



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

Issued by the Chief Inspector

Name of designated centre:	The Abbey
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0004761
Fieldwork ID:	MON-0045927

About the designated centre

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

The centre comprises of two separate houses. An individualised service is provided for one resident over the age of 18 years in each house. Both houses are located in residential areas of a large town and transport is provided for each resident to access their local community. Each resident has access to all of the facilities offered in a residential type setting and share their home only with the staff on duty. Residents are assessed as requiring a higher level of support from staff and there are always staff on duty. Staffing levels and arrangements differ in each house based on the assessed needs of each resident. The residents are offered an integrated model of care where both day and residential supports are provided in their home. The day to day management of the centre is delegated to the person in charge supported currently by a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 5 November 2025	10:00hrs to 18:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was completed to assess the providers' compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013 and, the National Standards for Adult Safeguarding (2019). Safeguarding is more than just the prevention of abuse. It is also about promoting resident's human rights such as empowering them to express their consent or not, empowering them to exercise choice and control over their daily lives and respecting their decisions. Based on the findings of this inspection the provider had a strong awareness of this broad understanding of safeguarding and was proactively operating the designated centre in this regard.

The designated centre is comprised of two houses in separate residential areas of a busy town. One resident is accommodated in each house. The needs and circumstances of each resident are different and this is reflected in how each house is operated. For example, the staff in one house are on waking duty at night while a staff member on sleepover duty is assessed as safe and sufficient in the other house. Each resident has access to transport. The inspector spent time in both houses. Both houses were well-maintained and provided each resident with a safe and comfortable home.

This inspection was facilitated in one house by the social care worker while the inspector met with the person in charge and the regional manager in the other house.

The inspector did meet both residents. The inspector met very briefly with one resident as they had a scheduled therapeutic session in the morning and a scheduled meeting with a family member in the afternoon. The assessed needs of both residents include communication differences. Both residents use a range of communication methods including gestures, vocalisations and at times words.

When the inspector arrived unannounced at the first house the door was opened by a staff member accompanied by the resident living in that house. It was evident that the resident was very anxious for the inspector to come in to their house. The inspector had previously met the resident and had a familiarity with how the resident used physical interventions to communicate with others. The inspector assured the staff member on duty and followed the resident's direction. The resident listened and relaxed as the inspector spoke to them and was quite happy once the inspector went with them into the kitchen. The resident smiled and gently took the inspectors hand as the inspector assured the resident they were going to be in the house for a while. The resident left to finish their morning personal care with the support of the staff member on duty.

The inspector spent the morning in this house. The inspector noted the calm atmosphere in the house and the welcome the social care worker received from the

resident when they came on duty. The resident came up to the staff office once or twice to see where the inspector was and what the inspector was doing. Otherwise the resident presented as very relaxed and content to sit at the sitting room window watching the activity on the green area to the front of the house. The resident was also at times noted to be very focused on the programmes playing on their personal tablet. When the inspector read the residents personal plan the inspector saw that this calm environment, access to a range of sensory items and to their personal tablet were supportive strategies outlined in the plan.

The staff on duty had supported the resident for many years and were very familiar with the resident's needs, routines and the plans of care and support in place. For example, staff could clearly describe how the resident communicated what they wanted, recent changes in their needs and how those needs were supported including access to a range of health services and the providers own multi-disciplinary team.

Staff spoken with were satisfied with the staffing levels and arrangements in place. In the context of the focus of this inspection staff confirmed that had completed training in safeguarding residents from abuse and knew how to report any concerns they might have.

The resident had a planned daily and weekly schedule and enjoyed activities such as music, swimming and visits to a sensory library. After lunch the resident left with their supporting staff to enjoy some community access. The inspector saw that staff took with them the resident's prescribed rescue medicine. The resident happily left the house and sat into the service vehicle having smiled gently to say goodbye to the inspector.

In both houses the inspector reviewed a range a records such as risk assessments, support plans including a positive behaviour support plan and the reports and findings of the providers own systems of quality assurance. There was also an active safeguarding plan in place at the time of this inspection.

In addition to discussing their safeguarding responsibilities with frontline staff the inspector discussed with the person in charge and the regional manager how the provider promoted residents rights and ensured residents were protected from harm and abuse. The records seen and the discussions had, provided good evidence of how the provider sought to protect residents while promoting their individuality, their rights and choices. The inspector saw for example that the provider had commissioned an external review of the service, the provider referred matters on behalf of residents to its own internal advocacy forum and to external advocacy services. The provider ensured that the voice, will and preference of residents was represented where significant and legally binding decisions were made about residents.

In summary, the inspector found that safeguarding residents from harm and abuse was a priority and was embedded into the governance, management and operation of this designated centre. Change was occurring in the designated centre at the time of this inspection in relation to the arrangements in place for supporting residents

where there was an assessed lack of capacity in resident ability to make decisions about their own personal welfare and general affairs. The inspector found that the provider was very aware of the change that would be required and sought to manage this change in a collaborative manner.

The next two sections of this report will describe the leadership, governance and management arrangements in this centre and how these protected residents from harm and promoted their individuality, their rights and their quality of life.

Capacity and capability

The inspector found clarity on the systems of governance and management in place, clear lines of responsibility and accountability, leadership and commitment to protecting residents from harm but also in promoting resident's human rights.

The day-to-day management and oversight of the service was delegated to the person in charge who was ordinarily supported by two social care workers. One of these posts was vacant at the time of the inspection and the provider was actively recruiting to fill this post. The social care worker who was in post was providing some support across both houses and told the inspector that if they needed additional protected administration time they could request this.

While this post was vacant the inspector found staffing levels and arrangements were planned and managed to meet the assessed needs of the residents including the differences in their needs. There was continuity of staffing in both houses. The inspector met with staff members who had been met with on previous inspections of this centre.

There was some use of agency staff while the provider sought to recruit staff. The person in charge described the systems in place that assured the use of agency staff such as the evidencing of records of qualifications, training and personal identity, the provision of induction and supervision of their support and practice.

The regular staff members met with were happy with the staffing levels and arrangements in place. This satisfaction was supported by their familiarity and knowledge of resident's needs and abilities.

Staff spoken with described the formal systems of supervision that were in place for all grades of staff and confirmed the convening of staff meetings. Staff said that safeguarding residents from harm and abuse was a topic discussed at the staff meetings. This was evident from the sample of staff meeting records seen by the inspector.

Staff spoken with said they completed safeguarding training online and in-person with the providers designated safeguarding officer. This was evident from the staff training records.

In addition to its staff planning and management systems the provider had other systems in place to underpin the safe delivery and oversight of the service. For example, the inspector read the reports of the providers own annual service review and the report of the quality and safety review completed in May 2025. The inspector saw that safeguarding residents from abuse, respecting and protecting resident's rights were standard lines of enquiry used during these reviews. The providers own auditors evaluated staff knowledge of their safeguarding responsibilities, observed staff practice and observed how residents and staff interacted. The reported findings were positive.

Based on the records seen and the discussions the inspector had with the person in charge and the regional manager the provider was using the information it gathered about the service to safeguard residents and to promote the rights, will and preference of each resident. For example, advice and input from the designated safeguarding officer was sought as needed. Any risk to resident safety and overall wellbeing was identified, assessed and responded to.

Regulation 15: Staffing

The inspector found the provider was effectively planning and managing its staffing resources to meet the needs including the safeguarding needs of the residents.

The inspector discussed the staffing arrangements for both houses and reviewed the planned and actual staff duty rota for one house for the fortnight commencing the 5th October 2025. The rota was well maintained and showed each staff member on duty and the hours that they worked.

The staff duty rota reflected the staffing levels and arrangements described to and observed by the inspector. Ordinarily, there was one staff member on duty by day and by night in both houses. Staff spoken with were happy with these staffing levels. The feedback on file from residents representatives commented positively on the continuity of staffing.

The recruitment of staff was centralised. The provider was utilising agency staff while it actively recruited staff. The inspector discussed with the person in charge the systems in place for assuring the safety and suitability of this arrangement. The person in charge confirmed the provider sought and received evidence of for example, proof of the agency staff members identity and evidence of Garda vetting.

Judgment: Compliant

Regulation 16: Training and staff development

The provider reduced the risk of harm to residents and promoted the rights, health and wellbeing of each resident by providing training, development and supervision for the staff team.

Staff had access to an ongoing programme of training and good oversight was maintained of staff training requirements. The inspector reviewed the staff training matrix in one house and saw that a training record was in place for each staff member listed on the staff duty rota. All staff had completed training in safeguarding, in responding to behaviour that challenged including de-escalation and intervention techniques and in promoting a human rights-based approach to health and social care.

The social care worker confirmed there was a schedule in place for the formal supervision of the front-line staff members and they themselves attended support and supervision with the person in charge. The systems of support and supervision included the performance management and appraisal system recently implemented by the provider.

The person in charge could clearly describe the arrangements in place for inducting and supervising all persons who provided support to residents. Monitoring, supervision and actions taken to improve the safety of the service was evident in records seen such as in the response to incidents that had occurred.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that safeguarding residents from harm and promoting the rights, health and wellbeing of residents was embedded in the operation, management and oversight of this centre.

All persons spoken with understood their role in protecting residents from harm. For example, staff understood how to report any concerns they might have and the person in charge acted on and escalated these concerns. For example, records seen confirmed the input of the designated safeguarding officer, the wider multi-disciplinary team (MDT) and the wider governance structure was sought and provided as needed.

The centre presented as appropriately resourced. Each resident was provided with a safe and comfortable home and the centre was appropriately staffed with what was a largely established and experienced staff team.

Safeguarding residents from harm and the promotion of residents rights were regular topics for discussion such as at the staff team meetings. They were also standard lines of enquiry during internal reviews. The inspector saw this in the report of the annual service review for 2024 and in the provider-led quality and safety reviews that were completed at least on a six-monthly basis.

Feedback was sought from residents and from their representatives as part of these reviews. There was positive feedback on file from representatives in respect of both residents. The regional manager confirmed there were no obstacles to accessing and using the providers complaints procedures.

The provider was using the information that it gathered about the service and was open to reviewing its own systems and procedures. For example, the inspector saw that the provider had commissioned an external review of aspects of the service. The provider was at the time of this inspection seeking to progress the recommendations from that review.

Judgment: Compliant

Quality and safety

The assessed needs and circumstances of both residents were different. The support and care provided in the centre respected that difference and each resident received an individualised service.

In the context of their assessed needs there were limitations to the degree to which the residents could safely self-direct their support and care and protect themselves from harm and abuse. However, the inspector found there was strong awareness of how residents could and did express their choices and there was a commitment to ensuring residents were heard and respected while also protected from harm and abuse.

The inspector discussed the needs, abilities and routines of each resident with staff and with the person in charge. The inspector also reviewed records including a personal plan, a positive behaviour support plan, a safeguarding plan, risk assessments, restrictive practice records and the daily support records created by staff. The inspector found that keeping residents safe but also how to promote resident will and preference were consistent themes.

The personal plan reviewed by the inspector described the resident's abilities and needs, likes and dislikes and the support to be provided by staff. Staff spoken with had good knowledge of that support, any changes in the resident's needs and what was done in response to those changing needs. For example, staff described referral to the resident's general practitioner (GP) and to other healthcare professionals such as physiotherapy.

The inspector saw that a positive behaviour support plan had been updated since the last HIQA inspection to provide clear guidance for staff as to how they should respond to behaviour that could present. There was a strong emphasis on the communicative role of this behaviour but also an awareness that that may not be understood in certain situations. Ultimately, when staff did intervene it was to protect the resident and to support positive community engagement for the resident. Staff confirmed they had received training bespoke to the needs of the resident.

The inspector saw that the provider sought to ensure that residents had opportunity to spend time with and meet up with peers and in planning these events compatibility and risk was considered.

There was good evidence in each house as to how both residents were supported to express their voice, their choices and preferences. Staff understood and described how each resident communicated and how strategies such as sensory items, a bespoke sound box, visuals and pictures were used. The inspector saw how one resident picked out certain pictures such as of family members and held them closely to their face to communicate their importance and significance. The communication strategies discussed and observed were as set out in the communication plan. For example, the calm and undemanding atmosphere in the house and the ready access the resident had to their personal tablet.

There were limitations as to how residents understood and could keep themselves safe from harm and abuse. The inspector saw a very accessible and personalised safeguarding passport that staff regularly read to a resident.

The inspector saw that the provider identified risks and had a range of risk assessments in place that underpinned the arrangements for keeping residents safe including safeguarding residents from harm and abuse.

Regulation 10: Communication

Both residents required support to ensure that they could communicate. In response to this, a total communication approach was in use where different methods of communication and communication tools were recognised and used.

The inspector found in both houses a strong understanding of how each resident communicated including the use of behaviour by residents to communicate their needs and their preferences. For example, staff described how a resident would guide staff or point to what it was they wanted such as a particular drink or snack. Staff described and records seen described how a resident might lay on the couch and put a blanket over their head to communicate that they did not want to do something such as to leave the house.

Communication strategies, plans and passports were informed by staff knowledge of each resident but also by the wider MDT including input from a sensory occupational

therapist. For example, pictures and visuals were in use in one house but staff described how the number in use had been streamlined to reduce the risk of anxiety for the resident triggered by too many choices or the presentation of too much information at the same time.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the provider had considered safeguarding and resident safety when making decisions about the design and layout of the premises. Each resident was provided with a safe and comfortable home. The location of both houses facilitated community access and each resident had access to transport.

Both houses presented as welcoming, homely, well-maintained and visibly clean. The facilities and arrangements in each house considered each resident's needs and abilities and possible risks such as to their privacy and dignity. One resident had in recent years moved to a purpose built single-storey property due to an assessed risk for falls. The inspector saw and staff spoken with confirmed that the other resident could safely use the stairs as they wished though they were provided with a ground floor bedroom.

The inspector noted that one location was busier than the other and there was a footpath in close proximity to the house. Staff confirmed there was a privacy screen on the windows so that the resident could see out but pedestrians could not see in.

Plans were in progress in one house to develop a sensory-therapeutic space for one resident.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place for the identification, assessment, control and review of risks including safeguarding risks. The providers response to risk sought to support resident autonomy, choice and preference whilst also keeping residents safe.

The inspector saw risk assessments for the current staff vacancy and the staffing contingencies in use, risk assessments to support the need for any restrictive intervention that was in use and risk assessments for any obstacles to residents expressing their will and preferences.

The inspector saw that these risk assessments were regularly reviewed by the person in charge and any concerns or new developments were escalated as needed to their line manager the community manager.

Risk mitigating measures were resident specific and sought to keep residents safe without limiting their routines and opportunities. Measures sought to reduce the potential for risk to arise and included for example, using shops that were quieter and reading a social story with a resident prior to a specific community based activity

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector saw that a comprehensive assessment of the health, personal and social care needs of each resident was completed. There was evidence that the provider sought to work collaboratively, consulted with and kept resident's representatives informed.

The provider sought to include residents in decisions about their care, support and routines and limitations in this regard were formally assessed. Staff spoken with could describe how each resident expressed their choices and communicated their consent or not to care and support interventions.

The personal plan reviewed by the inspector was resident focused, set out their known likes and dislikes and the personal goals to be achieved, whilst keeping the resident safe. The plan sought to support the resident's ongoing welfare and development with support from staff.

Personal plans were kept under review and the person in charge and staff spoken with were very aware of changing needs and the actions taken in response such as referral to the GP and the wider MDT.

The inspector saw that staff maintained a daily narrative record and a range of monitoring tools to monitor resident wellbeing and the effectiveness of the personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements in place for supporting residents to manage behaviour of concern.

The inspector followed up on the findings of the last inspection and saw that the positive behaviour support plan had been updated in conjunction with the MDT. The plan included additional strategies for staff to use in response to certain behaviours that could be expressed. Staff confirmed they had received training from members of the MDT in line with the updated plan and strategies. Staff also had a good understanding of the communicative function of this behaviour and had a social story that they used with the resident prior to accessing certain locations in the hope that this would develop the residents understanding of social situations and norms.

The inspector saw that in addition to a risk based rationale for their use a log was maintained of each time interventions that had a restrictive intervention were used. The frequency of their use was monitored and was used for example, when reviewing the associated risk assessment. Overall, the inspector found that where restrictions were used they were used to ensure resident safety and quality of life.

Judgment: Compliant

Regulation 8: Protection

Based on the findings of this inspection the provider adopted a broad understanding of safeguarding and was proactively operating the designated centre in this regard. The inspector found that safeguarding residents from harm and supporting residents to safely express their will and preference were priorities in this centre.

Staff spoken with confirmed that the in-person training they completed with the designated safeguarding officer included discussion on the practical implementation of the providers own safeguarding policy and reporting procedures.

Staff spoken with described the importance of knowing and recognising how residents might use behaviour as a way of communicating they were upset or worried. Staff described for example how one resident might present as more unsettled, anxious or restless.

The inspector saw from the minutes of staff meetings that safeguarding scenarios and how staff would and should respond were discussed at the meetings.

Records seen including notifications submitted to the Chief Inspector confirmed that staff did raise and report concerns when they had them.

A range of safeguarding material was on display such as how to contact the designated safeguarding officer and guidance on the national safeguarding standards.

It was evident from records seen that advice was sought and input was received from the designated safeguarding officer including drafting as needed safeguarding plans and reporting any safeguarding concerns. It was evident from records seen

that safeguarding residents was a shared responsibility from the frontline staff to the local and senior management teams.

In the personal plan reviewed there was a plan setting out how staff were to support the resident with their personal care needs.

The inspector noted in feedback that had been provided the assurance a representative got from the fact that a resident was never reluctant to return to the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found there was a strong understanding of and respect for the rights of the residents living in this centre. For example, staff and management of the centre were very aware of how each resident expressed their will and preference and the importance of respecting this in so far as it was safe and reasonable to do so.

The inspector found the provider acknowledged limitations to resident ability and capacity such as the ability to recognise and assess high risk activities and situations. The provider also sought however to promote and support resident autonomy and decision-making where residents could make decisions and did express their choices and preferences. For example, a resident deciding whether they wanted to leave the house or not. The provider sought to ensure that residents were supported to exercise such choices and decisions and that they were respected. The provider sought to develop the opportunity each resident had to have contact with peers and for community based activities and engagement.

Staff spoken with understood the concept of rights in the context of day-to-day routines. For example, staff described how evidence based practice such as medical review and the exclusion of a possible diagnosis meant that a resident now had more dietary choices and was exploring a broader range of food choices and preferences than previously provided.

It was evident that the staff and management teams advocated strongly for residents. For example, work had been completed in relation to promoting the autonomy residents had over their personal finances. Challenges experienced such as the obstacles to opening personal accounts for residents with financial institutions were clearly logged as were the actions taken in response. These actions included referral to advocacy and the submission of a formal complaint to the relevant ombudsman on a resident's behalf.

The inspector discussed the arrangements in place for supporting residents as they transitioned from the Wards of Court system to the assisted decision-making

system. The inspector found a clear understanding of the rights based approach and intent of the new framework.

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	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant