



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

Issued by the Chief Inspector

Name of designated centre:	Caislean
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	26 February 2025
Centre ID:	OSV-0005361
Fieldwork ID:	MON-0037491

About the designated centre

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

Caislean is a centre run by Brothers of Charity Services Ireland. A full-time residential service is provided for a maximum of two residents, both of whom must be over the age of 18 years. The centre is located in close proximity to the services and amenities offered by the busy town. The house is a two-storey premises where residents have access to their own bedroom, some en-suite facilities, shared bathrooms, communal areas and a garden. The model of support is social and staff are on duty both day and night to support the residents. Day to day management and oversight of the service is delegated 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
Wednesday 26 February 2025	09:40hrs to 18:05hrs	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 residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, and two staff on duty, 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, were supported to achieve best possible health, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents.

Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, offering meals and refreshments, and going out in the community. A staff member who spoke with the inspector described some of the training specific to residents needs that they had attended and which had had a positive impact on caring for residents. This staff talked about sensory training which had been delivered by an occupational therapist. They had also attended Lámh (Irish sign language) training which they found to be excellent as it also covered other areas of communication. The staff had completed online human rights training and in-person human rights report writing training. They also found these beneficial and stated that they they had created an awareness of giving more open choices to residents and of being more mindful of what residents are communicating to staff.

The inspector also read questionnaires which had been completed for residents by their representatives. These indicated overall satisfaction with the service, staff, accommodation and level of care delivered to residents, but it was stated that improved communication techniques would be desirable.

The inspector met with both residents who lived in the centre. Residents who lived in Caislean required support with communication. Although residents were not able to verbally discuss the service, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support residents and staff to communicate with each other.

It was evident that residents were involved in how they planned and lived their lives. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by others who knew them well, and this information was used for personalised activity planning.

Residents had good involvement in the local community and took part in leisure activities that they enjoyed. They frequently went for walks and went out socially to discos, pubs, music events, meeting friends, for walks, and swimming. For example, on the day of inspection, a resident had gone out to buy tickets for a disco they planned to attend, followed by lunch out, and then to meet with a friend in the afternoon. Another resident went to social farming and had a relaxing manicure on their return to the centre. A resident was planning to go to the pub later that evening to watch a match. Although these residents could not communicate verbally they both communicated with the inspector about activities that they liked. A resident showed the inspector a photo book of the social farm activities that they are involved in, and the other resident showed the activities that they enjoyed through use of a computerised application which had been developed to support their communication needs. Residents did activities and tasks such as recycling, art, baking, manicures and nail painting, and gardening in the centre. They also took part in activities elsewhere, including grocery shopping, personal shopping, outings to places of interest, mens' shed, zumba dancing, gym and art classes. A resident who loved art had a framed picture of their work displayed in the centre and was planning to exhibit their work publicly later this year. A member of staff was allocated to support each resident every day, which ensured that each resident could take part in individualised activities of their choice.

Residents lived in comfortable accommodation, which met their needs. The centre was warm, clean, and nicely decorated and furnished. Each resident had their own bedroom, and these were comfortably furnished, spacious and personalised, with adequate storage facilities for residents' belongings. The centre was located in a residential area on the outskirts of a busy rural town, and this location gave residents good access to a wide range of facilities and amenities.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

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

Capacity and capability

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

The provider had developed a clear organisational structure to govern the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge to manage the service. They were very familiar with

residents who lived in the centre and focused on ensuring that these residents would receive high quality of care and that their human rights were being supported.

The provider had ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided to residents who lived in the centre. The person in charge showed the inspector a range of audits that were being carried out in the centre. Unannounced audits of the service that were carried out twice each year on behalf of the provider. The inspector read these audits and saw that high levels of compliance had been achieved and that any areas for improvement had been identified. A review of the quality and safety of care and support of residents was also being carried out annually.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished and equipped. All residents had their own bedrooms which were decorated to residents' liking. The centre was maintained in a clean and hygienic condition throughout.

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, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs. The centre was suitably insured and the provider had agreed in writing with each resident, the terms on which that resident would reside in the designated centre.

A statement of purpose had been developed which described the service provided to residents and which met the requirements of schedule 1 of the regulations.

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 was suitable.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre. The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

The inspector reviewed the information supplied to the Chief Inspector in respect of the person in charge. This information demonstrated that the person in charge was suitably qualified for this role and had the required level of experience in management of disability services. Due to other management responsibilities, the person in charge was based in the centre for 50% of the time and was present throughout the inspection. The inspector found that they were very knowledgeable of their regulatory responsibilities and regarding the individual needs of each resident.

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 effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. This was being achieved by a clearly defined management structure, management meetings, and internal and external auditing systems.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge. The person in charge was frequently present in the centre, and worked closely with staff and with the wider management team. There were arrangements in place to support staff when the person in charge was not on duty.

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service. The inspector viewed these audits, which showed high levels of compliance. Any areas for improvement were identified and were being addressed. A review of the service were being carried out annually. The inspector read the most recent annual review which was detailed and comprehensive and gave rise to an action plan with realistic targets to address any

identified areas of improvement. The centre was suitably resourced to support to residents and these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for the provision of service to residents.

The inspector read the service agreements for both residents in the centre, and found that they included the required information about the service to be provided including the fees to be charged, and had been signed both by the provider and by residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose had been prepared for the service, and it was available to view in the centre.

The inspector read the statement of purpose and found that it met the requirements of the regulations, was up to date, and was being reviewed annually by the person in charge.

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 management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported. However, some improvement to personal planning was required.

The centre comprised of one house which suited the needs of residents, and was

clean, comfortable and well maintained. The house was spacious and each resident had their own bedroom which were furnished and personalised to their liking. 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, outings or for visits to family.

As this was a home-based service, residents could take part in a range of activities in their home, and in the community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, taking exercise, attending entertainment events and activities, socialising with friends and going out for something to eat. Residents' contact with family and friends was also being supported and encouraged.

Residents' human rights were being well supported by staff and by the provider's systems. Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable communication techniques were being used to achieve this. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Residents' financial independence was also being supported and encouraged and residents had access to an advocacy service.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for both residents based on these assessments and residents' personal goals had been agreed at annual planning meetings. Overall personal planning information and plans of care were detailed and informative, but some improvement to communication guidance and to development and recording of residents' personal goals was required.

There were several systems in place to ensure that residents were safe in the centre. These included development of intimate care plans, missing person profiles, and behaviour support plans with specialist involvement,

Regulation 10: Communication

The inspector observed that residents were supported and assisted to communicate in accordance with their needs and wishes.

Residents who lived in this centre required support to communicate, and the person in charge and staff were very focused on ensuring that they communicated appropriately with residents. Throughout the inspection, the inspector saw staff communicating with residents in line with their capacity using speech, sign language, verbal prompts and an individualised computerised application for one

resident. Staff told the inspector that they had attended training in sign language and they had found it beneficial. Speech and language therapists had been involved in assessment of these residents and information from these assessments was recorded.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community.

Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Records that the inspector viewed stated that staff supported residents' involvement in both developmental and leisure activities that they enjoyed. Residents were also involved in household tasks, such as laundry, recycling and food preparation as they wished, and had autonomy to carry out everyday community activities such as shopping, banking, going to the barber, attending a gym, and eating out. A resident also gave this information to inspector through use of a computerised technology.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of the residents, was in good repair and well maintained, was clean, and was suitably decorated and equipped throughout.

The centre consisted of one house, which could accommodate up to two residents. There was adequate communal space in the centre. There was a comfortable sitting room, a separate dining room, and a small relaxation sensory room. These areas ensured that residents could relax either together or separately as they wished. During a walk around the centre, the inspector found that the house was warm, clean, comfortable and nicely furnished. Residents' bedrooms were spacious, bright and personalised, and there was adequate furniture such as wardrobes, bedside lockers and chests of drawers, in which residents could store their clothing and belongings in their bedrooms. There was a garden to the rear of the centre where residents could spend time outdoors. The garden was accessible and was nicely landscaped with a lawn and a raised planting area. There was also a paved patio area where residents could sit out.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw that weekly food choices and preferences were discussed with residents and recorded, suitable communication techniques were being used to support residents to make choices, and residents had the option of helping to prepare their own food if they wished to. Any assessed dietary and nutritional needs had been identified with multidisciplinary input, and plans were in place to manage these.

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 safeguarding, staff on duty, and upcoming social events.

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 the resident's assessed needs. Overall these were of good quality, were up to date and were informative. However, some improvement communication guidance and to development and recording of residents' personal goals was required.

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. Comprehensive assessments of residents' needs were being carried out annually with multidisciplinary involvement as required. The assessments informed

personal plans which identified residents' support needs and identified how these needs would be managed. These plans of care were clear, comprehensive and up to date. However, some of the information recorded in some residents' communication plans was not sufficient to guide staff and did not reflect the communication practices in the centre.

Residents' personal goals had been agreed, in consultation with their families, at annual planning meetings. Although it was clear that residents were living active and interesting lives, some goals were a continuation of residents' regular lifestyles such as ensuring a healthy diet and going for walks and going to the pub. Other goals, such as developing new friendships, having a night away and going to a machinery show like the ploughing championships, and getting more involved as a customer while out shopping, were more developmental and innovative. However records of how achievement of some goals was progressing were not up to date.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had ensured that appropriate healthcare was provided for each resident. The inspector viewed the healthcare plans for two residents and found that their health needs had been assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals, including occupational therapist, speech and language therapist, and physiotherapist were arranged as required. Residents also had access to community health supports such as dental and podiatry services. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, the inspector saw that residents had choice and control in their daily lives. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Although residents did not have the capacity to express their views verbally, the inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on assessments, observation and knowledge of each individual. Information gathered for each resident, and outcomes of professional assessments, were used to inform food choices and meal preparation. During the

inspection, residents were offered choices of wholesome meals, prepared and served in line with their needs.

Residents had comfortable accommodation. Each had their own bedroom and there was ample communal space, which ensured that residents could enjoy privacy or time alone as they wished. Residents were also being supported to keep in contact with family and friends and to access the local community. Their routine community involvement included visits to the barber, hairdresser, general practitioner and pharmacist.

All residents were registered to vote and had the option of voting if they chose to. Residents had access to advocacy processes and a local advocacy group had provided information on the voting process and how to vote, and both residents had voted in a recent election.

Residents' spiritual preferences were supported and that included their rights not to practice their religion if that was what they wanted. The person in charge also told the inspector that residents retained control of their own money and property, and could have the level of support that they required from staff to achieve this. The inspector saw that a range of assessments had been carried out for each resident such as assessments around managing finances and self administration of medication, and these areas were managed accordingly. This ensured that residents had appropriate control over their personal business.

Staff who spoke with the inspector were aware of the importance of human rights for residents, and had attended human rights and restrictive practice training. As a result of this training the person in charge and staff had been successfully stress testing the reduction of a restrictive intervention in the centre, and this restriction has been reduced.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caislean OSV-0005361

Inspection ID: MON-0037491

Date of inspection: 26/02/2025

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The registered provider will ensure the following actions are taken to ensure compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in charge will ensure the communication guidance for one resident is reviewed and comprehensively updated to reflect the communication practises present in the Centre. [Completed : 20/03/2025]</p> <p>The Person in Charge, supported by the Social Care worker, will ensure individual plans are updated with the relevant stakeholders input to reflect progression and achievements of these goals. [Planned Completion: 31/03/2025]</p>	

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 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/03/2025