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

Issued by the Chief Inspector

Name of designated centre:	Parkside Residential Services Ard Glas
Name of provider:	Corlann
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	13 January 2026
Centre ID:	OSV-0008093
Fieldwork ID:	MON-0044687

About the designated centre

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

Parkside Residential Services Ard Glas is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provided a community residential service to three adults with a disability. The centre consists of a detached bungalow house which is located in an urban area in Co. Kilkenny. The centre comprises of a sitting room, kitchen/dining room, utility room, three resident bedrooms and a staff room. There is a garden and outdoor recreational area to the rear of the premises. The staff team consists of social care workers and care assistants. The staff team were supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 13 January 2026	10:00hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations. This inspection was carried out by one inspector over one day.

The designated centre comprises of a detached bungalow which provide a residential service home to three individuals. The inspector had the opportunity to meet with the three residents over the course of this inspection. In addition, the inspector spoke with the person in charge and two staff members.

The three residents appeared content and comfortable in their homes. The inspector observed the staff team supporting the residents in an appropriate and caring manner. Residents in this home used different forms of communication, which included verbal communication, gestures, pictures and adapted sign language to engage in conversation.

On arrival, the inspector was welcomed by a member of the staff team. The inspector was informed that one resident had already left the centre to attend day services. Two of the other residents, who were retired, were preparing for their day.

The inspector met one resident in the sitting room as they engaged in colouring and having a cup of coffee. They told the inspector they liked the centre and then went to thier bedroom to prepare for their day. Later in the morning, the resident was supported to attend an appointment. The second resident was in their bedroom. The inspector was introduced to the resident as they watched mass. The resident used a picture book to communicate with the inspector about their interests, trip to Lourdes and people in their lives. The resident was a keen gardener and showed the inspector the well maintained garden to the rear of the centre.

In the afternoon, the first resident returned home in the afternoon and stated they planned to relax for the evening. The inspector also met with the third resident when they returned from attending their day service. They spoke positively about living in the centre. The told the inspector about their interests in farming and going to the cattle mart. The inspector had a cup of tea in the kitchen with the residents as they enjoyed an afternoon snack. Overall, the residents that met and communicated with the inspector all indicated they were happy with their home and the care and support they received.

The house was a detached bungalow which comprised of a sitting room, kitchen/dining room, utility room, three resident bedrooms and a staff room. There is a well maintained and welcoming garden and outdoor recreational area to the rear of the premises The inspector completed a walk through of the house. Pictures, soft furnishings, ornaments and other personal items were on display throughout the home. While there were some areas in need of attention including areas of

damaged paint, the premises was presented in a homely manner and were found to be well maintained. The provider had plans in place to paint the centre this year.

Overall, the inspector found that the residents were receiving an individualised service. However, some improvement was required in staff training, medication management and personal plans.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents needs. The staffing arrangements in place were appropriate to the needs of the residents and the size and layout of the centre. However, some improvement was required in staff training,

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2024 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place which ensured continuity of care and support. From a review of training records, it was evident that the majority of the staff team in the centre had up-to-date training and supervision. However, some clarity was requried regarding feeding, eating and drinking supports for one staff member.

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge who was suitably qualified and experienced for the role. The person in charge was also responsible for one other designated centre operated by the provider. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster for December 2025 and January 2026, there was an established staff team in place which ensured continuity of care and support provided to residents.

The three residents were supported by one staff member throughout the day and by one sleepover staff at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training in areas including fire safety, manual handling, de-escalation and intervention techniques. safe administration of medication and safeguarding. This meant that the staff team had up-to date skills and knowledge to support the residents with their identified support needs. However, some clarity was required on feeding eating and drinking support training for one staff member which was not evident on the day of inspection or shortly following the inspection.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Parkside Servces Manager, who in turn reports to the Regional Services Manager. The person in charge was also responsible for one other designated centre operated by the provider and had appropriate supports in place to provide appropriate oversight and governance of the service.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits

included the annual review 2024 and six-monthly provider visits. The annual review demonstrated consultation with the residents as required by the regulations. The audits identified areas for improvement and action plans were developed in response. For example, the last six-monthly provider audit carried out in November 2025 identified areas for improvement in medication management.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre in the period January 2025 to January 2026. It demonstrated that accidents and incidents were managed appropriately and the inspector found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life. However, improvement was required in personal plans and medication management.

The inspector reviewed the three residents' personal files which comprised of an comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were in place and guided the staff team. However, improvement was required to ensure the assessment of need contained up to date information and that the annual reviews of the personal plans were completed in a timely manner.

There were appropriate systems in place to keep the residents safe. For example there was suitable fire safety equipment in place and fire drills had been carried out. In addition, a review incidents and accidents demonstrated that the were appropriately managed and responded to.

The inspector reviewed the medication practices in place in the centre. Overall, there were systems in place for the ordering, receipt, storage and administration of medications. However, some improvement was required in the administration practices.

Regulation 17: Premises

Overall, the designated centre was laid out to meet the needs of residents. The centre consists of a detached bungalow houses which are located in an urban area in Co. Kilkenny. The centre comprises of a sitting room, kitchen/dining room, utility room, three resident bedrooms and a staff room. There is a garden and outdoor recreational area to the rear of the premises.

The inspector completed a walk around the premises and found that that it was well maintained. It was found to be warm, clean, comfortable and homely, The centre was decorated to reflect residents' needs, preferences and interests.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The inspector reviewed risk assessments including behaviour, independent time alone in the home and lone working. The risk assessments were up to date and reflected the control measures in place. For example, risks included staying at home independently and feeding eating and drinking.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre which demonstrated that all persons could evacuate the centre to a safe location in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the ordering, receipt, storage and administration of medications. The inspector reviewed medication practices and found that there were appropriate systems in place for the ordering and safe storage of medication.

However, some improvement was required in the administration of medications. For example, one medicine was found not to have a clear opening date. In addition, clarity was required regarding the administration of ear drops for one resident. Records demonstrated the medication being prescribed for a short period and to be administered a number of times a day. However, it was not clear form reviewing the administration records if the ear drops were administered as prescribed. As noted the last six monthly provider audit also identified medication management as an area for improvement.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans which guided staff practice. The inspector reviewed the three residents' personal files and found that some improvement was required.

For example, the inspector found that the assessment of need for one resident required review. It was not clear if a number of sections of the assessment reflected the most up to date information for the resident as the information was the same as the previous assessment of need. In addition, the timeliness of the annual review of the personal plan by the multidisciplinary team required improvement. For example, the inspector found that the annual review was overdue for two of the residents.

Judgment: Not compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Staff spoken with were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in safeguarding vulnerable adults. The residents were observed to appear relaxed and content in their home.The three residents communicated with the inspector that they liked their home.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Parkside Residential Services Ard Glas OSV-0008093

Inspection ID: MON-0044687

Date of inspection: 13/01/2026

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

• The cert in question for one staff member has been located and had been completed and was in date at the time of inspection.

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

• All staff have been reminded of policy of marking opened date on all PRN medication when opened. This will be checked weekly as part of PRN medication audit with oversight from PIC.

• The documentation of start and stop dates of medication will be clearly outlined when written into MPARS by GP at appointment.

Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • A review of all personal plans at the centre is currently underway to ensure all information is up to date and in line with the residents assessed needs. • A circle of support meeting has been completed for one resident where it was required and the meeting for the other resident has been scheduled for 05/03/2026.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	26/02/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and	Substantially Compliant	Yellow	30/03/2026

	to no other resident.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	30/03/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/04/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a	Not Compliant	Orange	30/04/2026

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			