



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

Issued by the Chief Inspector

Name of designated centre:	Ashwood House
Name of provider:	Kerry Senior Care Ltd t/a T1 Healthcare
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	11 February 2026
Centre ID:	OSV-0008578
Fieldwork ID:	MON-0041085

About the designated centre

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

The centre provides a residential service for up to six adults, over the age of 18 years, both male and female with an intellectual disability. The aim of the service is to provide a familiar, comfortable, safe and community based and homely environment. The centre is a detached house. There are six bedrooms, of which four have en-suite bathrooms. There are four communal bathrooms. The centre is located in a rural setting and in close proximity to a nearby town. Residents are supported through a social care model of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 11 February 2026	09:00hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre Ashwood House. This centre was registered to provide full-time residential services to a total of six adult residents. At the time of this inspection, four residents lived in the centre. This inspection was completed to make a decision regarding the registered provider's application to renew the registration of the centre for a further three year cycle.

A high level of compliance with the regulations was identified on the inspection day. Residents were supported by the staff team to receive a high quality of care and support in their home. It was evident that residents had been supported to make connections in their local community, and that they were included in decisions relating to their care and support.

On the day of the inspection, the inspector met with three of the four residents living in Ashwood House. One resident used manual signing to say hello to the inspector before they went to their day service. Staff members told the inspector that the resident was in 'great form' on the inspection day and they were observed to be smiling as they met with the inspector in the kitchen of their home.

One of the residents met with had been supported to access new seating which was bespoke to meet their assessed needs. This included a new wheelchair and recliner chair. The resident was observed sitting in both of these, and it was evident they appeared comfortable as they did so. At this time, the resident was smiling and laughing as they interacted with staff members and the inspector, and their body language appeared relaxed.

Throughout the inspection day, residents were supported to attend day services and their local community. One resident had a scheduled day off from their work placement and after completing some college work, decided to go out for lunch with staff members.

Each of the four residents had an individual car that staff members drove to support them to access college, day services and their local community. One of the residents had a keen interest in cars and had recently passed their driver theory test. They told the inspector that when they were to receive a new vehicle, they had specific requirements and specifications for the vehicle they would like. Staff supported the resident to meet with senior management to discuss the brand, model and specifications of the vehicle they would like. After negotiations with the provider, an agreement was made with the resident receiving a new electric vehicle. The resident proudly brought the inspector outside to see the new car and discussed the consultation process with the registered provider. It was evident from this interaction that this consultation was very meaningful for the resident.

The premises of the designated centre comprised of two adjoining homes which were connected via an internal door in the upstairs of each house. Each of the houses had a fully-equipped kitchen with dining area, a sitting room, laundry facilities and bathrooms. The centre also had a large garden with two swings for residents to use.

The inspector saw three of the four residents' bedrooms. It was observed that these were decorated to reflect the individual likes and preferences of each resident. For example, one resident had adopted a donkey at a local donkey sanctuary. Their bedroom was decorated with artwork and paintings of donkeys, including the donkey they had adopted. Staff spoken with noted that this resident had a strict daily routine each day for which they completed specific activities. As part of their daily activity plan, the resident went to feed animals including their adopted donkey and other donkeys in their local area.

One resident had a pet cat that they had adopted after moving into the designated centre. The resident had recently bought their pet cat a new collar with a bell. It was evident that the resident loved their pet and they spoke about their interest in cats, including the cats of family members that they visited.

Questionnaires had been completed by residents and their representatives about the care and support they received in their home as part of the centre's annual review in 2025. One resident's representative had stated that the service was 'very good' and that there was nothing that they would change about the service provided. The inspector was also provided with three surveys completed by residents and their representatives to tell the inspector what it was like to live in their home. The response to these questionnaires was positive with residents noted they could make decisions about their care and support. One resident noted that they were supported to go swimming, to the gym and for days outs.

During the inspection day, one resident told the inspector that they were happy living in Ashwood House. While two of the residents met with did not communicate their views on what it was like to live in their home, they were both observed smiling as they interacted with staff members and the inspector.

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

Ashwood House was the first designated centre registered by the provider in July 2023. The first inspection of this centre in June 2024 identified a high level of non-

compliance with the regulations, with the centre entering a period of escalated regulatory review by the Chief Inspector of Social Services. The centre was inspected for a second time in September 2024 where a significant level of non-compliance was also identified. As a result, the registered provider attended a cautionary meeting where the areas of non-compliance were discussed.

A subsequent inspection was completed in February 2025 which found an increased level of compliance with the regulations. Although some regulatory non-compliance remained, the increased compliance levels overall led to the centre exiting the escalation process at this time.

This inspection of Ashwood House found that the registered provider was in compliance with all of the regulations inspected. This included the regulations where non-compliance had previously been identified during the current registration cycle. This evidenced a significant improvement in the oversight and management of the designated centre since the inspections completed in 2024 and 2025.

Throughout the inspection day, staff and management in the centre noted that consistent staffing was being provided to residents. Management in the centre were complimentary of the staff team stating that they advocated for residents living in Ashwood House. It was evident from meeting and speaking with staff members throughout the inspection day that they knew the residents well, including their likes, dislikes and behavioural support needs.

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 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. The person in charge commenced this role in May 2025 following the departure of the previous person in charge. This person worked full-time, and fulfilled the role of person in charge for two designated centres operated by the registered provider.

The inspector reviewed prescribed information that was submitted to appoint this person to the role of person in charge, and to progress the application to renew the centre's registration. The inspector also met with the person in charge on the day of this inspection. It was evident that they held the necessary skills, qualifications and experience to carry out the role. It was also noted that the person in charge's experience and qualifications were in line with the assessed needs of the residents who lived in Ashwood House.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place in the designated centre ensured that the service provided to residents was safe, appropriate to residents' needs and effectively monitored. A clear governance structure was in place, as outlined in the centre's statement of purpose. All staff reported to the centre's team leaders and person in charge. There were plans to increase the governance and oversight of the centre by introducing two deputy team leaders after this inspection had taken place to increase the managerial presence in the centre. An on-call management system was also in place to ensure managerial oversight outside of regular working hours.

Auditing was carried out by the person in charge and the staff team to ensure effective oversight and monitoring in the designated centre. This included;

- Weekly environmental audits
- Weekly vehicle inspections
- Medicines audit
- Care plan reviews
- Health and safety audits
- Human rights audit
- First aid audit
- Safeguarding audit.

An annual review of the care and support provided to residents living in Ashwood House had been completed by the registered provider in 2025. This included consultation with residents living in Ashwood House and their representatives. In addition, six monthly unannounced visits had been completed in the centre in January 2026 and July 2025.

Staff team meetings were held in the centre on a monthly basis. The inspector reviewed records of the staff team meetings completed from January 2026 to June 2025. These meetings included a review of accidents and incidents that had occurred in the centre, and risk management processes in place. It was also noted that the assessed needs of each resident were discussed to ensure staff were up-to-date with the supports being provided to each resident.

A review of records in the centre identified that staff working in the centre had received a supervision meeting with management on a quarterly basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Since the inspection completed in February 2025, one resident had been admitted to the designated centre where they received full-time residential support. Staff spoken with noted that the resident appeared to have settled into their new home. An admission plan had been developed for the resident at the time of their move to residential care. This admission plan was reviewed by the inspector on the inspection day. It included the details of an assessment of the resident's needs, and a visit to the designated centre before their admission. The registered provider had ensured that the admission of this resident took into account the need to protect all residents from abuse by completing a compatibility assessment.

The inspector reviewed two of the residents' agreements which outlined the terms on which they would reside in Ashwood House. The terms of the agreements included the supports the residents received in their home. This was consistent with the centre's statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted that it outlined the specific care and support needs for residents living in Ashwood House.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had ensured that the Chief Inspector had been provided with notice in writing within three days of adverse incidents occurring in the centre, as outlined under this regulation. The inspector reviewed the centre's incident report records from August to December 2025. This review noted that the incidents recorded had been notified as required.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy had been developed by the registered provider in June 2023. This policy included details on the management of complaints in the organisation. An accessible complaints procedure was available to residents in each of the centre's houses.

The inspector reviewed the complaints log in the centre. There had been no complaints in 2025, with one complaint having been received in 2026. There was evidence that this complaint had been forwarded to the organisation's complaints officer who had met with the complainant. A number of actions had been taken in response to the complaint, with the complainant noted as being satisfied with the outcome of their complaint.

15 compliments were documented in the compliments and complaints log in 2025. These included compliments regarding the staff team and the achievements of the residents living in Ashwood House.

Judgment: Compliant

Quality and safety

Significant improvements had been made during the centre's registration cycle to improve residents' wellbeing. This included improvements to risk management and the guidance for staff members to support residents with behaviours that may challenge. This ensured that residents received a safe service in Ashwood House.

Throughout the inspection, the inspector observed that residents appeared comfortable, content and happy living in their home. Evidence from speaking with residents, staff members and reviewing documentation such as personal files and photographs of residents highlighted the efforts made to provide a wide variety of activities to residents, and to support them to engage in their local community. It was also evidenced that positive risk taking was implemented to ensure residents were supported to engage in activities of their choosing, in line with their likes and interests.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted to communicate in accordance with their assessed needs and wishes. One resident was observed using a manual sign system to communicate. Management in the centre noted that all staff had received training in this communication method, and that there was a folder of signs used by the resident to support staff to use this communication method with the resident.

It was also evident that residents were supported to use assistive technology to communicate. A second resident was observed using a computer device to watch programs they enjoyed. Staff members noted the resident also used this to communicate. Staff members and the resident's family had been provided with training on the use of this assistive technology by a speech and language therapist. Staff spoken with noted that the use of this system had been very positive for the resident.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents were supported to access opportunities for education, training and employment. One resident had graduated from college in 2025 and had returned to third level education where they were completing a different college course. As part of their college course, the resident attended a placement in a local garage. Staff noted that the resident had been very proud when they approached the garage who had agreed to pay the resident for their work placement. The resident told the inspector that they were saving their money to complete driving lessons. Staff were supporting the resident to find a driving instructor as part of the personal planning process in the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was laid out to meet the objectives of the service, and the number and assessed needs of residents. The inspector completed a walk-around of Ashwood House on the morning of the inspection. Each of the four residents living in Ashwood House had their own private bedroom with two further bedrooms available should these vacancies be filled. The residents' home was observed to be clean and suitably decorated.

Photographs were on display through the residents' home. Staff noted that one resident preferred to spend time in the kitchen and dining area rather than the sitting room. Therefore a television had been installed in this area so the resident could watch this as they relaxed in the kitchen.

The registered provider had made provision for suitable storage in the residents' home. One of the residents enjoyed collecting cars and model sets that they had built. Due to the size of their collection, the resident had been supported to use a store room to display and store their collectibles.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect to the designated centre. This guide included the information required under this regulation to include a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk in the centre. The inspector reviewed four risk assessments relating to the care and supported provided to residents in their home. It was noted by management in the centre that there were no high risk-rated or escalated risks in the designated centre at the time of this inspection. Where risks had been identified, a risk assessment had been developed to include the control measures in place. It was noted that in response to the findings of the previous inspection in February 2025, control measures included access to items that could be used to cause harm in line with the assessed needs of a resident.

The registered provider had ensured that vehicles used to transport residents were deemed to be roadworthy. Four vehicles were provided by the registered provider to support residents to access college, day services and their local community. The inspector observed two of these vehicles which had evidence of valid insurance in place. Weekly vehicle audits were completed by staff in the centre to ensure any issues were identified and reported in a timely manner. The inspector also observed staff members clamping a resident who used a wheelchair into their vehicle in a safe manner.

A risk management policy had been developed by the registered provider. This contained the information specified under this regulation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of two of the residents living in the designated centre. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs.

Residents had been supported to identify and develop goals as part of the personal planning process in the centre. Residents met with spoke about their goals including a resident who wanted to go on a holiday. The resident spoke about their dream holiday destination and that they had been supported to apply for their passport to progress their plans for a holiday in the future. The resident was considering the prices of destinations they would like to travel to in the future. It was evident that residents' goals were broken into steps to support them to achieve these goals.

An adventure book had been developed for one resident to record photographs of them accessing their local community. Staff spoken with noted that this resident's community access had increased since the inspection completed in February 2025. The resident had been supported by staff members to use public restrooms successfully, therefore increasing the location and duration of social and community activities they could access. In the resident's personal plan, they had a goal to visit new places, with using public restrooms being an identified step towards achieving this goal. A social story had been developed to support the resident with this. Staff members discussed a recent trip on a ferry that the resident enjoyed. This was also evident from the photographs viewed by the inspector. Staff also noted that the resident had attended the Christmas markets in Galway. These activities were made possible by the progress of this new skill by the resident and it was evident it had a positive impact for them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Three of the residents living in Ashwood House had a positive behaviour support plan that the registered provider referred to as 'stress support plans'. These plans guided staff members how to support each individual resident. These had been developed following the addition of behaviour support specialists to the multi-

disciplinary team in the designated centre. This was an action outlined in the compliance plan response for the previous inspection report of Ashwood House.

Staff spoken with noted that they had weekly multi-disciplinary meetings with the behavioural support specialists to develop and review the residents' behavioural support plans. As residents' behaviour support plans were now in place and incidents had reduced in the centre, the frequency of these meetings had also been reduced. When incidents did occur, an incident review was completed. Areas for learning and improvement were identified and included in a review of the behaviour support plans when deemed necessary.

Restrictive practices in place for each resident was outlined in their behaviour support plans. This included the rationale for these restrictive practices and guidance on their use.

Judgment: Compliant

Regulation 8: Protection

The registered provider had put measures in place to ensure residents were protected from all forms of abuse. The registered provider had developed a policy on the safeguarding of vulnerable adults in June 2023. This policy included information for staff members on the types of abuse, and the procedure for raising concerns of a safeguarding nature.

There were no open safeguarding plans in the designated centre at the time of the inspection. The person in charge noted that learnings and actions from previous incidents of a safeguarding nature had been incorporated into residents' personal plans to ensure a proactive approach to the safeguarding of residents.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant