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:	Kare DC16
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	04 June 2026
Centre ID:	OSV-0007999
Fieldwork ID:	MON-0050084

About the designated centre

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

The designated centre is registered to provide full-time residential support for up to two adults with an intellectual disability who require a low or high level of support with personal needs and care. The service can also provide accommodation and support for people with physical support needs. The designated centre consists of a dormer bungalow in a scenic rural area of County Wicklow. The house is equipped with accessible mobility and bathroom features and a large communal living room and kitchen-dining area. Each resident has a private bedroom and they are supported during the day and night by a team of social care workers and social care assistants.

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
Thursday 4 June 2026	10:30hrs to 16:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings from an unannounced risk-based inspection completed in this designated centre. The inspection was carried out to monitor the provider's compliance with the regulations. Overall, the inspection demonstrated high levels of compliance with the regulations reviewed on the day.

The inspection found that residents were being supported by a person in charge and staff team who endeavoured to promote residents' independence through creating an environment of accessibility and self-advocacy.

The centre is located in a rural area in close proximity to a local town in County Wicklow. The premises is a dormer bungalow and consists of two bedrooms (one equipped with an en-suite), staff office, kitchen with dining area and living room. The centre has a garden area to the front and the back of the premises.

Residents have access to a large enclosed garden, the rear of the garden overlooks a scenic mountain range and is furnished with garden furniture and well-kept flower beds. Residents and support staff had recently devised an accessible seating area for residents which was equipped with outdoor beanbags, fairy lights, chimes and wind catchers. Residents discussed that they greatly enjoy the new feature in their garden and spend time there when the weather allows.

The inspection was facilitated by the person in charge for the duration of the inspection. In addition, the inspector had the opportunity to meet with two residents, two support staff and the person in a position of management. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

Residents availed of a number of activities both in the designated centre and the local community. Residents had clearly documented communication plans and easy read planners which demonstrated meaningful activities that residents liked to take part in. From discussion with staff and residents the inspector found that music was a very important part of residents daily lives. Residents had access to multiple musical instruments and music players and residents regularly attended concerts and shows.

Residents in the centre were supported by an assistive technology officer, the officer supported each resident within their home to make everyday appliances and supports more accessible to the residents. For example, one resident had an adapted remote control for their hoist. Support staff discussed that the resident used their hoist throughout the day for a number of essential activities such as changing chairs or being positioned into their bean bag while in the garden. The manual control was made so that the resident could independently raise or lower

their hoist when they were being assisted by staff given the resident the power to control when they wished to move in the hoist.

The inspector observed a number of supports in place in the centre which promoted residents' independence in their home such as electronic tablets, adapted remote controls, call feature buttons for residents to alert staff if they require additional support and easy-to-read guidance throughout the centre.

One resident told the inspector that the staff are great. The resident was observed relaxing in their living room playing music on their electronic device. Staff supported the resident with communicating their likes to the inspector. Staff detailed the resident's support plan and how to discuss topics without the resident mirroring the question that was asked by the inspector. The resident discussed that they like their local day service and that they like the person that they live with.

The inspector met another resident who told the inspector that they like to go out to the local day service a few days a week depending on what is happening in the service. They discussed that they like to go to the local beauty salon for regular treatments.

Support staff and the resident discussed that the resident really enjoys watching Autonomous Sensory Meridian Response (ASMR) videos in relation to a number of items such as skin care and beauty treatments. The resident and support staff were researching how the resident could make their own videos to share with family.

The inspection found that the person in charge and support team were encouraging and supporting residents to participate in local groups and government meetings that promoted community accessibility such as accessible pathways and information for residents. The inspector found through review of residents' meetings that there was a focus on human rights and the educational supports each resident required in order to self-identify their rights.

The person in charge and staff spoken to throughout the inspection were found to be knowledgeable of residents' assessed needs and were aware of policies and procedures in place in the centre.

In summary, the inspection found that the practices in the centre where aimed at upholding each residents rights and wellbeing while seeking to promote independence through accessibility for each resident. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

The next two sections of the report present the findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

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 that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. The inspector found that when required the staff completed in-house training for resident specific requirements such as healthcare needs and goals specific support plans.

Overall, the inspector found that the provider and person in charge was creating a home for residents which was adapting with their individual needs and was supporting each individual resident to live in their home which promoted a safe and quality environment.

Regulation 14: Persons in charge

The person in charge was ensuring effective governance, operational management and administration of the designated centre. The person in charge was responsible for another centre under the provider's remit. The inspector found that the provider had ensured that the person in charge had appropriate resources available to support both centres.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and encouraged the promotion of independence for residents and ensured that staff felt supported to advocate on behalf of residents in the centre.

Staff who spoke with the inspector informed them that the person in charge was supportive and available to them when they needed them.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, manual handling, and safeguarding of vulnerable adults.

All staff were in receipt of formal and informal supervision and support relevant to their roles from the person in charge. The inspector reviewed supervision records of three staff and found that they identified staffs experience and levels of expertise and had a focus on staff wellbeing and an aim to promote staff training and experience to further enhance the provision of care to residents in the designated centre.

The inspector reviewed team meetings from January to April 2026 and found that staff meetings were held on a monthly basis with a set agenda for staff to contribute to. The inspector found that the staff meetings were utilised to review the needs of residents in the centre and to highlight and escalate concerns or requirements. In addition, the inspector found that the person in charge used the staff meetings to update staff on audit findings or to gather feedback on service improvements.

On review of staff meetings the inspector observed that training was incorporated to a number of meetings. The training included sessions from the manual handling instructor in supporting residents during personal moving and handling and an overview of residents current health care support needs by the clinical nurse specialist.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2, Schedule 3, and Schedule 4 were maintained and were made available for the inspector to view.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre. There was a clear management

structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas for review and had checks in place to ensure the provision of service delivered to residents was of a good standard.

The provider was completing six-monthly unannounced reviews of the quality of care and support in the centre. The inspector read the last two reviews completed in July 2025 and January 2026 and found that each review included an action plan which was followed up and progressed by the person in charge.

The inspector found that the person in charge and provider was responsive to changing needs of residents in the centre. The inspection found that the person in charge was enhancing residents' understanding through education and support of medical diagnosis. The inspector reviewed additional training and supports in place to further enhance residents care and supports in relation to specific health diagnosis.

An annual review of the quality and safety of care had been completed for 2025, which consulted with residents, their families/representatives, and staff. The feedback gathered from residents and family was positive with one family noting that they gave the centre "ten out of ten for the service provided".

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the regulations were reviewed during this inspection. Such notifications are important in order to provide information about the running of a designated centre and matters which could impact residents. All notifications had been submitted as required by the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. The inspector reviewed a sample of the policies during the course of this inspection. The provider ensured that policies and procedures had been reviewed at intervals not exceeding three years as per the

Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

The inspector found that the provider had was in the process of completing accessible easy-to-read policies for residents in relation to all written policies and procedures. The inspector reviewed a sample of policies and found that to date the provider had completed easy-to-read policies. In addition, the inspector found that the person in charge and staff team were accessing the easy-to-read policies with residents at resident meetings and supporting residents to read and review relevant support policies.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents had a good quality of life, and the residents spoken with told the inspector that they were happy living in the centre and with the services provided to them. The inspector observed a homely and relaxed environment and staff working in the centre engaged with the residents in a very kind, respectful and warm manner.

Residents living in the centre were supported to make decisions about their care and support and were involved in the running of the centre. The inspector found that the person in charge and staff team were completing regular reviews of residents support requirements to ensure that residents' supports were accessible and person centred.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention of and appropriate response to abuse, and the provider's social work department was available to oversee safeguarding plans.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of

ways in accordance with their needs and wishes. Alternative communication aids, including communication applications on tablet devices and televisions were in place.

The centre had access to an assistive technology officer, who regularly visited the centre to meet with residents to promote different forms of technology to further enhance residents independence and communication. A number of systems had been implemented in the centre to promote residents. For example, one resident had been supported with an external remote connected to a game console which allowed the resident to change channels, requests objects or shows on their television.

The inspector found that residents had access to multiple easy to read documents for a number of aspects of their daily life.

Throughout the course of the inspection, the inspector observed residents using electronic tablets to enhance communication in a number of ways. For example, with the support of staff one resident demonstrated to the inspector some of their interests and hobbies and their plan for the coming week.

Another resident had been assisted with call assistance technology to requests staff support in specific areas of personal care. Support staff discussed that the call assistance buttons had been trailed but that the resident had not particularly liked the systems and that this was under review with the resident and technology officer.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported and encouraged to experience a range of activities and relationships, including friendships and exploring new activities. Residents' preferences, interests and assessed needs were carefully considered to ensure that the activities chosen were suitable and meaningful.

Residents were being supported to attend local council disability steering committee. Residents and staff in the centre had identified the requirement for safer access and more accessible access to their local community for both people with intellectual disabilities and/or physical disabilities. With the support of staff, residents had contacted their local council authority and were part of the disability steering committee in an attempt to address their concerns within the local community.

The inspector viewed residents' meetings and photographs taken by staff with residents at a recent walkability route assessment in their local village. Residents and staff discussed that the work was at the infancy stage of the project with that residents were excited about the work coming from their involvement in the steering group.

One resident told the inspector that they love attending their local day service. Support staff discussed that the resident attends their day service Monday to Friday and will on occasions request a day off to do activities at home or with staff.

Another resident did not attend a day service but was supported by staff to attend outings and activities of their choosing both at home and in their local community. The resident and staff discussed that they will often attend a local day service for a drop in service if there is something of interest to them and that they are always made to feel welcome.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector observed that the centre was visibly clean and tidy on the day of the inspection. The person in charge had ensured that appropriate infection prevention and control measures and practices were in place. In addition, support staff had access to an infection prevention and control (IPC) lead.

The organisation's infection prevention and control policy was reviewed and updated in April 2026 which included an easy read version of the policy for residents. The inspector reviewed residents' meetings from April 2026 and found that the updated easy to read policy had been discussed with residents in the centre.

There were cleaning schedules in place, which were supporting the ongoing maintenance of a clean and safe environment for residents. Risk assessments were in place for infection prevention and control specific risks and provided appropriate measures to mitigate risk.

The person in charge and support team were completing IPC audits and actions were clearly set when required and escalated to the provider's maintenance department with time frames in place.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The inspector had the opportunity to speak to two staff during the course of the inspection. Staff discussed the screening process involved for residents particularly in relation to current health diagnosis. Staff discussed that the local policy and provider policy in place for reviewing residents on

going presentation in the centre. Staff spoken with were knowledgeable about their safeguarding remit.

Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

At the time of the inspection there was one open safeguarding plan in the centre. The inspector found that control measures were in place to support residents and that systems were in place to ensure that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Residents had access to advocacy services if required, and were listened to with care and respect by staff. Residents were consulted with about decisions that impacted them and were involved in their personal plans and goals. The inspector reviewed a number of easy to read practices in place for residents in order to support the running of residents home and to further empower residents' choice through education and information.

The inspector found that the person in charge and support team were ensuring on-going review of communication and accessibility for residents in order to ensure that barriers to residents' rights or ability to uphold their rights independently were being upheld and that residents were being supported to enhance their home to meet their individual needs, wishes and likes.

Staff supported residents through a human rights based approach which was evident across residents support plans, goals and through external sources support staff had engaged with in order to ensure residents had access to the most recent and best practice supports available

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant