



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

Issued by the Chief Inspector

Name of designated centre:	Kilshrewley Gardens
Name of provider:	Orchard Community Care Limited
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	17 February 2026
Centre ID:	OSV-0008913
Fieldwork ID:	MON-0048293

About the designated centre

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

This centre can support up to three people with intellectual disabilities and/or Autism aged 18 years of age and over. The centre can also cater for people who require support with their mobility and there is wheelchair access to the centre. This centre provides care based on the social care model of support. There is a person in charge who manages this centre to facilitate appropriate oversight and governance. Residents will be supported by a team of carers (social care workers and healthcare assistants) over a 24 hour period including a waking night duty staff and a staff sleeping over at night time. The centre is a four bedroom bungalow in the countryside. Each resident has their own bedroom with one resident's bedroom having an en-suite bathroom and there is a shared bathroom for the other two residents. There are two communal sitting rooms. Residents have access to a kitchen and utility room within the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 17 February 2026	10:00hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

Overall, the inspector found significant improvements across the five regulations reviewed on this inspection which is discussed under each regulation. The quality and safety of care provided to residents living in Kilshrewley Gardens was both to a high standard and person-centred in nature. This is discussed in detail under each regulation further in the report.

This inspection was an unannounced risk inspection conducted to review the actions the provider had completed in response to an inspection completed on 19-20 August 2025, where three regulations were found not compliant and two substantially compliant. On arrival at the centre, the inspector observed staff members supporting one resident to travel to their day programme as they prepared to leave the centre. Another resident was receiving their support in the centre before attending their day activities with a staff and student supporting them on the day of the inspection. The inspector met the resident briefly on arrival, after a handshake the resident clearly indicated they did not wish to meet the inspector. The inspector left the centre until the arrival of the management team, as the resident and staff left to attend their community activities.

The inspector met two staff working at the commencement of the inspection, and then met the person participating in management and the person in charge. They spoke about the resident respectfully. They were knowledgeable about the needs and preferences of residents. Staff gave clear examples of how residents were offered choices throughout the day and how these choices were respected. They spoke about the supports that they provided to residents in daily activities in the centre and in the wider community

The inspector noted from observation, conversation and review of documentation that the provider had effective systems in place relating to the monitoring of the service and that audits were completed that identified all areas for improvement. Significant improvements were found in all areas identified from the previous inspection in August 2025. This included robust guidance documents for all staff, for example, personal care procedures and clear behaviour support protocols.

Overall, the inspector noted that residents received a good quality service in this centre. Residents were supported in line with their assessed needs and provided with suitable activities and access to their local community. The governance and management ensured that areas for service improvement were identified and addressed. The next two sections of the report present the inspection findings in relation to the governance and management in the centre, and describes how governance and management impact the quality and safety of the service provided.

Capacity and capability

Inspectors found that the oversight and management arrangements which were in place on the day of the inspection ensured that senior management were aware of the standard of care practices at the centre and aimed to promote the welfare of residents following the inspection completed on 19-20 of August 2025.

The centre had a clearly defined and robust management structure in place which was responsive to residents' needs and feedback. The management team consisted of an experienced person in charge who worked on a full-time basis in the centre and was supported in their role by a full-time and experienced person participating in management. The person in charge worked in an administrative role completing tasks, such as reviewing documentation, facilitating meetings and providing staff support. The person in charge also worked frontline when required. On the day of the inspection, they were supporting one resident to meet with day-service supports. The person in charge was supported by the service manager, who provided both formal and informal support to the person in charge in their role.

The management team had addressed and responded to the findings of the previous inspection in August 2025, with no actions remaining or identified on the day of the inspection. The person in charge spoke with the inspectors about their learning from the inspection completed in August 2025 and the importance of reviewing, monitoring and training all staff in line with the assessed needs of residents.

On the day of the inspection, there was a consistent and competent staff team in place at the centre, with both the number and skill mix being appropriate to the assessed needs of residents. For example, on the day of the inspection, two staff members were observed supporting one resident in line with their assessed needs. The inspector had the opportunity to interact and chat with the resident briefly, and staff during this time. The inspector noted the staff's interactions with the resident were respectful, caring and professional in nature throughout. The inspector also observed another resident leaving the centre with staff to engage in their individualised day programme. The resident was observed waving and smiling at the inspector from their bus.

The inspector was assured that the governance and management arrangements at the centre had strengthened following the previous inspection, which provided more effective oversight of the designated centre, and ensured that residents were both safe and supported at all times.

Regulation 23: Governance and management

The provider had improved and strengthened the oversight and monitoring arrangements at the centre since the last inspection, resulting in improved support and monitoring of care and practices provided to residents living at Kilshrewley centre.

The inspector reviewed the actions identified in the previous inspection report completed on the 19-20 of August 2025, which the provider and management team at the centre had significantly improved the quality and safety of care in the centre, for example, personal and intimate care arrangements. This included increased individualised staffing for identified residents and additional activities both in the centre and the local community.

The provider had an established formal and informal on-call system across the organisation, the local management team had implemented arrangements to ensure appropriate support was available at all times for staff. This included a localised on-call arrangement with the person in charge and the area manager. Staff spoken with on the day of inspection told the inspector that they could gain support from managers as required under this system.

The annual review was recently completed and a quality improvement plan with suitable timelines for actions identified and a record of oversight by the local management team was also in place. The person in charge was aware of the report and the actions identified and showed the inspector work completed to address identified gaps, actions from the previous inspection report. The person in charge also spoke about the training and education provided to staff on appropriate personal and intimate care practices required for residents in line with their assessed needs.

Judgment: Compliant

Quality and safety

This service provided support to meet the residents' assessed needs and preferences in line with their expressed wishes. Significant improvements were noted on this inspection, following the previous inspection completed on the 4 March 2025. Three non-compliances with the regulations were previously identified in areas such as governance and management, protection and individual assessment. The inspector found that the quality and safety of care had improved in the centre,

including a strengthened management team and robust processes to ensure compliance with the regulations.

The management team had undertaken various actions in response to the inspection completed in August 2025, and significant improvement had occurred. For example, robust training on personal and intimate care practices with clear and detailed care plans reflecting resident's support needs in line with their choice and preference.

Enhanced systems were in place to safeguard residents from the risk of abuse and harm following the inspection on the 19-20 August 2025. Inspectors noted that the provider had ensured appropriate staffing was in place based on each resident's assessed needs, clear care plans and activities planned in their centre. This included training and guidance on record keeping and guidance for staff on supporting residents appropriately in line with their assessed needs, review of risk management, behaviour support protocols and additional individualised activities. At the time of the inspection, two residents had moved from a day service to a home-based programme in the centre and local community. A third resident continued to enjoy their day service available at present and the management team spoke about plans to maintain and build on the day programme for this resident.

Overall, the inspector found that the provider had addressed the actions from the previous inspection satisfactorily, which ensured that residents received a safe, effective and quality service in the centre. Care was delivered in a person-centred manner and that the quality of residents' lives was actively promoted in this centre.

Regulation 26: Risk management procedures

Risks were identified at the centre identified at the centre and effective control measures implemented to safeguard residents were now in place following the previous inspection completed in August 2025.

The inspector reviewed the centre's risk register and found that issues pertaining to the assessed needs of residents was reviewed, appropriately risk rated with all relevant controls in place to mitigate the risks. This review ensured that staff were clearly guided in their practice to support each resident in the centre and that all relevant risks were identified in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The personal planning process in the centre was suitable and was enhanced to ensure that appropriate assessment of residents' assessed needs was clearly documented to guide all staff in supporting residents living in the centre.

The person in charge and person participating in management outlined the measures completed following the last inspection in August 2025. This included enhanced training on residents' personal and intimate care supports. A comprehensive and detailed care plan to guide staff in their practice and discussion at monthly staff meetings to review practices in the centre. This ensured that residents had continuity of care in their services.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable arrangements in place to ensure residents received the care and support they required in relation to their assessed behavioural support needs.

All staff had access to and had completed training in behaviours of concern. Behaviour support plans were updated following the previous inspection in August 2025. Residents had access to a behaviour support specialist and a record was maintained of meetings completed. The inspector noted that the provider had provided specialist support arrangements for each resident in the centre in line with their assessed needs. Staff spoken with on the day were very familiar with the resident's choices and preferences, for example, time keeping when attending activities.

Judgment: Compliant

Regulation 8: Protection

The provider had put measures in place to protect residents from harm and the risk of abuse in the centre.

The provider had addressed the individual assessment and personal issues highlighted in the previous report, which resulted in training and clear documentation on the appropriate personal care practices required for residents and these improvements also enhanced the oversight of the governance and management of the centre.

Judgment: Compliant

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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 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant