



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

Issued by the Chief Inspector

Name of designated centre:	DC 33
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 July 2026
Centre ID:	OSV-0009032
Fieldwork ID:	MON-0047961

About the designated centre

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

DC 33 provides full-time residential services for up to three people with intellectual disabilities. The centre comprises one bungalow in an estate on the outskirts of a large town in County Kildare. The house is close to a variety of local amenities. There is an open plan kitchen/dining room, a sitting room, three resident bedrooms (one of which has an ensuite), a staff office/sleepover room and a main bathroom. There is a well maintained back garden. As per the statement of purpose residents are supported 24/7 by support workers. Nursing staff are available through the provider's on-call system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 27 July 2026	10:00hrs to 15:45hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was announced and completed by one inspector of social services over one day. Based on observations and what they were told, the inspector found that residents were in receipt of a good quality of care and support in this designated centre. This was the first inspection in this designated centre since it was registered in August 2025. Residents moved to the house in late November 2025. Areas of good practice were identified across each regulation reviewed and they were all found compliant.

DC 33 provides 24/7 residential care and support for up to three adults with intellectual disabilities. There were three residents living in the centre at the time of this inspection. The designated centre comprises one bungalow in an estate in a large town in County Kildare.

The inspector completed a walk around the premises with the person in charge. The inspector observed the house to be clean, homely and well-maintained. The house has private and communal spaces for the residents to spend their time. It was found to be laid out and decorated to meet the number and needs of residents living there and in line with people's likes and preferences. There is a large back garden with shrubs, fruit trees and a greenhouse.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting and speaking with the three residents living there, the person in charge and three staff on duty. Documentation was reviewed about how care and support is provided for residents and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

Over the course of the inspection, the inspector had an opportunity to spend time in the company of each resident and to observe them as they went about their day. Residents had a variety of communication support needs and were observed to choose what they wanted to do and where they wanted to spend their time. Residents used words to tell the inspector what it was like to use this service, and one resident used a combination of words and LÁMH (a manual sign system). The inspector also used observations throughout the inspection and discussions with staff to determine residents' experiences of living in this centre.

Residents appeared very comfortable and content in the presence of the person in charge and the staff supporting them. Staff spoke with the inspector about supporting residents to settle into their new home. Warm, kind and caring interactions were observed throughout the inspection. Staff were found to be very familiar with residents' likes, dislikes, preferences and support needs.

Residents had moved from other designated centres operated by the registered provider. Two of them had previously lived together and all three had known each other for many years.

One resident greeted the inspector as they arrived and welcomed them into their home. Over the course of the inspection residents showed the inspector their goldfish which had moved house with them. They had a feeding and cleaning schedule in place for them. They then showed the inspector around their home including their bedrooms. They showed them some of their favorite possessions. One resident picked up their guitar and played a tune.

Residents were observed to get up and ready for their day at a time that suited them. One resident was observed practicing some LÁMH signs with staff while they decided what they wanted for breakfast. The inspector had an opportunity to sit and have a coffee with two residents while a staff member prepared the breakfast of their choosing. They had both chosen to have an omelette with their favorite ingredients in it. They spoke about where they were from, the important people in their lives, their plans for the day and for upcoming events. For example, one resident spoke about an upcoming significant birthday and some of the things they might like to do. They also spoke about their regular foreign holidays which they enjoy together.

One resident was planning to go out later in the day with a staff member once they came on duty. They had not decided where they wanted to go or what they wanted to do at that stage. The other resident spoke about their plans to go out to play golf, to go for a drive and then to have lunch. Once breakfast was finished, staff arrived to support both residents to go out and about. The first resident decided they wanted to go to the cinema on public transport. As their housemate and the staff supporting them were passing the bus stop on their way to golf, they left together. They both appeared very happy and content leaving the house.

Another resident spoke with the inspector and staff about movies, music, some of their favorite places to go, their partner and their family. They showed the inspector their bedroom, some of the pictures of the important people in their life and some of their favorite music CDs and movies. They also had posters and music and movie memorabilia. They later left to go out for a walk with staff.

Based on a review of records and discussions with residents and staff, residents were regularly engaged in their preferred activities. Each resident was being supported to spend time with their family and friends. These areas will be discussed further later in the report.

In summary, the house appeared homely and comfortable. Residents appeared happy and content in their home and in the presence of staff supporting them. They were busy taking part in activities they enjoyed and spending time with their family and friends. They were supported by a staff team who they were familiar with and who were familiar with their likes, dislikes and preferences.

The next two sections of this report will 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 provided.

Capacity and capability

The findings of this announced inspection were that residents were in receipt of a good quality of care and support in this centre. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge provided supervision and support to the staff team. The person in charge received supervision and support from a person participating in the management of the designated centre (PPIM). There was an on-call service available out-of-hours.

The centre was staffed in line with residents' assessed needs. Staff were in receipt of training and supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Regulation 14: Persons in charge

The person in charge had the qualifications and experience to fulfill the role. They were full-time and had sole responsibility for the day-to-day operation of this designated centre.

During the inspection, the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

Residents were observed to be very familiar with them and appeared comfortable and content in their presence. Each staff member who spoke with the inspector were complimentary towards the support they provided to them.

The inspector found they were focused on implementing a human-rights based approach to care and support for residents. They were also motivated to ensure that all three residents were happy, safe, spending time with their family and friends and engaging in activities they find meaningful.

Judgment: Compliant

Regulation 15: Staffing

The provider was ensuring that there were enough staff to meet the assessed needs of residents.

The centre was fully staffed at the time of this inspection. There were two staff on extended planned leave, and two new staff had just completed induction to the centre. Prior to these two commencing in the centre, there had been an increase in the use of agency staff but based on a review of planned rosters, this was now reducing.

There were planned and actual rosters in place and they were well-maintained. Based on a review of a sample of rosters for two months, all the required shifts were covered. Available shifts were covered by relief staff or regular agency staff, where possible. A review of rosters showed efforts to ensure continuity of care and support for residents.

Three staff files were reviewed. These contained the information required by Schedule 2 of the regulation. The provider also had a system in place with the agency who provided them with agency staff, to verify that agency staff covering shifts in this house had the required documentation and training.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training database demonstrated that staff had completed training listed as mandatory in the provider's policy. This included safeguarding, fire safety, the safe administration of medicines, manual handling, and infection prevention and control (IPC). In addition, they had completed several training courses such as those relating to behaviour support, dementia, cardiac first response and dysphagia.

A sample of supervision records for three staff demonstrated that these were being completed in line with the provider's policy. The agendas for supervision were varied and discussions were held on areas such as residents' wellbeing and goals, staff roles and responsibilities, staff training and development, health and safety, fire safety, incidents, IPC and medicines management.

Two staff members who spoke with the inspector stated they were well supported. They were aware of who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support. They spoke about the availability of the person in charge and PPIM should they require support. They also discussed the provider's out-of-hours supports.

The inspector reviewed minutes of four recent staff meetings. Based on feedback from the provider's six-monthly review the set agenda now includes areas such as safeguarding, complaints and restrictive practices. Prior to this agenda items included a review of previous minutes, a review of incidents/on-call reports, accidents/incidents/near misses, risk management, house maintenance and safety, residents' meetings and communication.

Overall, the inspector found that the staff team received support and supervision to ensure good practice in the centre.

Judgment: Compliant

Regulation 21: Records

Over the course of the inspection, the inspector found that records set out in the regulations were maintained and available. The provider had implemented a number of new online systems in the months before this inspection and this had resulted in information being readily available for review.

Resident and staff records requested were readily available and well-maintained. They were also found to be accurate and up-to-date.

Overall, the inspector found that the provider had effective systems and processes in place, including policies and procedures to ensure that documents were created, maintained, stored and destroyed in line with relevant legislation.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider's systems for oversight and monitoring were proving effective. This was a well-run centre where residents were in receipt of good quality and safe service.

