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:	Hillside House
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	14 April 2026
Centre ID:	OSV-0008590
Fieldwork ID:	MON-0041363

About the designated centre

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

Hillside House consists of a bungalow building sub-divided into two individual apartments. The designated centre is located off a main road and close to many local amenities. The designated centre can provide full-time residential care for up to two individuals with intellectual disabilities, both male and female, over the age of 18. The centre is divided into two separate apartments, with an interconnecting corridor between the two apartments. Each apartment had its own front entrance. Staff support is provided 24 hours a day by health care assistants and a person in charge. Nursing care is available to residents if required.

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
Tuesday 14 April 2026	10:00hrs to 18:00hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to assist in informing a decision in relation to renewing the registration of the designated centre. Using observations, engagement with residents and staff and reviewing records related to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care, in line with their assessed needs.

The designated centre comprised of one property which was divided into two separate apartments, with a third space, which both staff teams utilised but residents did not have access to. Each apartment was home to one resident. The centre was located in an urban area of Co. Kilkenny. Each resident's apartment consisted of a kitchen/dining/sitting room and a bedroom, which was en-suite.

Both apartments were well-maintained, clean and homely. The interior of one of the apartments was being painted, which was a process that was taking some time, in line with the resident's wishes. Both apartments were decorated in line with the residents' preferences and contained their personal items. One resident greatly enjoyed a particular genre of music and they spoke with the inspector about various venues they attended on a weekly basis in line with this interest.

The inspection was facilitated by the centre person in charge and two members of the provider's management team who attended the centre at points throughout the day. On arrival to the centre, the inspector sat with one of the residents as they were getting ready to start their day. The inspector then met with the second resident and a member of their family before they headed out for the day.

The inspector received feedback from one resident's family member regarding their experience of the service provided to their relative. They spoke about some of the positive results of the move to the centre for their relative. They also spoke about some concerns they had regarding the service and some long standing issues which were not yet resolved. These were currently sitting with an external organisation for input.

Residents spent their days engaged in activities in line with their interests. Residents had access to a vehicle each and were supported by one staff member each on a 24 hour basis. This facilitated the residents to engage in a daily life that reflected their interests and with the things they enjoyed doing. Residents regularly took trips to different towns and locations to explore new places. One resident had recently gone on an overnight breakaway with staff support. This had been a goal of the resident and something they had enjoyed doing.

During the inspection, the inspector observed the person in charge and staff supporting the residents in a person-centred, professional and caring manner.

Residents clearly enjoyed spending time with staff and appeared relaxed and happy in their company. One resident spoke with the inspector regarding their staff team and spoke very positively about the support they received from staff. The person in charge and staff spoken with were very knowledgeable of the residents' needs and the supports in place to meet those needs. One staff spoken with had worked with one of the residents for an extended period and was now beginning to work with the other resident on a one to one basis. The resident was already familiar with the staff from their presence in the centre.

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

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 provider had ensured that there was management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored.

Regulation 14: Persons in charge

The person in charge was employed by the provider in a full-time capacity and had the necessary qualifications and experience to fulfil the role, in line with the regulations. The person in charge facilitated this inspection and demonstrated good understanding of the residents and their needs. They were clearly an important person in supporting the residents with their needs.

The person in charge had responsibility for four designated centres. The person in charge detailed the arrangements in place in each centre to ensure there was appropriate oversight for each centre. From a review of documentation and speaking to staff, the inspector established that the person in charge was a regular presence in the centre. Staff spoken with felt supported in their role by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the residents. The staff team consisted of a social care worker and health care assistants. The person in charge spoke to the inspector around the importance of staff working with residents who are familiar to them and there was arrangements in place in the staff team to ensure this. For example, there were arrangements in place around staff taking leave. Each resident was supported by one staff member during the day and a sleepover staff each at night.

There were planned and actual rosters in place in the centre. A review of the rosters for February and March 2026 demonstrated that the residents had been supported by a consistent staff team. For the month of March 2026, three shifts in the centre had been covered by members of the provider's relief staff team. This was to cover unexpected leave among the core staff team. These relief staff had previously worked with the resident in another designated centre.

The inspector reviewed the staff files of three staff members working in the centre. They contained all the requirements of Schedule 2. For example, all three staff members had been vetted with An Garda Síochána.

Team meetings were taking place in the centre, every 6-8 weeks, in line with the provider's policy. The inspector reviewed the minutes from the last two team meetings. There was a set agenda which included restrictive practices, adverse incidents and infection prevention control. The minutes identified actions and the staff member assigned to complete them.

Judgment: Compliant

Regulation 16: Training and staff development

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. There was a staff training matrix in place in the centre, which the person in charge used to monitor when staff were required to complete refresher training in each area.

The inspector reviewed the training matrix and found that all staff had completed all training that was considered mandatory for the centre to meet the needs of the residents. One staff was due to complete a refresher training in first aid. The person in charge provided assurances regarding the date the person was booked in to complete this. Training that staff had completed included safeguarding of vulnerable adults, medication management and introduction to infection prevention control.

Staff had also completed training in supporting the residents to exercise their rights which included training in the fundamentals of advocacy, human rights based approach in health care and assisted decision making legislation.

The person in charge had responsibility for completing supervision meetings with the staff team. A review of the supervision records for three staff members demonstrated that supervision meetings were taking place twice yearly, in line with the provider's policy

Judgment: Compliant

Regulation 23: Governance and management

The provider and the person in charge had ensured that the centre was adequately resourced to deliver effective and person centred care. There was a full time person in charge in the centre and, at the time of this inspection, there was a full staff team in the centre.

Staff spoken with felt supported in their roles by the person in charge. There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There was a number of audits taking place in the centre, including an unannounced six monthly audit, medication management audit, food and nutrition audit and financial audit. A review of the most recent six monthly audit showed that some actions had already been completed and any outstanding actions were within their identified timeframe for completion.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff team were very knowledgeable about the support needs of the people who use the service. Each resident had access to their own vehicle to facilitate their daily lives.

There was an annual provider review of the quality and safety of care and support in the centre. Residents and their representatives were consulted for their feedback on the service over the course of the year.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector of Social Services in line with the requirements of the regulations. Overall there were a very small number of incidents occurring in the centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the people who accessed services in the designated centre. The people who lived in this centre enjoyed a safe and quality service in their home.

Residents were provided with opportunities to take part in activities which matched their interests and were supported to develop and keep personal relationships and links with the wider community in line with their preferences

Regulation 10: Communication

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

One resident used an alternative and augmentative electronic device to aid them in their communication. Staff spoke about how the resident uses this device and how it supported them in their communication with the resident. This was also reflected in the resident's communication support plan. The staff spoke about how the resident also used their mobile phone to communicate with staff, for example, by searching

on their phone for the place they wished to visit. The inspector observed the resident using this method of communication during the inspection.

There was a written weekly schedule displayed in one resident's apartment which included the name of the staff on duty each day. Staff and the person in charge discussed how important this was to the resident in helping them plan for the week.

The support one resident received around their communication needs included the use of accessible support plans. One had recently been reviewed with the resident around maintenance work being completed in their home. There were also in place to support the resident with the restrictive practices that were in place in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and be included in their chosen community, in line with their wishes.

Residents regularly spent time with their families and this was something that was clearly very important to both residents. From speaking to residents and staff and reviewing the daily notes for each apartment, it was clear that residents were living active and self-directed lives. Each resident had their own interests and as each was supported by their own staff, 24 hours a day, their daily lives were centred around their interests.

Residents engaged in a wide variety of interests, including live music performances, social dancing, going for walks, surfing, bowling, swimming, golf and horse riding. One resident was involved in a number of organised activities to build their skills, which included, attending classes in yoga, pottery, art and cooking.

One resident was being supported to access opportunities for education. They were competing a computer course, which was also proving to be a social outlet for them. Another resident was supported to maintain their friendships by regularly meeting with their friend for catch ups.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean, warm and welcoming on the day of the inspection. As mentioned above, this centre was divided into two separate

apartments. Each apartment was entirely each resident's own and this was something which was important to each resident.

Both residents' living spaces contained their personal items. They were decorated in line with their preferences. Painting works were being carried out in one apartment and this was being completed in line with a timeframe of the resident's wishes.

The provider was responsive to issues with the premises. Members of the provider's maintenance team were present in the centre during the inspection to address an issue that had arisen the previous night. It was noted by the inspector that an item of furniture in one resident's apartment showed signs of wear and the provider confirmed that this was in the process of being replaced.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire. The provider had very recently changed competent fire personnel providers and the new company had completed a walk around of the centre and were due to complete the servicing of the portable firefighting equipment, which was due.

Residents had personal emergency evacuation plans in place. These had all been reviewed in recent months and documented the supports residents required in the event of an emergency evacuation of the centre.

Fire drills were regularly taking place in the centre, in both day and night time scenarios. A review of the records of the fire drills which had taken place this year demonstrated that no issues had been identified during these drills.

Staff were conducting checks to ensure that effective fire safety systems were maintained in the centre. For example, staff completed daily checks on the means of escape routes and the emergency lighting.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to health and social care professionals, as required.

Residents had access to a range of health and social care professionals which included, speech and language therapists, chiropodists, psychiatrists and general practioners (GPs).

The inspector discussed a recent healthcare issue that had arisen for one resident with the person in charge. The person in charge showed the inspector some changes that been made following this. They also discussed how they were following the advice of the relevant health and social care professional in relation to this.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Chief Inspector of Social Services, as required by the regulations.

There was evidence of restrictive practices being reviewed by the provider to ensure that they were necessary. For example, the last six monthly unannounced audit in the centre had reviewed the restrictive practice of each apartment being stand alone and the locked doors between them. The review found that as each resident had been assessed as requiring individualised services, there could be a significant negative impact on both residents if this restrictive practice was removed.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. The inspector reviewed one positive behaviour support plan and found it had been reviewed in January 2026 by a relevant health and social care professional. It contained proactive and reactive strategies to support the resident with their needs.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant