

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

Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Waterford East
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	24 September 2025
Centre ID:	OSV-0005074
Fieldwork ID:	MON-0039653

About the designated centre

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

Cairdeas Services Waterford East is a designated centre operated by the Brothers of Charity Services Ireland CLG. It provides a residential service for up to four adult with a disability on a full-time or part-time basis. There is never more than four persons residing within the service at any one time. The centre is a large detached bungalow set on its own site on the outskirts of Waterford city, with access to all amenities by vehicle. The house consists of a living room, kitchen/dining room, four resident bedrooms (two of which are en-suite), office, staff bedroom and a number of shared bathrooms. The staff team in consists of staff nursing and care assistants. 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 24 September 2025	09:20hrs to 15:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This announced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. The findings of this inspection were positive, with all of the regulations reviewed found to be compliant.

Cairdeas Services Waterford East is a designated centre based in Waterford City. The centre comprises one house with four registered beds. Residential care is provided for residents over the age of 18 with an intellectual disability and high-support needs. At the time of the inspection, there were three residents using the service and the inspector had an opportunity to meet each of them. Part-time residential care was being provided for these residents. They were attending the centre for three days and nights per fortnight.

Within the house there is a large kitchen come dining room, a utility room, a living room, two bathrooms, a staff sleepover room, an office and four resident bedrooms two of which had an ensuite. There is parking to the front of the house and pathways around to the back of the house. The house was found to be very clean and well maintained throughout. Pictures and soft furnishings contributed to how homely the house appeared. Residents' bedrooms were decorated and furnished in line with their wishes and preferences.

Residents had a variety of communication support needs and used vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents' communication styles and preferences.

When the inspector arrived the three residents were relaxing in the living room after breakfast. The television was on playing relaxing music and images. Each resident appeared relaxed and comfortable. They were observed to smile and maintain eye contact with each member of the staff team. The inspector had an opportunity to sit with them for a short time before they left for day services. As staff supported them to get ready to go they spoke with them and explained everything that was occurring. When leaving they each appeared happy. After day services they were planning to go for a drive to the beach with staff.

The inspector also met and spoke with the person in charge, two staff and the quality and compliance manager. In addition, they reviewed documentation throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitoring in this centre.

Each staff who spoke with the inspector described the benefits of the premises being designed, laid out and furnished to meet residents' needs and preferences. They spoke with the inspector about resident's interests and the types of activities

they find meaningful. Residents were engaging in a number of activities while in the house and in their local community. They were each attending day services. Examples of home-based activities they were enjoying included, spending time with staff watching television and listening to music, having a massage, having sing alongs, and using sensory equipment. Examples of community-based activities included, going to local beaches and parks, going out for meals and snacks, shopping, going to the library and attending choir. Plans were in place to attend a music event in a local pub.

The inspector found that the registered provider had captured the opinions of residents and their representatives on the quality and safety of care and support in the centre as part of their annual and six-monthly review. This feedback from three residents' family members was positive towards care and support in the centre. Examples of their feedback included, "very happy with everything", and "we have always known the quality of care is excellent". When asked if there was anything that could be improved about the service, they each replied "no".

In addition, three residents' representatives completed questionnaires which had been sent out prior to the inspection taking place. Feedback in these was positive in relation to the house, access to activities, safety and security, visiting arrangements, the complaints process and the staff team. Examples of comments in the questionnaires included, "this is a great place for ...", "the staff are fantastic with ...", "I know when ... is in the centre she is well taken care of", and "staff are so kind and caring".

In summary, the house was warm, clean and homely. Residents appeared comfortable and content in the house and with the supports offered by the staff team.

The next two sections of this report will 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 provided.

Capacity and capability

The findings of this announced inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge provided supervision and support to the staff team and they received supervision and support from a person participating in the management of the designated centre (PPIM). There was an on-call service

available out-of-hours.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider visits every six months, and an annual review. Through a review of documentation and discussions with staff, the inspector found that the provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection.

The centre was fully staffed in line with the statement of purpose. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, induction, probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application to renew the registration of the centre. They had submitted all of the required information in line with the required timeframes.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and also identified as person in charge of another designated centre close to this one. During the inspection, the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

The residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector were also complimentary towards the support they provided to them. They were focused on implementing a human-rights based approach to care and support for residents and on ensuring that each resident was happy and safe in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff to meet the assessed needs of residents. The centre was fully staffed in line with the statement of purpose at the time of the inspection. There was one staff on long-term unplanned leave but this was not found to be impacting on the continuity of care and support for residents. As the centre was operating on a part time basis there was a small team who were very familiar with residents' care and support needs.

The inspector reviewed a sample of three months of 2025 rosters. They were up-to-date and well maintained. The same regular relief staff were completing the majority of shifts.

A sample of Schedule 2 information for three staff was reviewed during the inspection and was found to contain the required information.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff had the training, knowledge and skills appropriate to their roles. They received support and supervision to ensure good practice in the centre.

The inspector reviewed the staff training matrix and a sample of 16 certificates of training. Each staff member had completed training listed as mandatory in the provider's policy, including fire safety, safeguarding, manual handling, and infection prevention and control (IPC).

The inspector reviewed probation and supervision records for four staff and it was being completed in line with the provider's policy. Discussions were held in relation to areas such as staff strengths, areas for further development, their roles and responsibilities, training and development, safeguarding, risk management, and fire safety.

Two staff who spoke with the inspector said they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of the centre or residents' care and support. They spoke about the provider's on-call system and the availability of the person in charge or PPIM if they required support.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes for the creation, maintenance and destruction of records in line with relevant legislation. There were systems to ensure records were of a good quality and accurate.

Documents requested during the inspection were readily available, accurate, up-to-date and stored securely. This included documents in hard and soft copy format.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was submitted and reviewed as part of the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the management structure were in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

The person in charge was present in the centre when it was open and demonstrated good monitoring and oversight of the centre. For example, they were following up on of the actions from audits and reviews that were being completed in the centre.

The inspector reviewed the last two six-monthly reviews and annual review by the provider. In addition, three person in charge monthly audits and a sample of area-specific audits in medicines management and health and safety were reviewed. The actions from these audits and reviews were tracked, marked when completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and it was available and reviewed in the centre. It contained the required information and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector carried out a walk around the centre and a review of the records in the centre and found that, where required, notifications were submitted to the Chief Inspector of Social Services within the time frames specified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to be part of their local community. They were spending the majority of their time living with their families and as such opportunities to set and achieve goals were limited. However, each resident had a small number of achievable goals in place.

The inspector reviewed each residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs. There were a number of restrictive practices in place and these were being regularly reviewed to ensure they were the least restrictive for the shortest duration.

Residents, staff and visitors were protected by the safeguarding, fire safety and risk management policies, procedures and practices in the centre. There was a system for responding to emergencies. The provider had good systems in place to manage and review risks. There was a system for reporting and responding to adverse events, and in ensuring that learning from these events was shared with the team.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

Regulation 17: Premises

The inspector carried out a walk around the house in the presence of the person in charge. The house was found to have a warm and homely atmosphere. The provider had ensured that the premises and garden areas were designed and laid out to specifically meet the needs of each of the residents. For example, there were accessible front, side and back garden areas. In addition, the centre was accessible throughout and equipment was in place to meet residents' specific needs.

Each resident had their own bedroom, which was decorated in line with their preferences. They had access to storage for their personal items. They also had access to a number of communal spaces. There were pictures on the walls and art work on display. Overall, the house was well presented and well-maintained.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it required some editing. This was completed by the provider and it was resubmitted. It was also available and reviewed in the centre. The updated version contained all of the information required by the regulations. This included information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was reviewed and found to meet regulatory requirements. There was a detailed emergency plan in place which was regularly reviewed.

The risk register, four health and safety audits and a sample of 11 individual risk assessments were reviewed. These were found to be reflective of the presenting risks in the centre. They were also up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed the electronic systems for recording incidents and the paper based quarterly incident trackers for 2025. There had not been any incidents in the centre to date in 2025 which demonstrated that effective control measures were in

place for identified risks. Incident and notification reviews were also included in the person in charge audits and the provider's annual and six-monthly reviews.

There were systems to respond to emergencies and to ensure the vehicle in the centre was roadworthy and suitably equipped.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk around of the house during the inspection. They observed that emergency lighting, smoke alarms, fire- fighting equipment and alarm systems were in place. There were fire doors with swing closers in place. The inspector reviewed records for 2024 and 2025 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment.

The inspector reviewed a sample of five fire drill records for 2024. Drills were occurring frequently, and records reviewed demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios.

Personal emergency evacuation plans for the three residents were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. The fire evacuation plan was on display and included different routes for evacuations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessments of need and personal plans for each of the three residents. These were detailed in nature and guiding staff practice. They identified residents' strengths and talents, their care and support needs, their communication preferences and how they make choices and decisions in their day-to-day lives. They each had an 'all about me' document in an easy-to-read format.

There were systems in place to ensure that their assessments and plans were reviewed on an annual basis, or sooner where their needs changed. Residents had goals in place and these were reviewed regularly and detailed the steps taken and/or planned to achieve them.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. Their health and wellbeing was being supported through diet, nutrition and recreation.

From a review of the three residents' plans, it was evident that, as required, they had access to a general practitioner (GP), and health and social care professionals. For example, they were supported to access dietician, speech and language therapist and consultants in line with their assessed needs. Where treatment and recommendations were made, these were being implemented.

Residents were cared for by trained staff who engage in continuous professional development, enabling them to support residents in line with their specific healthcare needs. For example, staff were trained in first aid and the safe administration of medicines, including epilepsy rescue medicines.

Each resident had an assessment of need and health actions plans were developed and reviewed as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in place. For example, door locks, welfare checks at night in line with residents' healthcare needs, bed rails and bumpers and lap belts on equipment. From a review of the three residents' plans, these restrictions were regularly reviewed.

There was a detailed restrictive practice register in place. This detailed each restriction, the date the corresponding risk assessment was developed and reviewed, the date the restriction was referred to the restrictive practice committee and/or human rights committee and a log of the quarterly reviews held.

Risk assessment and the rationale for restrictive practices were reviewed in residents' plans. An audit of restrictions for 2025 was also reviewed. The documentation reviewed demonstrated that the provider was reviewing restrictive practices on an ongoing basis to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge and the two staff on duty and found that they were all found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed in the centre. There were had been no safeguarding concerns notified to the Chief Inspector since the last inspection. However, the inspector reviewed the systems in place to ensure that safeguarding plans were developed and reviewed, if required. Each resident had a detailed intimate care plan in their personal plan folder.

The inspector reviewed the systems in place to ensure that residents finances were safeguarded while they were in the centre. As residents spent limited time in the centre, they paid long stay charges directly to the provider for the time spent in the centre and brought cash with them to spend during their three nights a fortnight. The inspector reviewed each resident's finance folder which contained their money management plans, a log of all their purchases and the corresponding receipts. These records were regularly audited with the person in charge reviewing balances at least monthly.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre. Menu and activity planning was discussed at residents' meetings. The inspector observed staff treat residents with dignity and respect. Staff who spoke with the inspector discussed residents' strengths, talents and goals. They described how important it was to them that each resident was happy, safe and engaging in activities they find meaningful.

Picture rosters were on display in the house and there were easy-to-read documents including social stories available about areas such as safeguarding, complaints, resident' rights and how to access advocacy services. Residents had taken part in and received a certificate of attendance for both a complaints awareness and a safeguarding awareness session.

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 21: Records	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	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
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant