



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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	11 September 2025
Centre ID:	OSV-0004918
Fieldwork ID:	MON-0048240

About the designated centre

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

This designated centre is comprised of one detached single storey premises located in a small housing development in a rural location. It is close to a large city and transport is provided. Residential services are provided to a maximum of four residents and the house is staffed on a full-time basis. The provider aims to provide each resident with a safe homely environment, quality care and supports appropriate to their individual requirements; this is achieved through a process of individual assessment and planning. The provider aims to support residents of all abilities but who are experiencing a need for increased care and support in relation to their disability or increasing age. Residents are supported to enjoy a quieter pace of life but to have continued access to the day service and the wider community in line with their preferences and ability. The model of care is a social model and the staff team is comprised of social care workers and support workers. Direct team management is by an administrative team leader. This person reports directly to the person in charge who is based off site. The house is comprised of four individual bedrooms, two bathrooms, a sitting room, dining room / kitchen, utility room, store room and staff office. There is a large garden to the rear of the property.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 11 September 2025	09:40hrs to 17:25hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. Staff were very focused on ensuring that a person-centred service was delivered to residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the team leader and staff on duty, and viewed a range of documentation and processes.

As this was a home based service, residents had flexibility around how they spent their days, and had options of spending time in the centre, doing activities in the community or attending day service activities. Although residents were out and about at various times during the day, the inspector had the opportunity to meet with all four residents during the course of the inspection.

On the inspector's arrival at the centre, it was found that residents started the day at their own pace and got up at times that suited them. Some residents were already up, one was getting ready in their room, and one resident preferred to wait on in bed and got up later on. When this resident got up, staff asked permission to help them with their hearing aid so that they could join in the conversation. Residents were happy to discuss their views with the inspector. Some residents showed the inspector their bedrooms, while others said that they were happy for the inspector to see their rooms later in the day.

Three residents chatted with the inspector both in the morning, and later when they returned from their activities. Residents said that they were very happy living there and enjoyed their daily lives. They said that they were all friends and got on well together. They told the inspector that they had good involvement in the community and talked about some of the social and leisure activities that they took part in and enjoyed. Residents said that they enjoyed going out in the community for meals, outings to various activities and places of interest, going swimming, bowling, to football matches and to music events, visiting their families, and going for walks. A resident also told the inspector about going to hotels for spa treatments, and about a forthcoming concert that they would be attending. Another resident talked about going fishing which they enjoyed. One resident explained that they like going to the cemetery to visit their parent's grave and that staff bring them there whenever they want to go.

Residents spoke about the food in the centre and said that they always enjoyed it. They said that they had choice and were never given food that they didn't like. A resident told the inspector that their favourite food was salmon, and that they often had it for dinner. On the evening of inspection, the inspector saw that the main

meal was freshly made in the kitchen. The meal appeared wholesome, and was appropriately modified and presented as required for one resident. Residents had a take-away food night every Wednesday, when they all ordered what they liked. They also went out every weekend for Sunday lunch. As one resident went home at weekends they were not usually there for this outing. Therefore, staff accompanied them for a meal out before they went home on Fridays, so that they did not miss out on the weekend experience of a meal out.

Transport was available so that residents could go for leisure activities and attend local amenities. On the day of inspection all residents were out doing activities during the day. On return in the afternoon, some talked about having gone to play bingo at the day service and had enjoyed it. When residents returned in the afternoon they took part in activities that they enjoyed in the centre; some were relaxing watching television and listening to music. One resident was making a jigsaw puzzle and showed the inspector several large puzzles which they had completed, had framed and which were displayed in sitting room.

The inspector was told by residents that they had good relationships with staff. They knew that they could raise any complaints or concerns with staff and were confident that it would be taken seriously. Residents knew who was in charge in the centre, and they said that they trusted the staff.

Staff who spoke with the inspector were very knowledgeable of each resident's care and support needs and discussed residents preferences and interests, and how their specific support needs were being met. Throughout the inspection, the inspector could see that residents' wishes were respected and that individualised care was being provided to each resident.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents. The centre consisted of one house in a housing development. It was situated in a rural area, close to a busy city. The house was spacious, well-equipped, and comfortably decorated with photographs and art work displayed. Each resident had their own bedroom and these rooms were personalised and decorated in line with each resident's interests and wishes. The inspector saw, for example, that rooms were decorated with family photos and personal belongings. There was adequate storage for residents' clothing and belongings in each bedroom.

Throughout the inspection it was clear that staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, consulting with them at all times, supporting their wishes, ensuring that they were doing things that they enjoyed, and going out in the community. In addition residents were observed to be at ease and comfortable in the company of staff, and appeared to be relaxed and happy in the centre.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

The findings from this inspection indicated that the provider was delivering a good quality service, which was focused on residents' needs and preferences. This inspection indicated good compliance with the regulations reviewed. The provider had developed a clearly defined management structure and this was described in statement of purpose. There was a suitably qualified and experienced person in charge employed to manage the centre.

The provider had recently made improvements to the organisational structure of the centre and this was included in the statement of purpose. The remit of the person in charge had recently been revised and reduced, and a new team leader had also been appointed to manage the day-to-day running of this service. Consequently, this resulted in the person in charge having more time to be involved in the oversight of the service. This, and the appointment of a team leader, provided a more consistent management presence and involvement in the centre. The team leader was based between two centres which were located adjacent to each other and they worked closely with staff and with the wider management team. They had an office in the centre. It was clear that both the person in charge and team leader were very involved in the running of the service and were well known to residents. Residents who spoke to the inspector knew who was in charge in the centre and acknowledged that they could discuss any issues of concern with the staff team.

The provider was also in the process of making changes to the layout of the centre to improve the living environment for residents. One existing bedroom was being converted to a relaxation room and or additional sitting room. This plan when completed, was intended to reduce the overall occupancy of the centre and to provide additional recreational and private space for residents.

There were a range of systems in place oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service which included consultation with residents. While reviewing documentation and records in the centre, the inspector could see that the provider was making provision to ensure that residents were safe. For example, missing person plans had been developed for residents, and individualised risk management plans had been developed for each resident to identify any risks specific to individuals and plans to reduce and manage these risks were documented.

The centre was also suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, and access to Wi-Fi and televisions. Adequate levels of suitably trained staff were assigned to support residents' preferences and assessed needs. While all staff had attended mandatory and other relevant training, the provider had recently introduced training in personal

planning and code of practice for all staff, and these were currently being delivered.

Overall, it was found that the provider was proactive in working to improve the governance of the centre and to ensure ongoing improvement to the service being provided to residents.

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre.

The inspector read the information previously supplied to the Chief Inspector in relation to the person in charge. This indicated that the person in charge was suitably qualified and experienced for this role. While the person in charge retained oversight of the management of the service, they worked closely with a team leader to had responsibility for the day-to-day running of the service. The person in charge was not present on the day of inspection and the team leader facilitated the inspection on her behalf. Throughout the inspection, the team leader was very knowledgeable about the individual needs of each resident, and was also aware of their regulatory responsibilities.

Since the last inspection of this centre, the provider had made changes to the organisational structure of the service to increase the hours available to the person in charge to manage this service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staffing levels were being maintained in the centre to ensure that residents were being supported in line with their preferences and assessed needs.

Planned duty rosters had been developed by the team leader. The inspector viewed the rosters for July, August and September 2025. These showed that required staffing levels were being consistently allocated and that sufficient staff were being rostered to support residents. The rosters were being updated as required to provide actual rosters which were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding, in addition to other training relevant to their roles, such as medication management, children first, basic first aid, manual and people handling, infection control, food safety and in management of specific aspects of health and welfare relevant to residents in the centre such as diabetes awareness, and feeding, eating, drinking and swallowing. Staff had also attended training in code of practice and supported decision making. The inspector also saw that there was an up-to-date staff training policy.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

The provider had recognised that the additional roles of the person in charge required adjustment, and had made changes to the organisational structure of the centre to address this. The remit of the person in charge had recently been reduced, and a vacant team leader post had been filled. The team leader supported the person in charge in the management of the centre. These two actions had resulted in the person in charge having more time to manage this service. The team leader was based between two centres which were across the road from each other, which gave them the capacity to be present in this centre every day.

The centre was resourced to support residents. During the inspection, the inspector observed that these resources included the provision of comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate levels of suitably trained staff to support residents' preferences and assessed needs. The provider also had effective auditing systems in place to ensure that a good quality and safe service was being provided to residents. The inspector read some of these audits, including the annual review, and the last two unannounced audits by the provider and auditors. The inspector also saw that a range of checks were carried out by staff, such as ongoing checks of fire safety equipment and arrangements.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The person in charge, team leader and staff in this service were very focused on ensuring the safety, community involvement and general welfare of residents. The inspector found that residents were supported to live lifestyles of their choice, to take part in activities that they enjoyed, and that residents' rights and autonomy were being supported. There was a good personal planning process in place in the centre to ensure that residents needs were being accessed and appropriately managed. However, a small number of healthcare plans for one resident had not been reviewed within the past year in line with the provider's procedure.

Comfortable accommodation was provided for residents. The centre was comprised of one house in a residential area close to a busy city. This accommodation suited the needs of residents, and was clean, comfortable and well maintained. Each resident had their own bedroom. The centre was nicely furnished and bedrooms were personalised to each person's taste. The house had a well equipped kitchen and dining area where residents could have their meals, and could become involved in food preparation if they liked to. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There was also a garden where residents could spend time outdoors. Residents could use the centre's transport to access their preferred activities.

As the centre was staffed throughout the day, residents had choices around how they would spend their days. Residents could take part in their preferred activities in their home, in the community or at day services. Some residents preferred to go to day service activities on weekdays and on the day of inspection, some residents were going there as they liked to play bingo which was on that day. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, day service activities, meeting with family and friends and going out for something to eat.

Residents' human rights were being well supported by staff and by the provider's systems. Information was supplied to residents through ongoing interaction with staff and through easy-read documents. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Residents also had access to a complaints process and advocacy service. Although most residents had good verbal communication skills, plans were also in place to support any identified communication needs.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for residents based on these assessments and plans were in place to ensure that these need were being met. Personal planning information and plans of care were detailed and informative. The provider had recently introduced a new personal planning recording process, which was being introduced on a phase basis.

The inspector viewed a resident's file that had been completed in the new format, and found that it was clear and informative. However, while most plans of care were up to date, a small number of plans had not been reviewed within the previous year, although this need had been identified and was planned to take place shortly. The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Residents' nutritional needs were well met.

Regulation 10: Communication

The provider had systems in place to support and assist residents to communicate as required.

Most residents could communicate well verbally but one resident requiring additional support with communication. The inspector viewed this resident's support processes which included a communication passport, which explained how to interpret and understand the resident's interactions. The inspector saw that there were also systems in place to enhance communication with other residents as required. For example, a resident with a hearing deficit had a plan for the use of a hearing aid, and a vibrating pillow and a strobe had been provided to alert the resident in the event of an emergency such as fire. While reviewing residents' care planning processes, the inspector saw that information was provided in easy-to-read formats that suited residents' capacity. This included information about the complaints process and guidance on a morning routine. There was also an up-to-date communication policy to guide staff practice.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents.

The centre comprised one house in a residential estate in a rural area. The centre was also close to a busy city. During a walk around the centre, the inspector saw that the centre was spacious, that all parts were well maintained, clean and comfortably decorated, and that all residents had their own bedrooms. There were gardens to the front and rear of the centre. Each resident had their own bedroom, and they had access to laundry facilities. A refuse collection service was provided by a private company.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw how choice was being offered to residents. Residents had weekly meetings with staff at which they planned their main meals for the coming week. the inspector saw that the meal plan was clearly displayed to keep residents updated. Main meals were freshly prepared in the centre and the dinner that was made on the day of inspection appeared wholesome and nutritious. Meals were prepared and served in line with each resident's preferences and assessed needs and staff who spoke with the inspector were knowledgeable of these requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for each resident based on their assessed needs. These were of good quality, were up to date' and were informative. However, some plans had not been reviewed annually as required by legislation and the provider's process.

The inspector viewed a sample of two residents' personal plans and found that these personal plans had been developed with input from the provider's multidisciplinary team. Comprehensive assessments of residents' needs were being carried out with multidisciplinary involvement as required. The inspector saw records that frequent multidisciplinary team meeting were being held to oversee and residents' care and support needs. The assessments informed personal plans which identified residents' support needs and identified how these needs would be met. These plans of care were very clear and informative, and most of the plans viewed were up to date. However, care plans for three aspects of one resident's specific support needs, had not been reviewed within the past year, with last reviews having taken place in May 2024. This presented a risk that the most up-to-date information may not be available to support these aspects of care. The team leader had identified that deficit and was planning to address it in the near future.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing.

The inspector viewed two resident's healthcare files which included records of medical assessments and appointments. Records viewed indicated that residents could visit general practitioners and medical specialist consultations as required. Residents also had access to allied healthcare professionals within the organisation and appointments and assessments were arranged as necessary. Residents also attended community based appointments for their welfare, including visits to the eye clinic and dentist.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days. Throughout the inspection, the inspector saw that each resident had choice and control in their daily life.

Residents were included in decision making in the centre. It was observed throughout the inspection that each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Adequate transport and staff support ensured that each resident could take part in individualised activities and outings. The three residents who spoke with the inspector were well informed and involved in the centre activities. They explained that they were involved in choosing their own meals and in light housekeeping activities. They also knew of the proposed change to the layout of the centre and a resident brought the inspector to see the area involved and explained the change that would be happening.

The provider had an advocacy process in the service and external advocacy services were also available to residents in the event that they wished to avail of these services at any time. The inspector also saw that written and visual information about the complaints process was provided to residents and three residents told the inspector that they understood that they could make a complaint or raise any concerns with staff. Residents' civil rights and preferences were being respected and staff confirmed that all residents were registered to vote and had the option of voting during referenda and elections.

Arrangements for the management of residents' finances were not examined at this inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waxwing 1 OSV-0004918

Inspection ID: MON-0048240

Date of inspection: 11/09/2025

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: Individual assessment and personal plans • The Team Leader and the CNS in Age Related Care (CNS in ARC) are completing this review of the identified Care plans. A preliminary review of these care plans took place with the CNS in ARC on 09/10/2025. Information gathering is underway, including liaising with GP's for required information to ensure contemporaneous plans are in place for this resident. The review of these plans will be completed by 14/11/2025 • The Team Leader and Person in Charge will complete a review of all Care Plans for all persons supported annually in line with organisational procedures.	

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(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	14/11/2025