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:	Kilcummin Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	04 March 2026
Centre ID:	OSV-0007962
Fieldwork ID:	MON-0048616

About the designated centre

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

The designated centre provides full-time residential services to male and female adults with a primary diagnosis of intellectual disability. The designated centre comprises of two individual single storey houses that are located 4 kilometres and 8 kilometres from a large rural town. The smaller house accommodates female residents and each resident has their own bedroom and own sitting room. The house has a kitchen / dining area, a bathroom and a staff bedroom with an en-suite. There is one additional bedroom. The house has a large garden area to the front and rear. The second house is larger and accommodates male residents. It has five individual bedrooms with en-suites as well as a staff bedroom en-suite. There is a kitchen and dining room, a sitting room, bathroom, boiler house and hot press. An adjacent building which is part of the designated centre has a laundry room, a store room and a toilet. The house has a large garden to the front and rear. The staff team is comprised of social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 March 2026	08:55hrs to 17:05hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This inspection was an unannounced safeguarding inspection in the designated centre Kilcummin Residential Services. The safeguarding regulatory programme puts a focus on adult safeguarding in designated centres and it includes the review of specified regulations. At the time of this inspection Kilcummin Residential Services was registered to provide residential supports to seven adult residents.

Overall, this inspection indicated that residents were provided with a high quality of care and support in their home. This ensured that the residents were safeguarded against potential abuse, and that their rights were promoted and respected.

The premises of the designated centre comprised of two houses located a short drive apart. Each of the residents' homes were decorated with photographs and personal items that reflected their individuality, likes and interests. A notice board was located in the hallway of each of the centre's houses with details and information regarding the protection of residents from potential abuse. Signage was also located outside the bedrooms of residents in one house to remind others to knock prior to entering.

The inspector had the opportunity to meet with six of the seven residents living in Kilcummin Residential Services on the inspection day. Six of the residents lived in the centre on a full-time basis, while one resident was living in the centre on a temporary basis while building works were carried out in their home.

Residents in one of the houses were met with on the morning of the inspection as they got ready to go to work and day services. One resident living in the other house was met with later that afternoon after being out for a drive. One of the residents told the inspector that they had lived in their home for 19 years and that they were very happy living there. They spoke about their upcoming plans for a holiday in Limerick and their excitement about going on a shopping trip while there. Another resident told the inspector that they felt 'safe' living in their home.

A number of residents used gestures and body language to communicate their wants and needs. The inspector used an easy-to-read document to explain the reason for their unexpected visit to the centre to residents. One of these residents was observed putting the document into their work bag, with staff noting that the resident was going to tell their friends in their day service about the inspector's visit. The resident went to the kitchen and handed the inspector a mug. Staff members then made the resident a cup of tea which they sat and had with the inspector in the dining room.

Residents were observed being afforded choices throughout the day. While preparing breakfast, one resident was supported by staff to choose the cereal they would have. Another resident was brought a box containing snacks to choose one to

have with their cup of tea. Where residents had specific dietary requirements, staff were observed to offer choice in line with this assessed need. Two of the residents had an assigned support staff to ensure they were provided with flexible supports in line with their assessed needs. For example, one of the residents became tired and the provision of a dedicated staff meant they could leave activities when they felt tired, and spend time resting at home or accessing the community as they wished. Staff noted this provided flexibility regarding the supports the resident received, in line with their choices and wishes.

Family was particularly important to one resident, and they spoke fondly of their favourite family member who often visited them with other family members in their home. The resident was a part of their families online group chat. Staff noted that the resident often sent messages and videos to their family with staff support. The resident's family also sent the resident videos and music that they thought they may enjoy. During the inspection, the resident was observed being supported to listen to these messages using their computer tablet device and the voice-activated speaker in their sitting room.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The findings of this inspection indicated that management systems in place in the centre ensured that residents received a safe and good quality of care and support. It is evidenced throughout the inspection report that this inspection found a high level of compliance with the regulations.

A clear governance and management structure was in place at the time of the inspection. The provider was actively recruiting for the role of person in charge, with this role being filled by a member of the senior management team since the departure of the previous person in charge in December 2025. A team leader had been appointed in one of the houses, while a second team leader was due to commence their role in the other house the week after the inspection took place.

It was evident that there was a sufficient number of staff on duty to ensure residents were appropriately safeguarded and protected. This included the provision of a waking night duty staff in one of the centre’s house.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The person in charge had ensured that they had obtained the information and documents specified in Schedule 2 of the regulations for all staff. The inspector reviewed the staff files of four staff members working in the designated centre and found that the information provided was up-to-date. This included a vetting disclosure for staff working in Kilcummin Residential Services.

It was evident that the provider had ensured continuity of support was provided to residents living in their home. Staff on duty were regular staff who knew residents and their assessed needs well. It was also noted in the centre's unannounced visit report that agency staff was not used regularly in the centre. However, when it was required to fill an unexpected gap in the rota, there was a procedure in place to ensure one resident was provided with a consistent staff and the agency staff worked in another location within the designated centre. This ensured consistent staff was provided to residents in line with their assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development programme. The inspector reviewed the training records of 11 staff members and found that they were supported to receive the following training;

- Safeguarding of vulnerable adults
- Children's First
- Management of behaviour that is challenging
- Fire safety.

10 staff also had evidence of completing training on assisted decision making, and the promotion of residents' human rights.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that management systems were in place to ensure that the service provided to residents was safe, appropriate to meet their assessed needs and effectively monitored. A compliance officer had been assigned to the organisation to support the centre with auditing and to update policies to reflect best practice guidelines.

Audits completed included the centre's annual review, and six monthly unannounced visit reports. The annual review of the supports provided to residents in their home had been completed in 2025. This review included consultation with residents and their representatives as required by the regulations. While the most recently unannounced six monthly visit completed in January 2026 identified that the managerial remit of the centre required improvements, this area were being improved upon with recruitment in progress.

A safeguarding and rights audit was completed in July 2025. This review included residents' privacy and dignity, choice, restrictive practices and the assessed needs of residents.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. The lay-out of Kilcummin Residential Services was observed to support the assessed needs of the residents in relation to safeguarding.

Throughout the inspection day, residents were observed being provided with supports from staff members in a kind, calm and unhurried manner. Consistent staffing was observed being provided to residents in line with their assessed needs. The inspector spoke with four staff members providing direct care and support to residents in the home throughout the day. It was evident that they were aware of the assessed needs of residents, their likes and interests. Staff also noted that residents enjoyed having a laugh and a joke and it was evident by the smiling and laughing throughout the inspection day that a fun atmosphere was provided.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. An assessment of the communication needs of residents had been carried out. Following this, a support

plan for communication was developed which included details of the supports provided to each resident. It was noted that one resident had been supported to go for a hearing test as part of their communication assessment. Multi-disciplinary input from a speech and language therapist was also provided to residents when deemed necessary.

Residents were supported to have access to media such as the internet, radio and internet access.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was kept in a good state of repair internally and externally. Each resident had their own private bedroom. It was also evident that there was sufficient bathrooms provided to residents in Kilcummin Residential Services. The bathroom in one of the houses had been upgraded to include a wet room shower to better meet the assessed needs of the residents.

The external driveway of one of the houses had been resurface following the previous inspection of the designated centre. It was noted that both houses provided residents with access to a garden area.

Staff noted that one of the residents completed regular fire and safety checks in their home. They were also observed being supported by staff to make a list of office supplies that the centre required, which they planned to bring back after work.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four of the residents' personal plans. These plans included an assessment of the health, personal and social care needs of each resident. Residents were also supported to identify goals as part of the person centre planning process. One resident had been supported to go on a holiday in 2025 where they had been on a boat trip and used a nearby putting green. It was identified that the resident wanted to go on an aeroplane for their next holiday.

At the time of the inspection, new personal centred planning documentation was being introduced as part of a quality improvement initiative. This assessment included seeking residents' thoughts as to whether they felt safe in their home, and

any areas of their care and support that made the feel unsafe. This would ensure that residents continued to be appropriately safeguarded in their home.

Judgment: Compliant

Regulation 7: Positive behavioural support

Three of the residents living in Kilcummin Residential Service had a positive behaviour support plan in place. Two of these had been recently reviewed and included information and guidance on how to support the resident. It was noted that one of the residents' plans had not been reviewed since September 2017. Management in the centre noted that the service did not have access to psychology supports following the departure of the previous psychologist. A referral for input from behaviour specialists had been completed on behalf of the resident however this was awaited.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector reviewed the documentation relating to four allegations of a safeguarding nature. This included incident reports, investigation reports into allegations of suspected abuse and plans to safeguard residents. It was noted that these had been reviewed and investigated.

When staff members logged incidents on the service's incident log, a safeguarding poster on how to recognise, record and report safeguarding concerns appeared. This pop-up prompted staff members to review information relating to safeguarding to ensure that incidents of a safeguarding nature were recognised as such.

Intimate care plans had been developed to outline the supports residents required to meet their hygiene needs. One resident's plan noted they like having showers in the morning, with the resident telling the inspector they had been for a shower before their breakfast on the morning of the inspection. It also identified risks in line with the assessed needs of residents such as falls.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that each resident was supported to participate in and consent to decisions relating to their care and support. A new guide have been developed for staff members to record how residents communicate their refusal and consent to supports. This included verbal language, and patterns of behaviour such as body language and gestures. Residents were being supported to develop a decision making profile to outline the decisions they make independently and those that they may require support with.

Independent advocacy had been sought for residents to ensure their rights were respected and promoted. It was evident that one resident had been supported to re-engage with transport services to their day service following supports provided by an advocate and centre management. Staff noted that this was working well at the time of the inspection.

Each of the residents living in the centre were supported to have a bank account in their own name. Staff working in the centre completed nightly financial checks, with financial audits being completed bi-annually.

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	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcummin Residential Services OSV-0007962

Inspection ID: MON-0048616

Date of inspection: 04/03/2026

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. In the absence of Psychology and Behaviour Support Specialist, a multi-disciplinary team comprising of the Clinical Nurse Specialist, PIC, Keyworker, ADOS and CPI Instructor will review the Behaviour support plan which had not been reviewed. 2. All service gaps related to MDT are recorded on a tracker to inform Business case for MDT supports. 3. DOS to try and source private behaviour support specialist or psychologist to bridge the gap. 4. Where identified, residents will be referred to An Cuan Regional Support Service for behaviour support. 5. All incidents are monitored and reviewed by the Services Department to ensure incidents are being managed effectively and escalated as required. 6. DOS escalates MDT service gap at HSE Operations meetings, SLA meetings. 7. PIC will create and monitor a Risk Assessment in relation to behaviour support and MDT input for the Designated Centre. 8. Additionally, the service is trialing an enhanced Behaviour-Driven Incident Review process to support managers in identifying underlying clinical and systemic risks at an earlier stage.	

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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	01/10/2026