



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

## Issued by the Chief Inspector

Name of designated centre:	Shalom
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	12 May 2025
Centre ID:	OSV-0004873
Fieldwork ID:	MON-0038010

## About the designated centre

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

Shalom is a residential service operated by Brothers of Charity Services Ireland. The centre is located on the outskirts of a town in Co. Clare and transport is provided. A maximum of three adults attend the service. One resident receives a full-time residential service and two residents attend the centre on a shared care basis. The support provided is designed to meet a broad range of needs and a staffing presence is maintained in the house at all times. Staffing levels fluctuate in response to the occupancy and the needs and wishes of residents. The service is operated from a bungalow type dwelling with residents having their own bedroom, along with access to a communal bathroom, one en-suite facility, kitchen and dining area, sitting room, patio and a large garden area. The model of care is social and the staff team is comprised of support workers with day to day management responsibilities assigned to the person in charge supported by a social care worker.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Monday 12 May 2025	11:00hrs to 17:00hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with two residents and with a family member of one resident. The inspector also met with the person in charge and viewed a range of documentation and processes.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. The person in charge was very focused on ensuring that a person-centred service was delivered to residents.

On the day of inspection, all residents were either out and about during the day or were at home with their families. The inspector had the opportunity to meet briefly with one resident on their return in the evening. The resident did not interact with the inspector but appeared at ease and happy in the centre. Another resident came to visit the centre with a family member and to meet the inspector. This resident did not have the capacity to tell the inspector about their views of the centre, but they were smiling and relaxed and were clearly comfortable in their surroundings and in the company of the person in charge.

The inspector was told by the residents' relative they were very happy with the service being provided and that they had good relationships with staff. They knew that they could raise any issue with staff and were confident that it would be taken seriously. They said that they had very open interaction with the person in charge and were always kept informed of the resident's progress at all times. Furthermore, they spoke highly of all staff and said that, without exception, they provided a very good level of care to residents. The inspector also read three questionnaires that had been completed by families on behalf of residents. All these surveys expressed high levels of satisfaction with all aspects of care and there were no issues of concern raised.

It was clear from a walk around the centre, that safe and comfortable accommodation was provided to residents. The centre consisted of one main house and an adjoining self-contained annex which had recently been built. Some residents availed of shared care but had their own bedrooms while staying in the centre. These rooms were decorated in line with each resident's interests and wishes and created a comfortable and homely atmosphere. The inspector saw, for example, that rooms were personalised with belongings that were important to residents, such as family photos, hobby items, books, toiletries and cosmetics, and souvenir photos of activities that residents had enjoyed. All bedrooms also had adequate furnishing for storage of clothes and belongings. The centre was laid out to be accessible in line with residents' mobility needs. Features that enhanced accessibility as required throughout the building included, double doors for evacuation, overhead hoists, and spacious bathrooms with accessible showers. The

garden was also accessible to residents with raised planting beds and a paved area. To ensure that all residents could freely travel, there were two forms of transport available; a wheelchair accessible vehicle and a regular car.

There was photographic and documentary evidence that residents were taking part in activities that they enjoyed and were appropriate to their age group. These included leisure and social activities including trips to Knock, music events, dog racing, family visits, cinema, picnics, holidays, events such as agricultural shows and tractor runs, and outings to theme parks and pet farms. Residents were also involved in regular community activities such as going to the hairdresser and barber, going to the library, shopping, visiting the church, and going out for meals or a drink.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents. residents.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the care and support needs of each resident. The person in charge was based in the centre and therefore had a close working relationships with residents, staff and residents' representatives. There were effective arrangements in place to support staff when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. A range of healthcare/ allied health services, including behaviour support and psychology were available to support residents as required. Other healthcare specialist involvement was arranged by referral. However, although there were, overall, adequate staffing levels to support residents, there were no resources for night staffing in one part of the centre and consequently a resident had to move to another part of the centre each night to sleep, which was not in line with their assessed needs.

All staff had attended human rights training & although these staff were out with residents during the day, the person in charge felt very confident that they were delivering a rights-based service to residents. A relative of a resident who came to the centre during the inspection confirmed this to be the case. Staff had also been appropriately recruited and vetted to ensure that they were suitable for their roles.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits of the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed, or were being completed in a timely manner as planned. A review of the quality and safety of care and support of residents was being carried out annually. Feedback from residents' representatives was included in the report and indicated a high level of satisfaction with the service.

Although there had been no recent complaints in the centre, there was a clear and accessible complaints process. Any issues of concern raised in the past had been suitably managed.

Documents required by the regulations were being maintained and were available to view. The records viewed were clear, informative, up to date and well organised. Documents viewed as part of the inspection included personal profiles and plans, risk assessments, audits, staff recruitment information, the statement of purpose and insurance information.

#### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted. Minor amendment to the statement of purpose was required but this was addressed by the person in charge and an updated version was submitted to the Chief Inspector of Social Services shortly after the inspection.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the designated centre.

The inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that the person in charge was suitably qualified and experienced for this role. The person in charge worked closely with staff and the wider management team. Throughout the inspection, the person in charge was very knowledgeable about the individual needs of each resident who lived in the centre, and was also aware of their regulatory responsibilities. The person in charge was the manager of one centre only and was based in an office in the centre. It was clear

that the person in charge knew the residents and was very familiar with their care and support needs.

Judgment: Compliant

### Regulation 15: Staffing

Overall, staffing levels and skill-mixes were sufficient to meet the assessed needs of most residents in the centre and staff had been suitably recruited. However, based on the assessed needs of residents and the established incompatibility of some residents, additional staffing was needed to facilitate the appropriate care of a resident in line with their assessed needs.

The inspector viewed the staffing rosters for the months of April, May and June 2025. Due to shared care arrangements which were in place in this centre, the needs of residents varied during different placements. A review of staffing rosters confirmed that appropriate staffing numbers were allocated to support residents' various assessed needs on a daily basis. One resident had been assessed as requiring an individualised service in self-contained accommodation and this accommodation had been provided. However, the provider had not secured funding for night staff to support this resident's assessed need. Therefore, the arrangement was only partially in place and the resident could not sleep overnight in their accommodation due to absence of staff support. A representative of the resident told the inspector that this had a negative impact on the resident's wellbeing, comfort and sleep quality. The person in charge explained that the provider had an open business case submitted to its funding body in this regard.

The inspector also viewed the recruitment files of two staff who worked at the centre and found that all the required information had been provided for these staff, including evidence of up-to-date vetting disclosures.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre were being supported and supervised by the person in charge.

There was a plan in place to ensure that all staff attended supervision meetings at least twice each year, as well as an annual performance review. The inspector viewed the plan and found that supervision meetings were taking place as required. The person in charge showed the inspector a sample of two supervision records and



a performance review which had been carried out as planned and and had been suitably recorded.

Judgment: Compliant

## Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre and to ensure that a high standard of care, support and safety was being provided to residents.

An organisational structure with clear lines of authority had been established to manage the centre and this was clearly set out in the statement of purpose. There was a suitably qualified and experienced person in charge, who was on duty in the centre on weekdays. and there were effective arrangements in place to support staff when the person in charge was absent. The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan. The inspector viewed the last two six-monthly unannounced audits by the provider, the annual review of the quality and safety of care and support of residents, and a sample of audits carried out by the person in charge including audits of incidents and medication management. All these audits showed high levels of compliance and any identified areas for improvement were being addressed. The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport including wheelchair accessible vehicle access to Wi-Fi and televisions.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. Overall, the statement of purpose was informative and met the requirements of schedule 1 of the regulations.

The statement of purpose described the service being provided to residents and met most of the requirements of the regulations. However, there was some minor adjustment required to the statement of purpose to meet all the requirement of the regulations and these were promptly addressed by the person in charge and an updated statement of purpose was supplied to the Chief Inspector. The statement of purpose was being reviewed annually.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were processes in the centre to manage and investigate complaints. It was found that complaints were being taken seriously by the provider and that systems were in place to investigate and resolve complaints. Information about the complaints process was made available to residents and their representatives.

An aspects of complaint records had not been suitably managed at the previous inspection of the centre. The inspector viewed this complaint record and found that it had been suitably resolved, as the outcome of the complaint and the satisfaction of the person who made the complaint had been suitably recorded. There had been no further complaints about the service since then.

Judgment: Compliant

### Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The person in charge and staff ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences and assessed needs. However, a review of an aspect of premises was required to ensure that it provided effective fire containment.

The centre comprised of one house and a separate self-contained apartment. This accommodation suited the needs of residents, and was clean, comfortable, suitably equipped and well maintained. The house was spacious and all residents had their own bedrooms which were furnished and personalised to their liking. The apartment was also well-equipped and well maintained. Both the house and apartment had well equipped kitchens and dining areas where residents could have their meals, and could become involved in food preparation if they liked to. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There was a large well-kept garden where residents could spend time outdoors. Residents could use the centre's transport to access their preferred activities. However, in a part of the premises the fire door seals did not appear to be impaired and the provider was asked to review this.

There inspector found that there is flexibility in the provision of this service. The service provides a mixture of full time residential and shared care support. Within this arrangement, some residents are based in the centre during the day and receive their daily supports from there, while others go out to attend day service activities. This gives all residents the flexibility to enjoy the lifestyles that they prefer. Staff support was provided for residents which ensured that they could take part in daily activities in accordance with their individual choices and interests, as well as their assessed needs. Review of information indicated that residents were involved in a range of activities such as shopping, day trips and outings, community involvement, meeting with family and friends and going out for something to eat. Although it was identified that there was inadequate night time support for one resident, this did impact negatively on the residents' daily life and access to activities

Assessments of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. Personal planning information and plans of care were clear and informative. Residents nutritional needs had been assessed and were well met in line with these assessed needs and preferences.

There were several systems in place to ensure that residents were protected from harm and risk in the centre. These included development of intimate care plans, missing person profiles, and behaviour support plans with specialist involvement. A risk register had been developed in which risks specific to the centre and their control measures had been identified. Individualised risk assessment had also been completed for each resident.

The provider and person in charge ensured that residents had control over their clothing and property. There was adequate space for residents to safely store their personal belongs and clothing, and they had access to laundry facilities to launder their own clothes if they wished to. Residents also had access to information in the format of a residents' guide and other relevant information provided to them in the centre.

## Regulation 12: Personal possessions

Residents were supported, as far as reasonably practicable, to keep control of their own valuables, and there were secure arrangements for residents to manage their finances and belongings in line with their capacity.

The inspector saw that all residents had their own bedrooms which were furnished and personalised to their liking. These bedrooms had adequate furniture such as wardrobes, bedside lockers and chests of drawers, in which residents could store their clothing and belongings. Laundry facilities were provided in the centre for the laundering and drying of residents. Residents had access to these facilities, but were also being supported by staff if they preferred not to be involved in the laundry process. Residents' finances were being safely managed and there were auditing systems in place to ensure that residents' finances were being safeguarded.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents. However, the fire doors required review to establish if they were suitable.

The centre comprised a house and separate self-contained apartment in a rural area. Since the last inspection of the centre, the building had been extended to include an additional self-contained apartment to accommodate the specific needs of one resident. During a walk around the centre, the inspector saw that the centre was spacious, that all parts were well maintained, accessible, clean and comfortably decorated, and that all residents had their own bedrooms. Both the house and apartment had well equipped kitchens where residents could have their meals, and could become involved in food preparation if they liked to. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There were well-kept gardens behind both houses where residents could spend time outdoors. The inspector also saw that there were fire doors throughout both buildings intended to contain and reduce the spread of fire. However, on some fire doors, the intumescent strips designed to prevent the spread of fire and smoke around the doors had been painted over. This presented a risk that fire doors may not function efficiently in the event of an emergency. The provider was asked to have this assessed by a competent person with experience in fire safety to establish if the doors were effective.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Resident's nutritional needs were well met. The centre had well equipped kitchens in both the house and the apartment where food could be stored and prepared in hygienic conditions. There was adequate space for the storage of food, including refrigerated storage. Residents went shopping with staff as they wished and some took part in some food preparation with staff supervision. Some residents were assessed as requiring specialised diets and meal plans and these were provided. As residents were out at activities during the day, the inspector did not get the opportunity to meet them at mealtimes. A resident's next of kin explained to the inspector that they were very happy with the catering arrangements in the centre and that the resident was always provided with healthy and nutritious meals that they enjoyed.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it had met the requirements of the regulations. Other information that was relevant to residents was provided in user friendly formats. This included sharing information about topics such as how to make a complaint, the menu for the week, activities that were on in the local area, human rights and safeguarding information, and photos to identify senior managers.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were good systems in place for the management of risks in the centre. The provider's risk management arrangements ensured that risks were identified, monitored and regularly reviewed.

The inspector viewed the risk register and found that it identified a range of risks associated with the service and had documented interventions to reduce these risks. The inspector also saw that further individualised risk assessments had been carried out for to identify and manage risks specific to each resident. These risks were being reviewed and updated as required. The provider had developed a risk management policy which was up to date, and was available to guide staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for each resident based on their assessed needs. These were of good quality, were up to date, and were informative.

The inspector viewed a sample of two residents' personal plans and found that these personal plans had been developed with input from the provider's multidisciplinary team as required. The assessments informed personal plans which identified residents' support needs and identified how these needs would be met. These plans of care viewed were clear and were up to date. Residents' personal goals had been agreed at annual planning meetings, and progress in achieving these goals was being reviewed and updated.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place to support residents to manage behaviour that challenges.

The inspector saw that there were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. The inspector viewed the support plans that had been developed for two residents who required support to manage their behaviours. These plans were clear and up-to-date. Residents had access to the provider's multidisciplinary team which included behaviour support and psychology specialists who worked with, and supported, residents as required.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Shalom OSV-0004873

Inspection ID: MON-0038010

Date of inspection: 12/05/2025

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Business case has been submitted to the funding body for an upgraded residential service for one individual supported. Awaiting approval for this. (Planned completion: 30.12.2025)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The fire doors have been assessed by building surveyor to determine if paint on intumescent strip has an effect on efficiency. The contractor who completed the extension has been contacted to have the paint removed from intumescent strips. (Planned completion: 30.06.2025)	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/12/2025
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	30/06/2025