



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

Issued by the Chief Inspector

Name of designated centre:	Bird Hill
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	24 October 2025
Centre ID:	OSV-0005660
Fieldwork ID:	MON-0043474

About the designated centre

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

Birdhill designated centre is operated by St. Catherine's Association. The provider had described the designated centre as a bespoke property located in a rural part of County Wicklow but within a short driving distance from local amenities and towns. The property provides residents with scenic views of the local countryside, it is modern and comfortable throughout. The centre has a capacity for two residents and provides services to adults with intellectual disabilities and autism. The centre is managed by a person in charge who also has a remit for one other designated centre, located within a short distance from this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 24 October 2025	08:00hrs to 13:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection scheduled to inform the routine monitoring of the designated centre. The inspector spent time in the centre and had the opportunity to meet with both of the residents who lived there. The inspector used conversations with residents and staff, observations of care and support and a review of documentation to inform judgments regarding the quality and safety of care.

Overall, this inspection found that residents were living in a comfortable and safe home and were supported by familiar staff who knew their needs and preferences well. Residents' rights were being promoted and they had choice and control in respect of their everyday lives. Minor improvements were required in some areas, including infection prevention and control and provider level audits; however these deficits were not impacting on residents' wellbeing or quality of life.

The designated centre is located in a rural setting in County Wicklow. It has two service vehicles to ensure that residents can access their preferred activities and facilities in nearby towns and villages at times of their choosing. The centre comprises a large, open plan kitchen and living area downstairs, as well as a staff office/bedroom and bathroom. Upstairs, each resident has their own en-suite bedroom. Residents' bedrooms were seen to be clean, comfortable and decorated in line with their individual preferences. Communal areas of the centre were also very clean and homely. The centre was also equipped with an external sensory room and a utility room.

The pace of the centre was seen to be relaxed and in line with the residents' needs and preferences. One resident was awake when the inspector arrived. They were enjoying a cosy morning at home in their pyjamas, listening to music and eating breakfast. The other resident was in bed and later got up, showered and had their breakfast. Staff members told the inspector that there was a plan for the day but that this could change in line with residents' individual choices.

Both of the residents greeted the inspector, and one resident engaged with the inspector throughout the day by giving regular "thumbs up"; however neither resident engaged in a discussion about their views on the quality of the service.

The inspector was told by staff members on duty that both of the residents were supported from their home and did not attend traditional day services. For example, residents regularly enjoyed horse riding, music classes, meeting up with their family, going to hydrotherapy and going out for lunch. Staff members told the inspectors that they learned during the COVID-19 pandemic that the residents preferred being at home and, that by being at home, they had more choice and autonomy to engage in personally meaningful activities.

The inspector spoke with two staff members who were on duty on the morning of

inspection. Staff members were very informed of residents' needs and preferences. They outlined their roles and responsibilities and the procedures to escalate any concerns to the provider level. Staff spoken with were informed of the provider's procedures, including for responding to any emergencies. Since the last inspection, the centre had been provided with a generator to ensure that residents could be supported from home in the event of a power outage over the winter months. Staff members told the inspector of the emergency response plan and also described how they were supporting residents to become familiar with local hotels, in the event that an evacuation was required.

The inspector heard a staff member reviewing policies and procedures with an agency staff who was on duty on the day of inspection. Staff members were seen to ensure that the staffing arrangements for residents' daily activities included at least one familiar, regular staff to go on the activity with the resident and provide guidance to agency and day service staff.

The inspector saw that staff members were responsive to residents' communications and engaged with residents in a kind and familiar manner. Residents were seen to engage with staff members to play games, to request food and drinks and to go outside to the garden. Staff members responded to all communications by residents. Staff members were seen to offer choices to residents and encouraged residents to complete tasks of daily living independently where possible. Staff members were seen to chat with residents, ask them about their well-being, compliment residents and provide reassurance to residents when they sought it.

One staff member told the inspector of education and support that was provided to one resident to assist them in engaging with an upcoming dental procedure. They showed the inspector a social story which was used to explain the procedure and told the inspector of how they supported the resident to practice putting a mask (required for the procedure) on. Staff members described working with residents to help them to understand healthcare interventions and to make informed decisions about these.

Staff members told the inspector of how they had completed training in a human rights based approach to care. They described how they supported residents to have choice and control in their everyday lives, and felt that the residents availing of day service from their home was a good example of this. There were some improvements required to ensure residents had full access to their disability related entitlements. This will be discussed further under Regulation 9.

Overall, this inspection found that residents were supported in a person-centred manner which was ensuring that they had a good quality of life and was promoting their human rights. The next two sections of the report will describe the oversight arrangements of the centre and how effective these were in ensuring a good quality and safe service.

Capacity and capability

This section of the report describes the management arrangements for the centre and how effective these were in ensuring the quality and safety of care. This inspection found that there were clearly defined management arrangements which were ensuring that the service was achieving its objectives to deliver a high quality and person-centred service to the residents.

The staff team working in the centre were in receipt of regular training, support and supervision. This was effective in ensuring that they had the necessary competencies to support the residents who were living in the centre, in line with their assessed needs. Staff members were supported to develop their skills and were performance-managed through supervision and staff meetings. Staff members spoken with were informed of their roles and responsibilities and of the reporting structures to escalate any concerns about the quality and safety of care. There were some minor gaps in the completion of refresher training and in the frequency with which supervision was completed; however, this was not found to be impacting on the quality or safety of care.

The staff team reported to a person in charge, who in turn reported to a director of operations. The person in charge was very knowledgeable regarding the residents' needs and they were committed to driving continuous improvements in the residential service.

Six monthly provider level audits provided an accurate reflection of the service strengths and deficits and an action plan was implemented to address any deficits. The provider had not completed an annual review of the quality and safety of care of the service for 2024. The inspector was told that this was due to resourcing issues within the provider's quality team. This required review to ensure that the service was operating wholly in compliance with the requirements of the Regulations.

Regulation 14: Persons in charge

The designated centre was overseen by a full-time person in charge. They were suitably qualified and experienced. The person in charge had oversight of one additional designated centre, which was located a short distance away. They were supported in their role by the appointment of a deputy service manager.

The person in charge demonstrated a comprehensive understanding of the residents' and the service needs, and was committed to driving service improvement.

Judgment: Compliant

Regulation 16: Training and staff development

There was generally a good level of compliance with mandatory and refresher training in the centre, although there were some gaps evident on a review of the staff training records. For example, one staff required refresher training in first aid and infection, prevention and control.

Staff meetings were held monthly, to ensure that staff members were kept updated regarding the service needs. The inspector reviewed the records of staff meetings from May to August 2025 and found that they were used to keep staff members up to date with residents' needs, risks identified through audits and provider level policy updates.

Staff members were in receipt of one to one supervision from the person in charge; however, these were not carried out as frequently as defined by the provider's policy. Staff members spoken with reported that they felt well-supported in their roles. The inspector was told that the person in charge had a supervision schedule in place to ensure that all staff members would receive their required number of supervisions within the next 12 months. The inspector reviewed the supervision records for two staff members and saw that these were used to performance manage and develop staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre to ensure oversight of the service. The staff team were informed of the management arrangements and of how to escalate any concerns to the provider level. Staff members spoken with reported that managers were readily available and were responsive to risks identified.

The provider had completed six monthly unannounced visits to audit the quality and safety of care of the service. The most recent two six monthly audits were reviewed. They were seen to be very comprehensive and clearly identified service deficits. An action plan was implemented to address these deficits. The inspector saw that actions were in progress at the time of inspection.

The provider is required by the Regulations to complete an annual review of the quality and safety of care; however, due to resourcing issues within the provider's quality department, an annual review for 2024 had not been completed. The provider was aware of this issue and the inspector was told that they were endeavouring to come into compliance with the associated regulation.

A number of the policies required in line with Schedule 5 of the Regulations were

also out of date and required review, including for example the policy in respect of risk management and infection, prevention and control. The provider was aware of this and was working through a schedule of updating policies at the time of inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents were informed of the provider's complaints procedure in a manner which suited their needs. For example, the inspector saw that a social story describing how to make a complaint was a regular topic of discussion at residents' meetings.

An accessible complaints procedure was provided in the hallway of the centre.

There were no open complaints in the centre at the time of inspection.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. This inspection found that residents were in receipt of individualised and person-centred care which was ensuring that they had autonomy in their everyday lives. Residents were clearly respected by the staff team and their human rights were being promoted. Improvements were required to the infection prevention and control (IPC) arrangements of the centre and, to ensure that all residents were empowered to access their disability related entitlements.

The designated centre was seen to be warm, comfortable and homely. Residents were seen to be very relaxed in their home and in the company of staff, and each other. The centre was designed in a manner suitable to meet the needs of both of the residents. Each resident had their own en-suite bedroom and shared a communal kitchen and living room, and a sensory room. The facilities of the centre had been recently enhanced with a new kitchen and with an generator for emergencies.

Residents' individual needs had been assessed. Their individual assessments and care plans were written in a respectful and person-centred manner which detailed their strengths as well as their needs. Staff members were found to be very informed of residents' care plans and were seen implementing these plans in practice when supporting residents' communication and behaviour support needs.

Staff members had received training in a human rights based approach to care. The centre was seen to be operated in a manner which was promoting residents' rights. Residents had the freedom to direct their day. There were sufficient staff on duty to ensure that they could be supported at home or out in the community. The centre also had two service vehicles which meant that residents did not have to timetable activities and could, instead, go out at a time of their choosing. A concern was raised regarding one residents' finances and their access to disability entitlements. The inspector was told that the provider was working to address this.

Some of the residents' assessed needs presented IPC risks. Improvements were required to ensure that the provider's policy was being followed consistently when managing these risks in the centre. The person in charge took steps to address some of the risks on the day of inspection.

Regulation 10: Communication

Residents in this centre presented with assessed communication needs. Both residents had a comprehensive assessment of their communication needs on their file. This had been completed by the relevant multidisciplinary professional and was used to inform communication care plans.

Staff members spoken with were informed of residents' communication care plans. The inspector saw, through observations on the day of inspection, that staff members were responsive to resident's communications and clearly understood residents' verbal and non-verbal communication methods.

Judgment: Compliant

Regulation 17: Premises

The designated centre was seen to be very clean, well-maintained, warm and homely. Since the last inspection of the centre, the provider had installed a new kitchen. Furniture in the centre was well-maintained and comfortable. Residents were seen to be very relaxed in their home.

Each resident had their own en-suite bedroom which was decorated in line with their individual preferences. Residents also had access to a sensory room and a utility room in an external building. There was sufficient storage available and overall the house was laid out in a manner which was suitable to meet the needs and number of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre which included individual and service level risk assessments. The provider had enhanced their emergency response plan and arrangements since the last inspection of the centre. A new generator had been installed and the emergency response plan detailed specific arrangements to be followed in the event of the loss of power to the centre.

Staff members also told the inspector that they had begun working with residents to build up familiarity with local hotels in the area, should they be required to evacuate. This demonstrated a person-centred response to emergency planning.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the designated centre was seen to be very clean; however, some improvements were required to ensure that the centre was being operated in line with the National Standards for Infection Prevention and control in community services. The inspector identified that there was an absence of a risk assessment to control for a specific risk relating to residents' assessed needs; however, the person in charge implemented a risk assessment on the day of inspection. Additionally there were insufficient cleaning products available to mitigate for this risk; however, the inspector was told that these products would be purchased and made available on the day of inspection.

Staff practices around laundry also required review to ensure that these were in line with best practice and the provider's policy. Staff members described a practice to launder soiled linen which was not in line with effective infection prevention and control standards. This risk was somewhat mitigated by the use of separate washing machines for each resident; however, it required review to ensure that practice was in line with correct IPC laundry management procedures and policy guidelines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed one of the resident's individual assessments and associated care plans in detail over the course of the inspection. The individual assessment was seen to provide a comprehensive reflection of the resident's health and social care

needs. It was informed by the resident's preferences and by the multidisciplinary team assessments. The individual assessment had been reviewed and updated within the past 12 months as required by the Regulations. The assessment was written in a respectful manner and contained positive and kind descriptions of the resident's strengths, as well as their needs.

Comprehensive care plans were designed for each assessed need. These care plans were written in a person-centred manner and clearly reflected the resident's preferences in respect of their care. The inspector found, in speaking with staff members, that they were informed of residents' assessed needs. It was documented through the daily notes for each resident that their care plans were being implemented. For example, both residents required support with dental care, and how this care was provided was detailed through their daily notes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents in this centre were living in a very restraint free environment. Restrictive practices which were implemented were put in place due to clearly assessed needs and risks. These restrictive practices had been referred to, and reviewed by, the provider's rights committee. Residents were consulted with and were provided with education about the restrictive practices.

Residents' files contained positive behaviour support plans if required by their assessed needs. These plans were informed by a relevant multidisciplinary professional. They detailed proactive and reactive measures to support residents in managing behaviour. Staff members spoken with were found to be knowledgeable regarding residents' behaviour support needs. The inspector observed staff implementing strategies from one of the behaviour support plans in the afternoon of the inspection. Staff members were seen to provide support to residents in a respectful and low-arousal manner as prescribed by their positive behaviour support plan.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was seen to be promoting the rights of the residents who lived there. Residents availed of individualised services which enabled them to have autonomy and freedom in respect of their daily lives. Residents were supported by a consistent staff team, who were familiar with their assessed needs and communication styles, and also had access to service vehicles to facilitate

community activities.

The inspector saw, on a review of both residents' daily notes over a one week period in October 2025 that residents had multiple opportunities to engage in personally meaningful activities. These included going out for meals, and sports and leisure activities such as horse riding and music classes. Residents' daily notes included detailed descriptions of how staff members ensured that residents' voices were heard and influenced the course of their day.

Staff members in this centre had completed training in a human rights based approach to care and described to the inspector how they ensure that residents' rights were upheld. Staff members described the systems in place to consult with residents and to keep them informed of the plans for the service and any changes to these plans.

A resident did not have full access to their disability related entitlements. The inspector was told that the provider was working with the resident's representatives to address this; however, this has been a long-standing issue, having been previously identified on an inspection of the centre in 2023. This required further review and consideration by the provider, to ensure that all residents were in receipt of the supports to which they were entitled to.

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bird Hill OSV-0005660

Inspection ID: MON-0043474

Date of inspection: 24/10/2025

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. One staff member will complete refresher training in First Aid no later than 6th February 2026. 2. One staff member will complete refresher training in Infection Protection Control no later than 18th February 2026. 3. The Person-In-Charge will review their 2026 Supervision schedule to ensure frequency of supervision is in line with policy. The Peron-in-Charge will confirm and provide assurance to the Head of Operations no later than 31st December 2025. 4. The Head of Operations will implement a standardised check-in record to be completed by all Persons-In-Charge in advance of fortnightly check-in meetings. This record will monitor supervision progress to ensure compliance with policy. Fortnightly check-in records will be implemented as of 1st January 2026. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 11. The registered provider will complete an annual review no later than 31st December 2025. 2. The registered provider has a review schedule for all Schedule 5 policies which are out-of-date and requiring review. The registered provider will update the following; <ol style="list-style-type: none"> a. Risk Management policy no later than 30th June 2026. b. Infection Prevention & Control policy no later than 31st March 2026. 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. 1. The person-in-charge will update the existing shopping checklist, to ensure adequate cleaning products are purchased. The task of shopping will be delegated and completed by staff on a weekly basis and ensure that adequate cleaning products are always available. Shopping checklist will be updated no later than 31st December 2025. 2. The person-in-charge will ensure: <ol style="list-style-type: none"> a. staff member(s) will refresh Infection Prevention Control training (as required), b. guidance from the Infection Prevention Control policy was printed and stored in the IPC folder on 24th October 2025, c. create and display IPC laundry guidance for staff no later than 5th December 2025, d. and add Infection Prevention Control updates (as above) to the agenda of the next staff team meeting for discussion on 2nd December 2025. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. The registered provider is engaged in an on-going process with residents' representatives pertaining to residents' banking and Disability Allowance arrangements. While this process remains on-going, the registered provider is assured that the residents' financial needs are adequately being met by the residents' representatives. The registered provider has no safeguarding concern relating to the residents' finances. The registered provider will seek to have a definitive outcome no later than 31st December 2026. 	

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	18/02/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/12/2025
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/12/2025

	residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	31/12/2025