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:	Casey 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	08 April 2025
Centre ID:	OSV-0007865
Fieldwork ID:	MON-0046687

About the designated centre

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

Casey 1 consists of a detached two storey house and a detached three storey house both located in a rural area close to one another and within a short driving distance to a town. This designated centre can provide a residential service for a maximum of ten residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms in the two houses of the centre include bathrooms, kitchens, sitting/living rooms and staff rooms. Residents are supported by the person in charge, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 8 April 2025	08:30hrs to 16:50hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre. The inspection focused on how residents were being safeguarded in the centre. Safeguarding is one of the responsibilities for a provider. This inspection explored compliance with eight regulations which are connected to the theme of safeguarding.

The inspector used observations, meeting with residents and staff, and a review of documentation to form judgments on the quality and safety of care and support provided to residents in the centre. The inspector found that residents received good care and support under some of the areas inspected.

The designated centre comprises of a detached two storey house and a detached three storey house both located in a rural area close to one another and within a short driving distance to a town. The houses were clean, comfortable and homely. Each resident had their own bedroom. The residents had access to communal spaces in each house which included sitting rooms, kitchens and dining areas.

A notice board was present in the hallways of both houses displayed information on advocacy services, safeguarding and the complaints procedure. Pictures of residents enjoying events such as birthday parties were also displayed on these notice boards.

There were eight residents living in the centre on the day of the inspection. Four residents lived in one house and four other residents lived and the second house. The inspector arrived to the first house and was greeted by a member of staff that was on duty that morning. The inspector signed the visitor's book and introduced themselves to the staff member. A second staff member was on duty that morning and the inspector was informed they were assisting with administration duties for the centre.

In this house, the inspector meet two residents who were relaxing in their sitting room. They told the inspector they were waiting to go to their day service and they would be collected. Both residents appeared happy and one resident told the inspector they were happy to see them visit their home. Both residents spoke to the inspector about the programme they were watching on the television and how they enjoyed this. The inspector asked both residents if they were happy in their home and they responded that they were very happy. They enjoyed meeting their friends, going out at the weekends and keeping their home tidy. The residents also responded that they felt safe in their home when asked. On arrival to this house the inspector did see one resident who was leaving the house, this was to attend their day service. Another resident was eating their breakfast that morning before going to day services therefore the inspector did not meet these two residents before they left for their planned day ahead.

Later in the afternoon the inspector visited the second house. The inspector was

greeted by one resident who was being supported by a staff member. This resident showed the inspector their bedroom and some of their important items such as, pictures of their family and other items they had displayed. The resident had a planned trip aboard coming up and they told the inspector that they were looking forward to this. The inspector was informed by the person in charge that this was an important goal for the resident and the trip was of great interest to the resident. The resident told the inspector they had gone for a walk that day and they really enjoyed this. The resident said they would like to visit another nearby location the following day and the staff member said they would support the resident to do this.

The inspector had the opportunity to briefly meet two other residents living in this house as they returned from their day service. The residents were being supported by a member of staff to prepare food. Both residents appeared very happy and spoke to the inspector about their day. Both residents said they were happy in their home.

The inspector had limited opportunity to meet staff during this inspection as staff members in one house were not rostered on duty during the day as residents attended day services. In the second house, one staff member remains on duty to support activities of choice for one resident. From the brief interactions, observations and what the inspector overheard during the inspection day, staff were respectful, kind and caring to the residents living in the centre.

The provider and person in charge had implemented systems for residents' voices to be heard. For example, residents attended house meetings weekly, planned personal goals and residents were consulted with as part of the annual review. The inspector viewed a sample of this documentation which will be discussed further in the report.

Overall, this inspection found that residents were being supported in a safe and good quality service. The provider was ensuring that measures were in place to ensure residents were happy in their homes, choice was being offered and residents were supported to live in

The next two 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 being delivered.

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

The provider had in place a clearly defined management structure which identified lines of authority and accountability. The staff team reported to the person in charge. Overall the centre had a good and effective management system in place,

however some review was required to ensure regular team meetings were taking place in the designated centre. The provider has recognized compatibility issues that are present in one house of the designated centre and the senior management team are continuing to look internally as well as linking with external agencies for supports regarding this. The provider has put in place measures to support residents in this house, such as one-to-one staffing support for one resident, while another resident receives twenty five hours per week of additional staff support.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the name of each staff member and their shift allocation. The inspector saw that staffing levels were maintained at levels appropriate to meet the needs of, and to safeguard the residents. As mentioned, in one house of the designated centre some residents had one-to-one staff support and additional staffing in place.

The training records viewed indicated that all staff had completed training in order to support the residents needs in the centre in relation to identifying, reporting and supporting residents in a safeguarding incident.

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Rosters were clear and maintained for the designated centre.

The designated centre had one vacancy at the time of the inspection. The person in charge had ensured that regular relief staff were booked to cover this vacancy. From the rosters reviewed from 3 March 2025 to 14 April 2025 this vacancy was being covered by the same relief staff. This was effective in ensuring continuity of care for the residents.

Furthermore, the inspector for a brief period observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport with residents and an understanding of the residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support them in delivering effective care and support to residents. Staff completed a suite of training as part of the systems to safeguard residents. The training included, safeguarding of vulnerable

adults, safety intervention, manual handling, car safety and medication training.

In the centre the person in charge ensures effective support and appropriate supervision to staff is in place. From speaking with the person in charge informal support was provided on an ongoing basis to staff. Some improvement was required with staff supervisions and probation meetings to ensure they were in line with the provider's policy. New staff are required to complete a probation period, once this is completed, formal supervision is commenced with the person in charge. Four staff members were overdue probation meetings. The centre had a staff relief team of ten members, three of these were overdue supervisions. The person in charge had ensured that the other two staff team members had both completed their probation and supervision, with planned supervision in place. In the absence of the person in charge, staff could contact the service manager or on-call system for support and guidance.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the residents in the centre. There was a management structure in place, with staff members reporting to the person in charge. The person in charge was supported in their role by an area manager within the organisation. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. This included monthly and quarterly audits which the person in charge completed and had oversight of to ensure actions were addressed in a timely manner.

The provider's most recent annual review was completed in March 2025 and had consulted with residents and their representatives. The annual review had identified actions in relation to incompatibility of two residents living in one house of the designated centre. These actions included to monitor escalated risk, senior management seeking internally for a suitable alternative service, ongoing review and meetings with external bodies. One resident has requested they would like to live independently in their own home. The provider had offered a vacany that had become available in another designated centre also run by the provider but the resident had declined this and requested to stay in the centre at the time. The person in charge in the centre also spoke to the inspector that they are supporting the resident with their independent living skills in the interim. Another resident living here is being supported by the provider to access their own living space as shared accommodation has been identified as not suitable for the resident. The provider has ensured the resident is supported one-to-one by a staff member each day to access their local community and activities that they choose. The provider had also completed six-monthly unannounced visits to the centre in Sept 2024 and March

2025.

The provider had ensured policies were in place and available to the staff team regarding the safeguarding of residents. This included safeguarding of vulnerable adults at risk of abuse which had been reviewed in February 2023.

The inspector reviewed the staff meetings that had taken place in the centre over the previous 12 months. From this the inspector reviewed minutes from a team meeting of the designated centre that took place in December 2024, this included both houses that made up the centre. Agenda items included infection prevention and control, medication, risk assessments, complaints, advocacy and safeguarding plans in place in the centre. An action plan was in place and identified any actions to be completed after the team meeting and the person responsible. For example, a resident had an upcoming multi-disciplinary meeting identified. Another team meeting had taken place for one house in August 2024 with a similar agenda.

However, on the day of the inspection team meeting were not seen to be regular or a consistent format for both houses. For example, the centre did not have consistent monthly meetings which supported both of the houses in the designated centre. The person in charge informed the inspector that team meetings for both houses in the designated centre should be occurring once a month.

Some meetings as mentioned above were completed with both houses while other meetings were focused on issues presenting in one house. The inspector reviewed minutes of meetings for this house that took place in May 2024, July 2024, August 2024 and January 2025. These meetings were specific to the residents assessed needs and were held to support staff to support the residents living in this house. The person in charge had organised meetings for specific safeguarding needs in this house. Another meeting was attended by the staff and the positive behaviour support clinical nurse manager and safety intervention instructor were a review took place of the environmental had taken place. The meeting that took place in January 2025 was held to support a resident with an identified increase with their mental health needs. An action plan was in place after this meeting which identified actions had taken place to support the resident living here, such as a medical review with psychiatrist had taken place. In the meetings for this house it was seen that staff concerns were listened to by the person in charge and supports were put in place such as house specific meetings.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe. The provider and person in charge were endeavouring to ensure that

residents living in the centre were safe at all times.

As previously mentioned in the report the provider is supporting two residents in one house to achieve their goals, wishes and assessed needs of living in different environments. Residents were supported by the staff and management team to express their wishes. Residents in both houses attended regular house meetings. Residents enjoyed a range of activities both in their homes and communities such as walks, shopping and meeting friends and family.

Residents had personal plans in place. The inspector reviewed three residents' personal plans. For the most part, these plans were seen to have been regularly reviewed. Some improvement was required which will be discussed under regulation 5, individual assessments and personal plans.

Regulation 10: Communication

Residents living in the designated centre had access to appropriate media, such as television and radio. The residents living in the centre communicated verbally. The inspector had the opportunity to meet five residents and they all spoke to the inspector about their plans for the day, activities they enjoyed and upcoming events. Resident's personal plans contained guidance and information on residents communication needs. Residents also had a zones of regulation guide in their plans. This identified different emotions and condensed these emotions into zones that were colour coded. For example, green identified happy and calm. It was them clearly documented how the resident may display the emotion of being happy and calm, through eye contact, sitting up, verbally responding and listening. These guides were seen to be personalised for the residents.

One residents plan identified they may speak quickly at times. The resident had received support for this previously through speech and language therapy. The person in charge spoke to the inspector about this as it had arisen again in the last number of months and a referral had been made again to speech and language therapy to review this for the resident as the last assessment for this had taken place in 2019. The person in charge discussed these supports were still in place and the resident accessed multi-disciplinary meeting on a regular basis. The resident also had a behaviour support plan in place, in this the residents communication needs had been identified and how to support the resident when the pace of their speech increases. Supports were clearly identified on how to support the resident with this, such as 'tap it out' to slow down the pace of their speech.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the resident's personal plans on the day of inspection. The inspector saw that each of these files contained a personal information guide and person centred care and support assessment which detailed residents' health and social care support needs. These personal plans had been reviewed and updated within the last 12 months and residents had a personal planning meetings take place. Some residents had identified dates in the coming weeks for personal planning meetings.

The documentation reflected input from various health and social care professionals, including psychology, psychiatry, occupational therapy, behaviour support and speech and language therapy. Staff had supported residents and ensured referrals had been made where required. For example, one resident had been supported with a referral for occupational therapy due to specific mobility concerns identified. This appointment had been recently completed and report was in place dated February 2025. The recommendations made in this identified a sensory occupational therapy report the resident had in place. As this sensory occupational therapy report had been last completed in 2019 and prior to the identified changing needs of the resident the person in charge had a new referral in place for sensory occupational therapy.

Residents were also supported to plan goals such as going on holidays, gaining employment and living independently. Goals for residents were documented in a person centred planning process which contained four stages. The inspector found the documentation required improvement to demonstrate progress on goals. For example, a resident had a goal for a trip to a theme park abroad. This was a very important trip for the resident and the resident spoke to the inspector about it. On the day of the inspection when reviewing the documentation for this goal it was not clearly recorded. The steps and planning that had taken place for this booked trip and the input the resident had into the planning of this trip was not available to review on the day of the inspection. Another residents documentation reviewed identified goals but no recordings were in place if the resident had completed their goals. A planning meeting had taken place in March 2024 which identified goals through the provider's process, however it was not clear from the documentation reviewed if the resident had achieved their goals. This resident had a goal of planning a birthday party and working towards gaining paid employment. Although the inspector did see pictures on a notice board of the resident celebrating their birthday.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff in this centre had received training in safety intervention and were aware regarding residents' behaviour support plans. This was effective in ensuring that staff could respond to incidents of behaviour of concern in a manner which was

effective in protecting residents and ensuring that their rights were upheld.

Residents who required positive behaviour support plans had these in place. The inspector reviewed two of these behaviour support plans and saw that they were written in a person-centred manner. These plans had been reviewed in March 2024 and June 2024. The plans clearly identified triggers, important things to know, proactive strategies, direct interventions and reactive strategies. The plan included the communication needs of the residents.

The person in charge maintained a record of restrictive practices in the centre through the centres risk assessments and a restrictive practice decision making record was in place for each restrictive practice in place. The restrictive practices were reviewed on a regular basis by the provider's restrictive practices committee to ensure that they continued to be required, and where required, that consideration was given to ensuring that they were the least restrictive and therefore least impact on residents' rights. Since the last inspection of the designated centre it was seen that these restrictions had slightly reduced. For example, one restrictive practice was no longer in place for a resident as the transport had changed and a restriction around internet content has been reduced. These were last reviewed in February 2025.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were kept safe in their home. Staff had completed training in relation to safeguarding. Any concern relating to the protection of residents was reported and investigated in a timely manner. Residents spoken with reported to the inspector of feeling safe, happy and knowing who to talk to should this change.

As mentioned previous in the report, one house in the centre had identified compatibility issues regarding two of the residents living there. The provider had identified these issues and had an escalated risk assessment in place to support the residents living here. Residents had interim safeguarding plans in place to ensure they were safe in their home. The provider had staffing in place to ensure one resident had one-to-one supports in place during the day, this ensured the resident could be supported as per their assessed needs. Another resident had additional staff supports in place for twenty five hours a week. This house had input from a behaviour support therapist, safety intervention instructor and designated officer to support the staff team to ensure appropriate care and support was received by the residents living here. Residents also had access to the complaints procedure if they wished.

Other safeguarding plans were also in place in the other house, these were reviewed by the inspector on the day of the inspection in the centre. These

safeguarding plans were reviewed regularly.

The inspector reviewed three residents' intimate care plans. They were written in a person-centred manner and clearly outlined the supports residents were to receive during this care need.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could access information in relation to their rights, safeguarding and accessing advocacy services in each house. These topics were also discussed at regular weekly residents meetings. Some residents had access the services of the internal advocate service and management of the centre had a referral to support a resident to access external advocacy.

From briefly meeting with some of the residents they told the inspector about how they were supported with control over their day-to-day life. They spoke about the residents meetings they attend weekly and their opportunities to engage in activities in line with their interests. Two residents spoke to the inspector about how much they enjoyed attending their day service and they liked to meet their friends there.

Residents had decorated their bedrooms in line with their own individual taste and preferences, including posters of interest, artwork, pictures of friends and family members and personal items on display.

Residents were supported to use the provider's complaints system to raise items that were important to them such as those outlined under regulation 8: Protection. Where residents in one house had expressed that they may prefer living elsewhere, or an alternative service would be more beneficial for a resident the provider was exploring these options. It was seen that residents were being supported to access the local housing authorises, advocacy and other relevant bodies. The inspector reviewed regular multi-disciplinary team meeting minutes that were occurring to support residents in accessing a service they may prefer. The person in charge and person participating in management also discussed how the provider was working on this internally and identifying to the residents any internal opportunities that may become available. as mentioned previously, one resident was given the option to move to another designated centre run by the provider however the resident declined. It was respected that the residents had the right to choose where they lived and at the time of the inspection the resident had chosen to remain in the centre at present and continue exploring other options.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Casey 1 OSV-0007865

Inspection ID: MON-0046687

Date of inspection: 08/04/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Since this inspection date of April 8th probation meetings were held by Person in Charge with two staff. • Probation meetings for the remaining two staff will be completed by May 28th. • Support/Supervision for the three identified relief staff will be completed by May 28th.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Since this inspection date of April 8th a staff meeting was held for one house in the Designated Centre by the Person In Charge on 17/4/2025. • A plan has been devised to ensure monthly meetings occur for the Designated Centre which will include at least one meeting for each house within the Designated Centre, every second month going forward.	
Regulation 5: Individual assessment	Substantially Compliant

and personal plan	

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

• After the Person in Charge reviewed the Person Centred Plan (PCP) documentation, it was noted that documentation of stage four of the PCP process for one resident was physically not on file at the time of inspection. Manager can verify that it was completed by the keyworker and will ensure it is placed on file.

• Person in Charge will ensure that the documentation for the second PCP mentioned in the report, will be completed to reflect whether the resident has achieved their goals.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/05/2025
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	28/05/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	28/05/2025

	is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			