs of the residents, for example one CCTV camera which is no longer in use will be removed by maintenance as this impacts on the homeliness of the centre, secondly signage required for staff has been reviewed and removed where possible from the main areas of the home and has been repositioned within the staff office.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>5 The Person in charge shall ensure that personal plans for each resident are developed and reviewed regularly to ensure the needs of all residents are being met.</p> <p>5(3) The person in charge together with the person participating in management, the registered provider, the interdisciplinary team, the resident and their family will continue</p>	

to ascertain the will and preference of one resident in relation to their living arrangements, all options will be explored in relation to the suitability of the designated centre in meeting the needs of this resident. A meeting will be held to review one residents will and preference in relation to their living arrangements in September 2025, the resident and their family representative, the full IDT and all those involved in the residents care will be invited to attend.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2025
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2025