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:	Cairdeas Services Waterford West
Name of provider:	Corlann
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	28 April 2026
Centre ID:	OSV-0004139
Fieldwork ID:	MON-0041547

About the designated centre

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

This centre comprises of two single-storey houses, one on the outskirts of a large town and the other in a rural setting outside of the town. Both houses are home to four residents with moderate to profound intellectual disability and age-related needs. The house within the town has four residents' bedrooms, all of which have an en-suite. The home has a kitchen / dining area, a utility room and a large living room. It also comprises of a sitting room, bathroom and staff office. This has an adjacent building which is a disused apartment that the service use for storage. The gardens contain a shed and were well maintained. The house in the rural setting has four bedrooms, one which has an en-suite. There is a bathroom, staff office and utility room. There is a large kitchen / dining room and a large sitting room. The residents have large garden areas that were well maintained. This service operates a full-time residential service on a 24 hour day, seven days a week basis. Residents are supported by a staff team comprising of social care workers, care assistants and nursing staff. The staff member on night duty is employed in a waking role.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 April 2026	09:00hrs to 17:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision regarding the renewal of the registration of the designated centre and was completed by one inspector on one day. The inspector found that the staff team and management team were working to provide the residents with a good quality of life.

The designated centre was registered for seven residents and there were seven residents living in the centre on the day of the inspection. The inspector divided their day and visited the two homes that made up the designated centre.

All seven residents were met during the inspection some briefly before they went out to their day service. One resident was met outside the house relaxing in the morning. They spoke to the inspector and handed them their resident's survey and chatted through it. The inspector met the other three residents in this home before they went to their day service. The three residents in the other home of the designated centre were met after they returned from their day out. One resident spoke about where they were from and their family and their interest in music. All residents spoken with expressed they were happy in their home. Staff were seen and heard to interact in a kind and positive manner throughout the inspection.

The person in charge spoke about how they needed to spend a large proportion of their time working directly with the residents. This meant the person in charge could not devote their full time to their main administration tasks in the centre. This did not appear to affect the quality of the service being provided to the residents.

The premises was well maintained, clean and tidy. There were plans to extend an outdoor area for one of the homes of the designated centre. One of the residents was seen to use this area during the inspection and staff reported that they felt the resident would benefit from this. The other home in the centre was getting a new kitchen upgrade which was being planned. The residents' bedrooms were decorated in a personalised manner. The residents had personalised pictures throughout their homes. Outdoor areas were available to the residents to use in finer weather.

The staff team were observed and heard to treat residents with kindness and respect. They were seen to support them in their activities throughout the day. The staff spoke with the inspector about how they supported the residents throughout the day and what each individuals' needs were. The staff members showed a good knowledge of what the different residents required.

As this inspection was announced, residents were given the opportunity to complete resident surveys which had been sent out in advance. Four resident surveys were completed by residents with one family also completing another survey on behalf of

their family member. The response in these surveys were overall positive and the residents reported that they were content with their living arrangements.

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. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided.

Staffing levels in the designated centre ensured that the residents were receiving appropriate supports. 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 registration documentation, the statement of purpose and the registered provider's insurance 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 received and contained all of the information as required by the regulations, including the statement of purpose and proof of insurance. This application was reviewed prior to the inspection by the inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full time person in charge in the designated centre. The person in charge had the appropriate qualifications and experience as required by the regulations. It was evident during the inspection that the person in charge knew the residents and their needs well.

They had time both for administration and for direct support and were present to facilitate the inspection.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels were assessed by the provider as suitable for the needs of the residents and the size and layout of the designated centre. The staffing levels were found to match what was outlined in the centre's statement of purpose.

The person in charge ensured there was a planned and actual staff rota available, which showed the levels of staff available to residents on any given day. The inspector reviewed the rota and found that it was well maintained and reflected the staffing arrangements in place. There was a consistent staff team supporting the residents that were well known to the residents. Staff spoken with demonstrated that they knew the residents and their needs well.

Information and documents specified in Schedule 2 of the regulations had been obtained by the person in charge.

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 all training identified as mandatory and had completed some training specific to the needs of residents. Staff completed refresher training in these areas when required.

The person in charge had a adequate system for staff supervision. Supervision sessions were completed for the previous year and were scheduled throughout this year also. These were in line with the provider's policy.

Judgment: 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 clearly defined management structure in the designated centre. The provider also had sufficient resources in place on the day 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 2025. This review contained the views of the residents and their family or representatives. The six-monthly unannounced visits to the designated centre were also being undertaken by the registered provider. There had been two of these visits completed in the previous 12 months in October 2025 and April 2025 as required by the regulation. Actions identified during these visits, such as painting required in the centre were recorded, reviewed and completed. The person in charge was undertaking local audits in the designated centre throughout the year such as medication, care plans and health and safety audits.

The person in charge facilitated staff team meetings on monthly basis where items such as incidents, safeguarding and training were being discussed. Staff had an opportunity to discuss the quality of service at these meetings and spoke about being comfortable to raise concerns if necessary.

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 residents' 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 completed in January 2026. A copy of the statement of purpose 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. Guidance was available for staff in relation to positive behaviour supports for residents. Residents had goals for the year created and these goals were realistic and reviewed.

Risk was well managed in the centre and measures were in place for safeguarding of residents. The information guide regarding the designated centre was available to the residents and had been reviewed in the last 12 months.

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.

Regulation 13: General welfare and development

The registered provider had ensured that residents had access to day services if they so wished. Some resident had chosen to no longer attend day services and they had individualised services provided to them from their own home. Residents were seen to leave for activities during the day and residents spoke with the inspector about activities they had undertaken on the day of inspection.

Residents were going on holidays both within the country and abroad in line with their wishes and goals. One resident had been supported to go to Las Vegas which they described as 'a trip of a lifetime'. The inspector found that this had taken a lot of planning by the staff team in the centre ensuring all supports would be available as well as planning the itinerary or applying for visas.

Residents had access to electronic tablet devices for leisure and also enabling them to develop skills to help them be more independent.

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 were both in good repair, clean and suitably decorated. The person in charge spoke about plans to extend an outdoor area in one part of the centre and a replacement kitchen was also planned to go into one of the homes.

Residents' bedrooms were well decorated and personalised with items such as family pictures. Residents' had access to mobility equipment when required, for example a hoist, which appeared to be good working order and was serviced. Schedules for residents' days were on display, throughout the homes, to help them with planning their own activities.

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

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 require 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 26: Risk management procedures

The registered provider had a risk management policy in place which identified hazards and assessment of risk throughout the designated centre. Measures and actions were identified to control these risk assessments. The measures and actions were in place to control specified risks in the regulation such as the unexpected absence of a resident and self harm.

The registered provider had reviewed the individuals and designated centre's risk assessment in the previous 12 months. The registered provider also had systems in place for responding to emergencies in the designated centre.

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 ensured that staff were completing daily and weekly fire safety checks in the designated centre in line with registered provider's policy. Fire doors were checked during the inspection by the inspector to ensure they fully closed and were found to be operating correctly.

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

All residents had personal emergency evacuation plans in place which had been reviewed in the previous 12 months.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider and the person in charge had completed a comprehensive 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 and supported them in accessing behavioural supports, there were health and social care professionals involved for example an occupational therapist. Residents had been reassessed following changes in their needs, for example, a falls assessment was completed for a resident that had new mobility concerns.

The residents had undertaken activities throughout the year with residents going on foreign holidays, with one resident going on a trip of a lifetime to Las Vegas. Residents were planning other nights away in Ireland. Residents were also working on skills to help them be more independent such as money management skills.

Judgment: Compliant

Regulation 6: Health care

From a review of the residents' personal plans it was evident that the registered provider provided appropriate health care support for the residents. The residents had access to medical practitioner and other health care professionals such as an occupational therapist and a speech and language therapist.

Residents health care concerns such as osteoporosis, hypertension and fall risks had been assessed and plans put in place to support these residents with these concerns.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that restrictive practices used in the designated centre were kept under review and were removed where possible.

The person in charge ensured that all staff were provided with training in the area of positive behaviour support including de-escalation and intervention techniques. The person in charge had ensured that behaviour support plans were in place which gave staff detailed information on how to support residents in this area. These plans explained to staff what proactive and reactive strategies could be used with residents. The positive behaviour support plans had been created with the input of a behaviour support specialist and were reviewed within the last 12 months.

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
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant