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 Kilkenny
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	06 October 2025
Centre ID:	OSV-0005054
Fieldwork ID:	MON-0048482

About the designated centre

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

Cairdeas Services Kilkenny is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to eight adults, both male and female, with a disability. The centre comprises of two houses located close to a town in Co. Kilkenny which provided good access to local services and amenities. The first house is a detached bungalow which comprises of a kitchen, dining room, sitting room, conservatory, office, sensory room, bathroom and four individual bedrooms. The second house is also a detached bungalow which contains a kitchen, dining room, sitting room, office, bathroom and four individual bedrooms. The centre is staffed by a person in charge, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 6 October 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead
Monday 6 October 2025	09:00hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and carried out with a specific focus on safeguarding, to ensure residents felt safe in the centre they were living in and they were empowered to make decisions on their care and how they wished to spend their time. The inspection was completed by two inspectors over one day.

Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were spending their time. However, there were some areas that required improvements such as, staff training, use of restrictive practice and residents' rights.

The centre comprised of two large bungalow style properties with ample garden space at both locations. The first centre had six bedrooms, two had en-suite facilities, one was assigned as a store room and one as an office. There was ample communal spaces including a kitchen dinning area, sitting room and conservatory. Outside one bedroom in an extended hallway the provider had created a sensory space that residents could use, this area had a sofa, a keyboard and a small basket of sensory items. The second property had five bedrooms, one had en-suite facilities and one was assigned as an office. Communal areas included a sitting room, kitchen and dining room. Both properties were seen to be well maintained and clean, residents had been supported to decorate their bedrooms in line with their wishes and interests. Some residents had personal pictures and items of value on display.

On arrival to the first property, the inspectors said good morning and introduced themselves to the four residents as they were getting ready to leave to attend day service. The person in charge made their way to the centre to facilitate the inspection. The person in charge was responsible for this centre only and were for the most part, supernumery to the staff team, this allowed them time to complete managerial duties to maintain oversight of the centre.

Over the course of the inspection the inspectors spoke with residents, observed the care and support being delivered, spoke with staff members and the person in charge. Inspectors also reviewed documentation and completed a walk around of both properties.

In the afternoon one inspector visited the second property and spent some time speaking with residents and staff members. Some spoke about activities they like to do in the centre and in the community. For example, one resident spoke about picking apples and making apple tart, they also spoke about maintaining the garden by cutting the hedges, another resident showed the inspector photos on their mobile device of recent day trips and holidays.

On return to the first property, the four residents had returned from their day service and were seen to go and relax in the sitting room or be supported to have their meal. One resident had specific preferences around their routine and staff

respected and understood the importance of this for the resident. For example, the resident was seen to leave the communal area and go to their bedroom. Staff were able to explain to the inspectors that they were checking if an item was in a specific place and the resident was afforded the time and space to do this.

Residents appeared comfortable in each other presence. They smiled when spoken too but did not engage in conversation with the inspectors. Some residents were seen to approach staff and ask for items or help. Staff were seen to support the residents in a caring and timely manner.

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

Capacity and capability

Overall, the findings from this inspection indicated that the centre had made good progress in achieving good levels of compliance with the regulations. The inspectors found that there was a clearly defined management structure in place and regular management presence in the designated centre, with a full time person in charge in place with dedicated hours to complete their role effectively. The provider had established systems to support the provision of care and support to the residents. There was evidence of regular quality assurance audits of the quality and safety of care. Some minor improvements were required in relation to staff training.

There was a consistent staff team in place and while some positions were vacant the provider was engaging in recruitment to fill the positions. The number and skill mix of staff were appropriate to meet the needs of the residents.

Regulation 15: Staffing

Overall, there was a core and consistent staff team in place and the centre was striving to provide continuity of care. The inspectors found there was sufficient staff in place to meet the needs of the residents.

At the time of the inspection there were some staff vacancies including cover for specific evening shifts and shifts at weekend. To cover these vacancies regular relief and or agency staff were utilised.

The inspectors reviewed the rosters for September and October 2025. It was found that regular relief staff were in place for the majority of shifts that needed to be covered. For example, on the week commencing the 1st of September, 15 shifts

were covered by relief or agency with the majority of the shifts covered by relief. The person in charge provided direct examples were they redeployed regular relief staff to the centre to ensure experienced staff were in place to support the residents.

Rosters were found to be well maintained with actual and planned rosters in place.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors reviewed the training matrix in place which represented the training completed by five members of the staff team. On review of this information it was found that the staff team had completed the majority of trainings to enable them to provide care and support to the residents within the designated centre. However, all the staff team required training in one specific area to ensure care and support was in line with the most up-to-date evidence based practices.

The inspectors saw that all of the staff team had completed training in the areas of fire safety, managing behaviour that is challenging, safeguarding, safe administration of medicines, first aid, manual handling and a range of infection prevention and control (IPC) trainings.

However, no staff had specific training in the area of feeding, eating, drinking and swallowing needs, despite residents in the centre having a specific assessed need around this. Although there was written guidance available to staff to support the residents during this time, training in this are would ensure staff had all the necessary skills to deliver safe and effective care in this area of need.

The inspectors reviewed five staff members supervision records. It was found that the five staff had received one formal one-to-one supervision with the person in charge in August and September 2025. This was in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors found that there were systems in place for the oversight and monitoring of the quality of care provided to the residents. Overall, the levels of compliance found on this inspection indicate that a number of improvements had been made to ensure residents were in receipt of good quality care and support.

There was a defined management structure in place. The person in charge reported to the service manager. The staff team consisted of a staff nurse, and care

assistants. In order to ensure the operational management of the centre was effective the person in charge was mainly supernumery to the staff team. This ensured that sufficient oversight was in place at all times. The inspectors noted that the person in charge had direct oversight of all audits and reviews that had taken place which ensured actions were identified and completed in a timely and effective manner.

The inspectors saw at local level their was a suite of audits completed at regular intervals. This included medication audits, IPC audits, financial audits and person in charge audits. For example ,the most recent IPC audit was completed in September 2025.

At provider level, six monthly unannounced audits and the annual review had occurred in line with the requirements of the regulations. The inspectors reviewed the six monthly unannounced that had occurred in June 2025. As part of these processes the safeguarding processes were reviewed.

Judgment: Compliant

Quality and safety

Overall, the findings from the inspection were positive. The inspectors found that the quality and safety of care provided for residents, were of a good standard. The inspectors observed the residents had opportunities to take part in activities and to be involved in their local community. Residents were also supported to maintain connections with their families and friends.

The premises was spacious and suitable for the needs of the residents living there. Both properties were well maintained and had sufficient communal space for the residents to spend time. The management and staff team were striving to provide a person centred care to the residents in the centre.

Safeguarding concerns were being identified, reported to the relevant authorities and managed well within the centre. However, some improvements were required in the use of restrictive practice and residents rights.

Regulation 10: Communication

The inspectors reviewed the processes in place to assist residents' with their communication. It was found that supports were in place to help residents' communicate effectively within their home.

On review of two residents files, the inspectors reviewed the residents' specific communication passports. These were developed in consultation with speech and language therapists.

It was evident that they were personalised to the individual and identified the residents likes, dislikes, and specific assessed needs. For example, one communication passport detailed how a resident used objects of reference to communicate a specific need. The objects of reference were in place in the resident's bedroom and could be utilised by staff and resident as required.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two bungalows, for the most part they well maintained and were in a good state of repair both externally and internally. There were some minor works that the provider had previously identified and these were in progress on the day of inspection.

On arrival at the first premises the inspectors completed a walk around with the person in charge. A number of improvements had been made since the last inspection, including the installation of new flooring throughout the building and renovation of bathroom areas. This premises consisted of a detached bungalow located a short distance from the second property and had extensive garden space. Each resident had their own individual bedroom. Residents personal items were seen to be on display throughout the home. Their was ample spaces for the residents to relax in, including dining area, sitting room and conservatory area. Accessible equipment was seen to be in place where residents required it, such as hoists, grab rails and shower chairs. These had been serviced in June 2025 to ensure they were in adequate working hours.

The second property was also a detached bungalow with extensive garden space to the rear of the property including several apple trees. The centre included five bedrooms and one was utilised as an office. One resident had an en-suite and the others shared a large bathroom. There was also a second toilet facility available. The centre was laid out in line with the residents' assessed needs, residents were observed to move freely through the centre, including one resident who used a mobility aid. One resident was spending time in their bedroom at the time the inspector visited, they were happy for the inspector to come in and they showed the inspector some personal photos they had displayed on the wall. The centre was clean and tidy and in good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management and residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The inspectors reviewed individual risk assessments for five residents in the centre and found they suitability address the risk, the provider had appropriate controls in place to minimise the risk. The identified controls were also aliening with guidance available in other supporting documents such as behaviour support plans. The person in charge was seen to review all risk assessments regularly.

It was evident that follow though from discussions at clinical reviews was happening. For example, one residents medical risk was discussed at MDT review and the impact of the risk was identified as major, the person in charge was seen to have the risk assessment reviewed and updated to reflect this impact.

Additionally there were risk assessments in place for the centre these risk assessments were found to be appropriate and keep in good order.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed five of the residents' assessments and personal plans and found them to be up-to-date and person-centred. They were detailed and it was clear from review of the plans residents' strengths and needs were clearly reflected.

Residents' assessment of needs were supported by clinical professionals and reports were available. For example, one residents previous review with psychology gave recommendations for objects of reference to be available to the resident, these were seen to be on display in the residents bedroom and referenced in their communication support plan.

Support plans were developed from the residents' assessment of needs, from review of support plan they clearly identified specific needs such as skin integrity and diabetes. These plans contained detailed guidance for the staff team to follow ensuring the residents needs were met.

Residents had a variety of goals set out and were seen to be actively encouraged to be involved in activities they enjoyed. Residents had records of part taking in horse

riding , reflexology, gardening, cinema, golf, sound therapy, lamh choir and trips to the beach to name a few.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the resident in managing their behaviour.

Residents who required it had behaviour support plans in place to guide staff practice when managing behaviours of concern. From review of plans they were seen to be person centred and guided staff by identifying proactive and reactive strategies in response to specific behaviours.

There were a number of restrictive practices in use within the centre, these restrictions had been identified and reviewed by the human rights committee and were reported to the Chief Inspection of Social Services. While there was review process in place, the inspectors were not assured that the least restrictive measures were in place. For example, the front door was locked with a key pad lock to mitigate the risk of one resident accessing the main road, but this resident had double doors leading to the front of the house in their bedroom that were key locked with the keys available. Therefore the rational for the keypad lock was not in line with a least restrictive approach to care and support.

The provider had developed a restrictive practice committee and policy earlier this year, the inspectors were aware this was still in implementation stages and required some time to be fully effective.

Judgment: Substantially compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that the resident was protected from all forms of abuse within the centre. For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

The inspector found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre. A review of all documents pertaining to safeguarding concerns showed that they had been appropriately investigated. There was a formal

safeguarding plan in place for one resident and the actions identified could be seen in their risk assessment and any associated care plans.

In relation to financial safeguards there were robust systems in place including regular auditing and cross referencing expenditure with bank statements.

All staff had received training in the safeguarding of residents, and were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in reporting and responding to those concerns.

Each resident had detailed intimate care plans in place. This plans guided staff in the areas the resident required support and their preferences around these supports.

Judgment: Compliant

Regulation 9: Residents' rights

While observations on the day of inspection and discussions with staff, residents were seen to exercise their rights to choose. For example, residents were offered two activities and were seen to choose one. However, there was limited evidence on how residents contributed to the day-to-day running of the designated centre.

For example, residents meetings or key working sessions were not held with residents to ensure information was shared with them around what was happening in the centre on a day-to-day basis. In addition, there was limited evidence on how the residents were informed of specific aspects of care and support such as restrictive practices.

All of the residents were observed to be comfortable in the presence of staff and the staff were observed to be person centred in their approach to residents. From review of documentation, the use of professional and respectful language was used throughout residents' assessments and plans.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cairdeas Services Kilkenny OSV-0005054

Inspection ID: MON-0048482

Date of inspection: 06/10/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff will complete training in the area of feeding, eating drinking and swallowing needs.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • Restriction of the front door keypad lock reviewed by MDT. Front door and double door in bedroom will now be changed to thumb locks to ensure least restrictive and consistent approach is taken while ensuring the safety of resident	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The provider will ensure that the residents are informed of and contribute to the day to day running of the centre through house meetings or key working sessions. • The provider will ensure that there is better evidence of how residents are kept informed about aspects of their care and support such as restrictive practices.	

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	31/12/2025
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	12/12/2025
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Substantially Compliant	Yellow	31/12/2025

	disability is consulted and participates in the organisation of the designated centre.			