



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

## Issued by the Chief Inspector

Name of designated centre:	Willow Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	27 January 2026
Centre ID:	OSV-0008506
Fieldwork ID:	MON-0041018

## About the designated centre

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

Willow Residential Services is a designated centre operated by Carriglea Cairde Services. It provides a residential service to a maximum of 11 adults with a disability. The centre comprises of two detached bungalows on a campus based setting located on the outskirts of a town in Co. Waterford and is close to local amenities. The first bungalow consists of kitchen, dining room, living room, relaxation room, four resident bedrooms, store rooms and a number of bathrooms. The second bungalow consists of kitchen, dining room, sitting room, seven resident bedrooms and a number of shared bathrooms. The staff team consists of staff nurses and care assistants. The staff team are supported by the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	11
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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 27 January 2026	10:00hrs to 18:00hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to meet with 10 of the 11 residents over the course of this inspection. One resident was not in the centre on the day of the inspection. In addition, the inspector spoke with the person in charge and four staff members.

In the morning, the inspector visited the first bungalow which was home to four residents. On arrival, one resident was gone swimming, the second resident was attending day services and the third resident enjoying a lie in. The inspector was informed that one resident was in hospital on the day of the inspection. Later in the morning, the inspector met with the third resident as they came prepared for the day and spent time in their home. The resident appeared comfortable in their home in the presence of the staff team.

The inspector completed a walk around of the first bungalow. The house comprised of kitchen, dining room, living room, relaxation room, visitor room, office, four individual resident bedrooms (two of which were en-suite), a resident's personal sitting room, a number of store rooms and shared bathrooms. In general, the house was observed to be well-maintained and residents bedrooms decorated in line with their preferences with personal possessions and photographs. However, there were some historical restrictive practices which required review. For example, the inspector observed that one bedroom door had two door handles installed (one in the middle of the door and one at the top of the door). In addition, some bedroom doors were equipped with bedroom door alarms. While the inspector was informed that the second door handle and bedroom door alarms were not in use, they required review.

In the afternoon, the inspector visited the second bungalow. The inspector observed residents returning from their day services and met with residents as they settled in for the afternoon. The inspector observed residents spending time in the sitting room discussing the events of the day, watching tv, listening to music and engaging with their tablets. One resident showed the inspector their bedroom and spoke about the care and support received. They spoke positively about the staff team and life in the centre. However, they highlighted that at times they felt there needed to be more staff. The inspector observed residents being supported in the dining room to have dinner. Overall, the residents appeared content in their home.

The inspector also completed a walk around of the second bungalow. The house consisted of kitchen, dining room, sitting room, seven individual bedrooms, store rooms and shared bathrooms. At the time of the inspection, the kitchen area was in

the process of being reconfigured to make it more accessible to residents. The provider was waiting for new flooring to be installed which was planned shortly following the inspection. Similar to the first bungalow, the premises was generally well maintained, however there were some areas for review. For example, each bedroom door and the main bathroom door had windows. While the bedroom windows had blinds, the main bathroom window while frosted did not which meant at times that the bathroom could be viewed from the communal hallway. The measures in place to ensure residents' privacy and dignity was respected at all times required review. Also, one residents bedroom was previously a shared room. While it was now a individual bedroom, privacy curtain trackers were still installed on the ceiling of the bedroom and required attention.

Later in the afternoon, the inspector returned to the first bungalow and met with residents who had returned home for the evening. The three residents were just after having their dinner. The residents were spending time in the kitchen and relaxation room watching TV.

In addition the inspector observed some practices which required attention. For example, the inspector observed some staff wearing uniforms, residents' medication being stored in large clinical trolley in the office, residents laundry was managed centrally and nightly checks were being carried out for all residents. While some food and snacks were available in the houses, residents dinners were provided by a central kitchen. These practices were institutional in nature and required review.

The inspector reviewed four questionnaires completed by residents, some with the support of staff. The residents' questionnaires had positive feedback on many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

Overall, the residents appeared content and comfortable in their homes. The inspector observed the staff team supporting the residents in an appropriate and caring manner. However, some improvement was required in resident rights, restrictive practices, areas of the premises, governance and management and staffing arrangements.

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 the service provided was safe, consistent and appropriate to residents' needs. However, improvement

was required in ensuring governance and management systems were effective and the staffing arrangements required review.

There was a defined governance and management structure in place. The centre was managed by a suitably qualified and experienced person in charge. The annual review and six-monthly provider audits had been carried out as appropriate. However, the inspector found that the governance and management systems in place to identify and address issues required improvement.

On the day of the inspection, the inspector found that the staffing arrangements in place required review. The roster demonstrated that there was an established staff team in place which ensured continuity of care and support. However, due to the recent changing needs of residents the staffing arrangements required continued review. From a review of training records, the inspector found that the staff team had up-to-date training. This meant that the staff team had the skills and knowledge to effectively provide care and support to residents.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for this designated centre alone and 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 January 2026, there was an established staff team in place and the centre was operating with a full staff complement. Where cover was required regular relief

and agency staff were used. This ensured continuity of care and support provided to residents.

In the first bungalow, the four residents were supported by two staff in the morning, three staff in the evening. At night the four residents were supported by one waking night staff. In the second bungalow, the seven residents were supported by one nurse and two health care assistants during the day. At night the seven residents were supported by two waking night staff. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

However, the staffing arrangements required continued review. At the time of the inspection, one resident's health and mobility needs were changing. In addition, at night in the second bungalow one waking night staff member leaves the house to provide support to a community house. The inspector was informed that the management team were monitoring the effectiveness of this arrangement.

Judgment: Substantially 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, it was evident that the staff team had up-to-date training in areas including fire safety, safe administration of medication, safeguarding, manual handling and de-escalation and intervention techniques. There was evidence that refresher training had been identified and scheduled as required.

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: Compliant

### Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the services manager, who was also the clinical governance lead of the organisation, and the Chief Executive Officer. The person in charge was responsible for this designated centre alone.

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 kitchen in the second bungalow was being reconfigured on the day of the inspection.

However, the inspector found that the governance and management systems in place to identify and address issues in service delivery required improvement. For example, blanket night-time checks had been identified in previous inspections of other centres operated by the provider as an area for improvement. The issue remained outstanding in this centre at the time of the inspection. In addition, there were a number of institutional practices such as central kitchen and central laundry which required attention.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

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 was evident that incidents and accidents were recorded, reviewed and responded to. In addition, the person in charge completed a quarterly review of incidents and accidents to identify possible

trends. 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 striving to provide person centred care and support to the residents. However, some improvement was required in premises, restrictive practices and residents rights.

The inspector reviewed the a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs.

There were appropriate systems in place to keep the residents safe. For example, safeguarding plans were in place for identified safeguarding risks. In addition, a review incidents and accidents demonstrated that the were appropriately managed and responded to.

The inspector found that improvement was required in the systems in place to promote and protect residents rights. For example, there were limited process and procedures in place to support residents make decisions and consent to procedures. In addition, there were a number of restrictive practices and institutional practices which required attention.

## Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of the residents. The designated centre consists of two houses located in a campus based setting within a close proximity to each other.

The two houses were generally well maintained and residents bedrooms were personalised with residents belongings and pictures of people important in their lives. While there were areas of paint and plaster which required attention, these had been identified by the provider.

The first house is a bungalow and comprised of kitchen, dining room, living room, relaxation room, visitor room, office, four individual resident bedrooms (two of which were en-suite), a resident's personal sitting room, three store rooms and

shared bathrooms. The second house is a bungalow and comprised of kitchen, dining room, sitting room, seven individual bedrooms, store rooms and shared bathrooms. At the time of the inspection, the kitchen in the second bungalow was being reconfigured.

However, the suitability of the bathrooms to meet the needs of some residents required review. For example, two bathrooms in the second bungalow had wooden beams and crash mats installed to support residents to remain independent with personal care. However, the suitability of the equipment, particularly in relation to infection prevention and control, required review. Also, the privacy curtain trackers installed on the ceiling of one bedroom required attention.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place to guide the staff team in supporting the residents with their identified needs, supports and goals. The inspector reviewed a sample of residents' personal files and found that the care plans were up-to-date and appropriately guided the staff team in supporting the residents. For example, from a sample reviewed there was clear evidence of implementation and review of residents plans under feeding eating and drinking supports, catheter care and end of life planning.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and behaviour support guidelines were in place which appropriately guided the staff team in supporting the residents as needed. From a sample reviewed, it was demonstrable that the residents were facilitated to access appropriate health and social care professionals including psychiatry and psychology as needed.

The provider had systems in place to review and manage restrictive practices. There were some restrictive practice in use in the designated centre including restricted access to kitchen, bed rails and fall alarms . From the sample of restrictive practices reviewed by the inspector, these had been reviewed by the provider within the last year.

However, night checks were being carried out for all residents and implemented as a blanket approach to care and support and was not informed by assessment of needs or recommendations from health and social care professionals. The resident specific

rationale and reasoning for this level of surveillance of all residents at night was not clear. This practice required review to ensure it was in line with each residents specific assessed needs.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider had systems to keep the residents in the centre safe. The inspector reviewed incidents occurring in the centre for the period January 2025 to January 2026. There was evidence that incidents were appropriately managed and responded to. Staff 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.

Judgment: Compliant

### Regulation 9: Residents' rights

There were clinical and institutional practices in place which required review to ensure they are in line with an individual rights' based approach to care and support. The practices included:

- the centre is based on a campus which was institutional in nature/design whereby residents were observed to be managed and supported as a collective as opposed to individuals,
- historical restrictive practices including bedroom door with two door handles and bedroom door alarms,
- the measures in place to ensure residents' privacy and dignity in relation to the windows in residents bedroom doors and the main bathroom door
- medication being stored in large clinical trolley in the office
- centralised kitchen and laundry
- some staff were observed wearing uniforms,

In addition, there was a need to develop formal processes and procedures regarding assisting residents to make individual decisions, informed consent and assessing capacity to make decisions when required.

Judgment: Not 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Willow Residential Services OSV-0008506

Inspection ID: MON-0041018

Date of inspection: 27/01/2026

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            In regard waking night staff where there are two staff members on duty in one location and where one staff member leaves the house for a period of up to 1 hour nightly to provide support to a community house where there is 1 member on staff on duty and where a second member of staff is required for a short duration, this practise remains subject to on-going review. The further review will consider the impact of the staff member staff leaving one location and moving to a second location and for the 1 hour duration the review will consider for the 2 Designated Centres the appropriateness on the care and support provided.</p> <p>In consultation with the resident who requires increased support ,the resident agreed to transfer to the higher support area within the designated centre on 09/03/26.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            In regard to blanket night-time checks of residents, a risk assessment for each resident will now be undertaken for the on-going requirement and the rationale for night time checks to be clearly identified and where the outcome of the risk assessment indicates night time checks are not necessary and no rationale is identified then this practice will cease. The on-going requirement will remain under review. A review of institutional practices types identified such as dependency on central kitchen and central laundry will</p>	

be undertaken with targeted outcomes geared towards increased levels of food preparation within the homes of residents and greater use of washing machines within the home for residents own personal clothing thereby reducing reliance on the central services.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 The two bathrooms where wooden beams and crash mats were installed to support residents to remain independent with personal care will be reviewed by the Occupational Therapist and the equipment to be replaced with mobility aids that support the improved management of infection prevention and control. There is another bathroom within the home that is due for renovation and the support of the Occupational Therapist will be sought to ensure the bathroom will meet the residents' support needs and infection control requirements.  
 The privacy curtain trackers installed on the ceiling of one bedroom which are no longer required have now been removed.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 In regard to blanket night-time checks of residents, a risk assessment for each resident will now be undertaken for the on-going requirement and the rationale for night time checks to be clearly identified and where the outcome of the risk assessment indicates night time checks are not necessary and no rationale is identified then this practice will be ceased. The on-going requirement will remain under review.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 In regard to supporting residents with the minimal of clinical and institutional practices in place a review of the current practices will be undertaken to ensure they are in line with

an individual rights' based approach to care and support. The review will focus on

- Residents person centred plans and outcomes to ensure individual goals are in place and achieved.
- Historical restrictive practices including bedroom door with two door handles and bedroom door alarms will be removed.
- To ensure residents' privacy and dignity all bedroom and bathroom doors will be reviewed and upgraded where relevant.
- A review of medication storage and the requirement for a large clinical trolley in the office in each location to be undertaken .
- A review of institutional practices identified such as dependency on central kitchen and central laundry will be undertaken with targeted outcomes geared towards increased levels of food preparation within the homes of residents and greater use of washing machines within the home for residents own personal clothing thereby reducing reliance on the centralised kitchen and laundry
- In regard to members of staff wearing uniforms further collaboration with staff teams around rationale for dress code that is suitable for the residents homes and in the main staff members clothing should be neat, clean, and professional, while also being practical for providing care and support to residents. Wearing of uniforms to be confined to periods where there is an outbreak of COVID 19 or other easily transmissible infections

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2026
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/08/2026

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/08/2026
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	31/08/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the	Not Compliant	Orange	31/08/2026

	freedom to exercise choice and control in his or her daily life.			
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