As previously mentioned, the inspector found that the management structure was in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

Both the person in charge and PPIM were present in the centre regularly. They were following up on the actions from audits and reviews. For example, the provider's

first six-monthly review had been completed in the centre in June 2026 and most actions were completed or in progress at the time of this inspection.

The first six-monthly review was comprehensive, and findings had led to improvements in areas such as staff meetings, the induction and verification of agency staff identification when coming on shift, ensuring a management present in the centre when the person in charge was not on duty and IPC. An annual review was not yet due at the time of this inspection.

A sample of area specific audits were also reviewed in areas such as IPC, health and safety and medicines management. There were action plans and evidence of follow up and completion of actions. For example, pictures were taken before and after in the health and safety audits.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents' admissions were found to be in line with the provider's admissions policy and the statement of purpose for this centre. Residents and their representatives had an opportunity to visit the house prior to admission.

Each resident had a written contract for the provision of services, and an easy-read version was available to them also. The contracts included the required information such as details of the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted as part of the provider's application to register this designated centre. It was also available and reviewed in the centre during this inspection.

It contained the required information and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy which was regularly reviewed. It clearly detailed the complaints process and staff roles and responsibilities. Posters with a picture of the complaints officer and easy-read document on the complaints process were available. The complaints procedures were also included in the statement of purpose and resident's guide which was available in the house.

Based on discussions with residents and staff and a review of documentation, residents and their representatives were supported to understand the complaints process. The complaints process was discussed at the sample resident meetings reviewed.

The electronic complaints and compliments folder was reviewed. There were no complaints recorded since the centre opened. The staff team spoke about numerous compliments that had been received since the centre opened; however, these were not recorded. The team acknowledged the importance of recording these moving forward.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and be part of their local community. They were spending time with their families and friends. The house was warm, clean, well maintained and homely.

The inspector reviewed residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs.

Residents, staff and visitors were protected by the fire safety and safeguarding policies, procedures and practices in the centre. There were systems for responding to emergencies.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

Regulation 11: Visits

The provider had visiting policies and procedures in place. Information relating to visiting arrangements was also available in the statement of purpose and residents' guide for this centre.

As previously mentioned, the inspector spoke with residents about visiting and being visited by their family and friends. For example, one resident spoke about their family members visiting them and watching movies and listening to music with them most days. They also spoke about spending time with and being visited by their partner regularly.

There were several communal spaces available to residents to meet their visitors. This included the open plan kitchen-dining room space. In addition, there was a separate sitting room. Residents could also choose to meet their visitors in their bedroom if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Based on discussions with residents and staff and a review of documentation, residents had opportunities to participate in activities in accordance with their interests. They were supported to develop and maintain relationships and links with their wider community in accordance with their wishes.

Based on what residents told the inspector they were happy with how busy they were. They said they were developing and achieving their goals and engaging in hobbies and activities they find meaningful and enjoy. For example, one resident was regularly going swimming, to the gym, to yoga, playing lawn bowls and basketball, gardening, attending an employment group and a literacy class.

Each resident had a valued social role plan in place. This detailed their roles such as sibling, gardener, partner or friend. This included a vision of what a good life looks for them. For example, for one resident it was important to them to develop and maintain their independence. For another resident it was important to them to water their plants in the greenhouse, to do the recycling, to clean their room and to do their laundry.

There were picture is residents' plans to show them out and about with friends, attending concerts and events, going on foreign holidays and exploring their community.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned, the inspector found that the house was premises were homely and well-maintained. It was designed and laid out to meet the number and needs of residents living there. For example, there were doors out of one resident's bedroom to support safe evacuation in an emergency. There were also ramps available in key areas around the house.

Residents had access to a large open-plan kitchen/dining area. Throughout the inspection, this was the space that was used most by residents. They were observed eating there, spending time chatting to each other and staff and listening to music there. They also had access to a well-maintained back garden.

Each resident had their own bedroom which was decorated in line with their preferences. There was artwork and posters on display. They had access to sufficient storage in their home and bedrooms. For example, there was a garage for storage of seasonal or larger items.

There were systems to ensure that maintenance and repairs were completed in a timely manner.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was submitted with the provider's application to register. It was also available and reviewed in the centre during the inspection. It contained all of the information required by the regulations. This included information on the service and facilities, arrangements for the resident to be involved in the running of the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective systems in place in relation to fire safety in this designated centre.

The inspector carried out a walk around the house with the person in charge. The person in charge also completed the weekly fire alarm test during the inspection. This demonstrated that the alarm system was working and fire doors closed fully when the alarm was activated. The inspector also observed the emergency lighting, smoke alarms and fire-fighting equipment.

Records on servicing and maintenance of fire systems and equipment since the centre opened demonstrated that these were completed in line with the requirements of the regulations.

A sample of five fire drill records were reviewed. These demonstrated that drills were occurring frequently, and records demonstrated that the provider was exploring if residents could evacuate in a safe and timely manner, using all available equipment and fire exits. Overall, drills considered residents' support needs and a range of scenarios.

Personal emergency evacuation plans for each resident were reviewed. These were sufficiently detailed to guide staff practice to support them to evacuate safely. The fire evacuation plan was on display and included the different routes for evacuation.

Judgment: Compliant

Regulation 6: Health care

Based on a review of documentation and discussions with staff, residents were being supported to enjoy best possible health. Their health and wellbeing was being supported through diet, nutrition and recreation.

From a review of each residents' plans, it was evident that, as required, they had access to a general practitioner (GP) and a range of health and social care professionals in line with their assessed needs. In line with presenting healthcare needs they were supported to access consultants. Where treatment and recommendations were made, these were implemented. Residents were supported to access national screening programmes in line with their preferences, age and healthcare conditions.

Overall, residents' assessments and personal plans were reflective of their healthcare needs. They were sufficiently detailed to guide staff practice in relation to any supports they may require. A log of residents' appointments and follow ups was maintained.

Judgment: Compliant

Regulation 8: Protection

Based on a review of documentation and discussions with staff, the inspector found that residents were protected by the safeguarding policies, procedures and practices in this centre.

From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge and staff on duty and found that they were all knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which detailed each person's roles and responsibilities. There had been no safeguarding concerns notified to the Chief Inspector; however, the inspector reviewed documentation to demonstrate that should there be, the systems were in place to ensure it would be reported and followed up on in line with the provider's and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre.

Staff had completed training to ensure they were embedding a human-rights based approach and culture. For example, they had completed four modules on applying a human rights based approach to health and social care, three modules on the Assisted Decision Making Capacity Act (2015), and additional training on personal planning and Social Role Valorisation.

Throughout the inspection, staff were observed to treat residents with dignity and respect. They were observed to offer residents choices in their preferred format, to afford them time to make their decisions, to knock on their bedroom doors and waiting for a response prior to entering. They also used person-first language when speaking with the inspector and took every opportunity to speak about residents' talents, strengths and abilities.

Resident meetings were held monthly and a sample of six were reviewed. These demonstrated a variety of agenda items, and the minutes were presented in an easy-read format. Easy-read information was available in the same folder for use during meetings. It included areas such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the Assisted Decision Making (capacity) Act 2015, fire safety, complaints and safeguarding information.

The residents' meeting minutes reviewed were found to be reflective of what was happening in the centre at the time. For example, this upcoming inspection was discussed and a recent spike in agency staff usage while new staff were being inducted. Residents were asked if the agency staff usage was having any impact on them. They each indicated they were happy and like the staff supporting them. Residents also discussed the visual roster and that they were happy with this.

As previously mentioned, throughout the inspection, residents appeared very comfortable in the presence of staff. They were observed to seek out staff support if

they required it, and to spend time in shared areas of their home, or alone in their bedrooms and this was respected.

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 21: Records	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant