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:	Unannounced
Date of inspection:	24 July 2025
Centre ID:	OSV-0008590
Fieldwork ID:	MON-0047482

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 four individuals with intellectual disabilities, both male and female, over the age of 18. In the centre there are four bedrooms, three of which are en-suite, a bathroom, two kitchen/dining/living areas and a laundry room. There is an interconnecting door between the two apartments. Each apartment had its own front entrance. Staff support is provided 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
Thursday 24 July 2025	09:30hrs to 17:00hrs	Sarah Mockler	Lead
Thursday 24 July 2025	09:30hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of this inspection was to focus on safeguarding and to ensure that residents were safe and happy in the centre they were living in. Overall inspectors found that the residents living in the centre were safe, well cared for and had a good quality of life.

The inspectors had the opportunity to meet with both residents living in the designated centre on the day of inspection. One resident was heading out for their daily activities on the morning of the inspection. Inspectors greeted them and spoke with them briefly. The resident greeted them with a smile and used some individual communication methods. The resident appeared very happy heading out with staff in the service vehicle. The resident had recently moved to the designated centre and this recent move seemed to be a smooth transition for the resident. Familiar staff from the resident's previous placement were working with them in their new home and the resident's personal belongings such as pictures and games were noted around the centre.

Inspectors had the opportunity to sit down with the second resident living in the centre, who had just finished their breakfast and was having a cup of tea. The resident told the inspectors about recent activities they had attended, including some dances and concerts and showed the inspectors some videos from the events. The resident then showed inspectors their bedroom. The resident was a fan of a particular singer and pictures of this singer were noted all around their environment. The resident appeared happy with their bedroom and proud of their space which had been decorated to suit their preferences. The resident was supported by a familiar staff member and they appeared comfortable in their presence. Inspectors asked the staff member and the resident what their plans were for the day and plans appeared to be directed by the resident and their preferences on the day. The resident and staff communicated that they were planning to meet a friend and go for a walk by the beach and then they planned to go for lunch.

As part of the inspection, family members of residents were given the opportunity to speak with the inspectors if they so wished. One family member choose to speak with one of the inspectors. They expressed that overall they were a happy with the care and support being provided. They were dissatisfied with some aspects care and had availed of the complaints process in relation to this. The provider was aware and progressing the complaints in line with their policy.

Both residents lived in two individual apartments and these had an interconnecting door. Neither resident accessed this door or accessed each others apartments. One resident had just recently moved to the centre and the residents had not yet fully communicated or engaged with each other. The residents' apartments were well maintained and were clean, homely and personalised to suit the residents needs and preferences.

The staff team was a mix of social care workers and healthcare assistants. The staff team working with the residents were consistent and knew the residents very well. Warm, personal and familiar interactions were observed between the staff and both of the residents and care being delivered appeared person-centred. The staff were observed to treat residents with dignity and respect over the course of the inspection

Both residents had a number of personalised social goals in place and it was evident that staff were supporting them to achieve these. Some goals included day trips, going glamping, partaking in art therapy and horticulture and joining a triathalon club. One resident had a number of scheduled evenings out at local dances and concerts. On the walk around the inspectors noted that the staff had helped one resident write down their activity plan for the day. They had chosen to go and do some water activities, go out to a cafe for lunch and return home for dinner later in the day.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in the centre which included regular audits and reporting safeguarding concerns if they arose in the centre. Overall, the systems in place were effective in ensuring good quality and safe care was delivered to both residents in the designated centre.

The centre had had two previous inspections within the past 18 months. It was evident that sustained improvements in levels of compliance were achieved for the centre resulting in positive outcomes for the residents that lived there.

Regulation 15: Staffing

The inspectors reviewed staffing arrangements within the centre and found that residents were in receipt of a consistent, high quality level of care from their staff team. There were appropriate numbers and skill mixes in place to meet the assessed needs of the residents. The staff comprised of a core team of four staff members who were social care workers and healthcare assistants. Nursing care was also available to the residents within the organisation if required.

The staff team was consistent and knew the residents very well. Warm, personal and familiar interactions were observed between the staff and both of the residents and care being delivered appeared person-centred. Agency staffing was not used in this designated centre due to the needs of the residents. The existing staff team was covering any holidays or sick leave internally. There were no staff vacancies on the day of inspection. The staff were observed to treat residents with dignity and respect over the course of the inspection

A staff rota was maintained and this clearly outlined staff on duty day and night and this was reflective of the staff on duty on the day of inspection. Two staff members were on duty in the centre during the day, providing wrap around care for both residents, and two staff members did a sleepover shift at night in the centre. Both residents received individualised support as part of their daily activation.

The inspectors reviewed four staff files and found that they contained all items set out in Schedule 2 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). This included up-to-date Garda vetting, evidence of staff identity and evidence of staff qualifications.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed training records for all staff working in the centre, including the person in charge. Training records reviewed demonstrated that all staff had up-to-date training and refresher training. Staff had completed training in a number of mandatory areas including:

- Fire Safety
- Safeguarding of Vulnerable Adults
- Medication Management
- Manual Handling
- Infection Prevention and Control and Hand Hygiene
- First Aid
- Behavioural Support
- Human Rights

The person in charge was completing formal one-to-one supervision with all staff members on a six monthly basis. The service senior manager was also completing these with the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There were clear management structures in place in the designated centre. There was a full time person in charge in place who shared this role with two other designated centres. It was evident that the person in charge had a regular presence in the centre.

Audits and regular checks were carried out within the centre by both the person in charge and senior management. An annual review of the quality and safety of care and support in the designated centre in 2024 was completed by the person in charge. One resident was living in the centre at the time of the review. The review included an audit of areas including safeguarding, personal plans, restrictive practices, residents health, the premises and staffing. The review had appropriately identified areas in need of improvements and had set out an improvement plan with clear timelines and persons responsible.

A six monthly audit was also completed in the centre which reviewed a number of areas including accidents and incidents in the centre and any outstanding actions plans. Residents and their family were consulted for their views as part of this review and staff were also interviewed. Clear action plans and timelines were set out following this audit.

Judgment: Compliant

Quality and safety

Systems were in place to regularly review and monitor the quality and safety of care and support in the centre. The staff team and management were striving to provide a safe and high quality level of care to both of the residents. For the most part residents were consulted with on aspects of their care and support.

At the time of inspection there were no open safeguarding concerns. However, staff spoken with were aware of how to manage, report, and investigate any allegations of a safeguarding nature if they occurred within the centre.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes.

Easy read information was available in relation to daily routines for one resident to

ensure that the resident was aware of what was happening across their day. In addition, it was noted that the resident used a variety of augmentative devices to assist with their communication. This included both the use of technology and other means. The use of the augmentative systems had been recentlyreviewed by a speech and language therapist and was deemed to be suitable for the resident. The inspectors saw that staff used a white board to plan out the activities for the resident and this was used effectively to communicate the daily routine.

Residents also had access to telephones and other such media as internet, televisions, radios and personal computers.

Judgment: Compliant

Regulation 17: Premises

The premises comprised of a bungalow that was sub-divided into two individual apartments for both residents. The inspectors completed a walk around of all aspects of the premises. Both apartments had kitchen/dining/living areas, an en-suite bedroom for residents and two staff sleepover room. There is an interconnecting door between the two apartments which was not accessed by residents. Each apartment had its own front entrance.

Both apartments were found to be very clean, nicely decorated, homely and well maintained. Residents' personal belongings were noted around both apartments. For example, one resident was a fan of a particular singer and pictures of this singer were noted all around their environment, along with pictures of family and friends. As the other resident had recently moved they were still in the process of personalising their space. They had commenced this and had hung pictures and had other preferred items on display. Photo frames had recently been purchased and staff were assisting the resident with picking out some pictures to display.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place in the centre for the assessment and management of risk. The premises was in a good state of repair and environmental risks had been considered and mitigated when necessary. The centre had a safety statement and this was prominently displayed in the centre and was available to staff and residents.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file, so as to support their

overall safety and well being. For example, the inspector reviewed individual risk assessments in relation to specific health risks, car safety, risks within the community and environmental risks. Individual risk assessments highlighted specific concerns and outlined resources in place to reduce the identified risks. These were regularly reviewed and updated when required.

There were systems in place to ensure incidents were reported and managed in an effective manner. This included a log of any adverse incidents such as falls or incidents of behaviours of concern. Overall there had been a decrease in the number of incidents for both residents indicating that the individualised approach to care and support was in line with their assessed needs. When incidents did occur they were discussed at staff meetings to ensure any learning identified was communicated with the staff team. For example, in team meeting notes in January and May 2025 specific incidents had been discussed with the staff team.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The centre used an online system where both residents had up-to-date assessments and personal plans. One inspector reviewed the plans in place for both residents. These were regularly reviewed by staff and management and included comprehensive plans to meet the residents' health, personal and social care needs. Both residents had a number of personalised social goals in place and it was evident that staff were supporting them to achieve these. Some goals included day trips, going glamping, partaking in art therapy and horticulture and joining a triathalon club. One resident had a number of scheduled evenings out at local dances and concerts.

A transition plan had been developed for one resident who had recently moved to the designated centre. This plan included input from an independent advocate, the staff team and the multi-disciplinary team. A review of the resident's environmental needs had been completed before the move, along with a review of the residents circle of support and potential risks. A social story had been developed by staff to support the residents transition.

Daily activation was directed by residents and their daily preferences. Both residents received individualised one to one support daily and enjoyed a number of varied activities including meals out, beach trips, swimming, surfing, meeting friends, walks, and everyday tasks and jobs such as grocery shopping, cooking, and appointments. Social stories and daily planners were used by residents and staff to plan for the day ahead.

However, financial assessments were not always in place to determine if residents were in a position to make large purchases or spend money over a certain budget. There was a lack of a clear assessment process in relation to this. This required

further review to ensure that all aspects of residents' needs were clearly and comprehensively assessed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Overall, there were systems in place to support residents in line with their assessed needs in relation to positive behaviour support. Both residents had input from suitably qualified health and social care professionals with associated stress support plans in place. The inspector reviewed one resident's stress support plan. It was found to be up-to-date and sufficiently detailed to guide staff practice. A function based assessment had been utilised to ensure the plan was in line with evidence based practices.

There were some restrictive practices used in the centre. For the most part, these restrictive practices had a clear rationale, were suitably assessed and reviewed on a regular basis. However, access to one room in the centre was limited at times, the rationale was not clear as to why this practice was in place. Due to the layout of the home this practice had no impact on the resident. Further consideration and review of this practice was required and this was discussed in detail with the person in charge and person participating in management on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded by staff and management and this was demonstrated in a number of areas reviewed on the day of inspection.

A review of all staff files found that all staff had up-to-date Garda Vetting place. All staff had completed up-to-date training and refresher training in the Safeguarding and protection of vulnerable adults. Any potential safeguarding incidents were recognised, reported and investigated in a serious and timely manner. There was good evidence of engagement and communication with the national safeguarding and protection team, when required.

Residents appeared happy and safe living in the centre on the day of inspection. Residents were receiving a wraparound daily activation service in line with their assessed needs, potential risks and the residents own preferences. Both residents had personalised plans of care in place which included intimate care plans which were subject to regular review.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in the centre and residents were supported to exercise their choice on a daily basis. This was seen in the residents daily activation schedules and meal choices.

Easy read documents about residents rights had been developed and were available to both residents.

Some restrictive practices were in use in the designated centre. These were in place secondary to identified risks and were subject to regular review with the service restrictive practice committee.

Residents had been supported to engage with advocacy services when required.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillside House OSV-0008590

Inspection ID: MON-0047482

Date of inspection: 24/07/2025

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The procedure SD-10 Service User's Finances and Personal Property will be updated to include all residents having a detailed assessment in place, which will identify the supports that service users require around larger purchases or spending money over a certain budget. This will be completed by December 31st 2025.	

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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/12/2025