Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hazelbrook
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	08 June 2026
Centre ID:	OSV-0005689
Fieldwork ID:	MON-0042130

About the designated centre

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

Hazelbrook is a residential home in Co.Waterford, catering for two adults with an intellectual disability over the age of 18 years. The centre operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers. Supports afforded to residents are reflected in each individualised personal plan to ensure the service facilitates residents in all aspects of their daily life. The service is a detached house which is designed to provide two comfortable apartments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 8 June 2026	10:00hrs to 17:50hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision of renewing registration of the designated centre. It took place over one day and was carried out by one inspector. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care. Improvements were required under Regulation 26: Risk management procedures.

The designated centre comprised of one property which was divided into two separate apartments in Co. Kilkenny. Each apartment was home to one resident. Each apartment consisted of a kitchen, sitting room, a bathroom and bedroom. One resident's bedroom was en-suite. In addition to the apartments, there was an external office space which was primarily used by staff but which residents had access to.

Both apartments were laid out and decorated to meet the residents' needs and in line with their preferences. They were well-maintained, clean and homely. Each resident had access to their own transportation which facilitated them to engage in activities of their choice.

The inspection was facilitated by the centre's person in charge. A member of the provider's management team attended the centre for the opening and closing meetings. On arrival to the centre, the inspector was greeted by the person in charge. The inspector then spent time with one of the residents in their home. The resident was looking forward to their plan for the day and their support staff provided reassurance to the resident about the plans. The inspector had the opportunity to briefly meet with the second resident on their return to the centre, later in the day. Throughout the course of the day, the inspector met all three staff members who were working in the centre during the inspection. All staff members were very familiar with the residents, their likes and dislikes and their needs.

During the inspection, the inspector observed the person in charge and staff supporting the residents in a person-centred, professional and caring manner. One resident clearly enjoyed spending time with staff and spoke about other staff members who worked in the centre. The resident appeared relaxed and happy in staffs' company. The person in charge and staff spoken with were very knowledgeable of the residents' needs and the supports in place to meet those needs.

The inspector reviewed written feedback received from family members of residents. One resident's family representatives had completed a questionnaire in advance of

the inspection. The feedback stated that the family felt the resident was very happy in their home and "is very well supported by all the staff there".

One resident communicated in a specific way and staff spoken with were very familiar with this. A staff member who was new to working in the centre was observed checking in with another staff member to ensure they were correct in understanding a request from the resident and all staff were aware of how important it was to work with the resident to ensure they were understanding them correctly.

The next two sections of the report 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 being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring a good quality and safe service was being provided.

The provider had management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations, including the statement of purpose and proof of insurance. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed by the provider in a full-time capacity and had the necessary qualifications and experience to fulfil the role, in line with the regulations.

The person in charge facilitated this inspection and demonstrated good understanding of the residents and their needs.

The person in charge had responsibility for four designated centres. The person in charge detailed the arrangements in place to ensure there was appropriate oversight in each centre. For example, the person in charge was in the process of delegating the supervision of staff in this centre to the two social care workers who worked opposite each other as shift leads.

From a review of documentation and speaking to staff, the inspector established that the person in charge was a regular presence in the centre. Staff spoken with said they felt very supported in their role by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the actual roster for the month of May 2026 and the planned roster for the month of June 2026. This demonstrated that in May 2026, the centre had utilised agency and/or relief staff to cover one shift per day. This shift where possible, was a short shift used to support one resident with a second staff member, while engaging in activities outside of their home. However, new staff members had recently joined the staff team and for the month of June 2026, only one shift was scheduled to be completed by a familiar agency staff. This was a positive development in the centre's staffing arrangements.

The centre's management team spoke about the impact on the residents of having a consistent staff team and it was clear from talking to one resident how important staff knowing them well was to them.

Team meetings were taking place in the centre every two months. The inspector reviewed the records of the last two team meetings. They had a set agenda and the areas discussed included adverse incidents, staffing issues, complaints and restrictive practices. Members of the provider's multi-disciplinary team also attended team meetings at times, for example, the provider's behaviour therapist attended the February 2026 team meeting to provide guidance for staff on supports in place for one resident.

The inspector reviewed the staff files of three staff members working in the centre. They contained all the requirements of Schedule 2. For example, all three staff members had been vetted with An Garda Síochána.

Judgment: Compliant

Regulation 16: Training and staff development

Comprehensive systems were established which regularly recorded and monitored staff training, ensuring its effectiveness. There was a staff training matrix in place in the centre which the person in charge had oversight of. A review of the matrix found that all staff had completed all training that was considered mandatory for staff to meet the needs of the residents. One staff member was due to complete a training session in the area of positive behaviour support and they had been booked to complete this training the day after the inspection.

Mandatory training that staff had completed included, fire safety, safeguarding, medication management, infection prevention and control and food safety and nutrition.

There was a suite of human rights based training that the provider had determined was mandatory for staff to complete. This included training in human rights, fundamentals of advocacy and assisted decision making.

At the time of this inspection, supervision with the staff team was completed by the person in charge. However, the person in charge was, in the process of supporting two social care workers in the centre to complete supervision sessions going forward. The inspector reviewed the supervision records of two staff members and found them to the up-to-date. Supervision occurred twice yearly in the centre, in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there were management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. There was a full time person in charge and two social care workers who worked as shift leads in the centre. The person in charge reported to a member of the provider's senior management team and could escalate any concerns regarding the centre to them.

Staff spoken with said they felt supported in their roles by the person in charge. There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There were a number of audits taking place in the centre, including quarterly audits in the areas of medications, finances, food and nutrition, record keeping and health and safety. The provider was also completing unannounced audits in the centre every six months. There was an annual provider review of the quality and safety of care and support completed in the centre.

Residents and their representatives were consulted for their feedback on the service at multiple points throughout the year. In the last six monthly audit, family members had commented on the "kind and professional conduct" of staff.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff team were very knowledgeable about the support needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which accurately outlined the service provided and met the requirements of the regulations. The provider had submitted the statement of purpose to the Chief Inspector of Social Services as part of their application to renew the registration of the centre.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the layout of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the people who accessed services in the designated centre. Improvements were required under Regulation 26: Risk management procedures.

While there was a risk register and associated risk assessments in place, they had not been updated to reflect recent changes in the needs of the residents.

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

Regulation 10: Communication

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

As mentioned earlier in this report, one resident communicated in their own unique style. Staff were very familiar with this method of communication and there was guidance in place for staff explaining what each communication attempt meant. There was a visual schedule which this resident used to communicate with staff to identify how they wished to spend their day. This was displayed in their home and updated throughout the day.

The person in charge and staff spoken with were very clear on how staff worked with the resident to ensure they understood what the resident was communicating to them. The person in charge spoke about the importance of respecting the resident's wishes which was done by ensuring that staff understood what the resident was communicating. There was also a visual roster in the resident's apartment with pictures of staff on shift that day.

The person in charge and staff team had also created a person-centred document to help others understand how the resident communicated. It included guidance on how people can communicate with the resident and the sensory preferences of the resident.

Judgment: Compliant

Regulation 11: Visits

The registered provider and staff team had ensured the residents were supported to maintain links with important people in their lives. Each resident had a sitting room in their apartment to receive residents in. It was clear from speaking to staff and reviewing daily notes how important visits to and from friends and families were to the residents. Residents were supported by staff to receive visitors in their home or travel to visit family, depending on the resident's wishes. There were no restrictions in visitors attending the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in activities of their choice, in line with their expressed interests.

Residents regularly spent time with their families and this was something that was clearly very important to them. One resident was supported to maintain friendships with people they had previously lived with.

Residents engaged in various activities, in line with their interests. This included horse riding, swimming and going for walks in particular areas they enjoyed. Residents did not engage in a formal day service, instead had a service directed by their interests.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean, warm and welcoming on the day of the inspection. As mentioned above, this centre was divided into two separate apartments. Each apartment was entirely each residents own and was decorated in line with their interests. Each apartment was designed and laid out to meet the residents needs. The inspector completed a walk around of both apartments at the start of the inspection.

One resident really enjoyed looking at photos and their apartment was decorated to reflect this. Both residents had an interest in computer games and each had an area in their home for them to engage in this interest.

The provider had addressed issues with the premises which they had identified in their annual review of the centre in a timely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management measures in place in the centre required review to ensure that they reflected the current risks in the centre. In the month prior to the inspection, one resident's needs had changed. Within the two weeks prior to the inspection, two incidents had occurred in the centre, which required an additional staff member to come to the centre to support one of the residents. One of these occasions had been at night and the second occasion had occurred the day before the inspection. Following these, while the provider had taken a number of steps to support the resident, they had not reviewed the risk that the current staffing arrangements in the centre presented, nor had they put in place guidance for staff on how to address such incidents, should they arise again.

In addition, one resident's risk assessment regarding spending time alone in their apartment had not been reviewed following one of these occasions.

The inspector reviewed the centre's risk register and found that it did not contain all of the risks for which risk assessments were in place for. The register required review to ensure that it was more specific to the risks that presented themselves in this centre.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire.

Seven fire drills had taken place in the year to date, including one completed with the lowest staffing levels. These drills had not identified any issues with the evacuation plan in place in the centre. The inspector spoke with the person in charge and a member of the staff team regarding the evacuation plan for the centre and both were aware of the procedure in place.

There was fire safety equipment in place in the centre and this included fire extinguishers, fire detection/alarm system and emergency lighting. This equipment had been serviced by competent fire personnel, for example, the fire extinguishers had been serviced in April 2026 and the fire detection/alarm system had been serviced in March 2026.

Staff in the centre completed daily checks on the means of escape, fire fighting equipment and fire doors in the centre.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to health and social care professionals, as required.

Where residents had an identified healthcare need, there was a plan in place to guide staff on supporting residents with this need. Staff spoken with, were aware of a situation which had potential to become a healthcare issue for one resident. The measures that the person in charge and staff team had put in place to support the resident with this, were in line with guidance from a relevant medical practitioner.

Residents were in receipt of care from a range of health and social care professionals that included psychiatrists, dentists, neurologists, behavioural therapists, occupational therapists and general practitioners (GPs).

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of these restrictive practices to the Chief Inspector of Social Services, as required by the regulations.

The provider had a clear process in place when a new restrictive practice was introduced in the centre. A restrictive practice assessment was completed which included the residents' wishes and the options available after reviewing risks.

Each restrictive practice was reviewed on a quarterly basis. This review looked at how often the restrictive practice had been used and had there been a negative impact from the restriction, among other criteria. The inspector reviewed the most recent quarterly review for one of the restrictive practices in place in the centre. This had initially been reviewed by the person in charge and one of the centre's social

care workers, who made a recommendation for further review to the provider's multi-disciplinary team (MDT). The restriction was then reviewed by the MDT who recorded MDT agreement or not with the initially review. The MDT also reviewed other aspects including, whether the restrictive practice was part of a trend and if there were any resource issues that could reduce or eliminate the restriction. These records were then shared with the provider's executive management team.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. The inspector reviewed the positive behaviour support plan in place for one resident. This plan had been completed by a relevant health and social care professional. The plan contained proactive and reactive strategies to support the resident with their needs in this area.

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 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 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Hazelbrook OSV-0005689

Inspection ID: MON-0042130

Date of inspection: 08/06/2026

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 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A review of the risk with current staffing arrangements will be completed for both residents to ensure that there is clear guidance in personal risk assessments for all staff to follow. The risk register will be reviewed to ensure that the risks that it contains are specific to the centre and that all risks identified in the resident's personal risk assessments are recorded in it. To be completed by 31st August 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/08/2026