



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh View Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	10 March 2026
Centre ID:	OSV-0004961
Fieldwork ID:	MON-0044155

About the designated centre

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

The statement of purpose describes the service as providing full time residential care for up to 14 adult residents, with a diagnosis of intellectual disability and additional care needs by virtue of autism and age related needs. Nursing oversight is available to the residents, with one of the three houses having nursing supports provided each day. Residents are also supported by a team of social care workers, care assistants and programme assistants. There are a number of specifically tailored day services attached to the service which residents can access as they wish and retirement is also supported. Residents are accommodated in three residential houses with between four and six residents living in each house. The houses are suitable to meet the current and changing needs of the residents. The centre is located in a coastal town with easy access to the local community and amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 10 March 2026	09:15hrs to 17:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of the designated centre. While the majority of the findings of the inspection were positive there were concerns regarding the use of resources in the designated centre to support residents' rights and their changing needs, particularly at night. The centre was made of up three houses and could accommodate 14 residents, there were 12 residents living there on the day of the inspection. Two of the homes in the designated centre were located beside each other, in a housing estate, on the outskirts of a large town and the other home was located on the campus of the registered provider.

The inspector met with the person in charge at the start of the inspection in one of the homes in the housing estate. There were five residents living in this part of the designated centre. The inspector met with four of the residents in this house. Residents spoke about the personal items that were important to them and their interests. Staff were seen to interact with the residents in a positive manner in this home and were seen to help residents with their preferred activities, for example a staff member and a resident were knitting together. Another resident was seen using a laptop to complete some work. The residents spoken with told the inspector that they enjoyed living in this home. The premises was aging but was clean and some issues with maintenance are discussed under regulation 17. There were plans in place to paint areas throughout the home.

Residents in the second home were seen exercising outside their home in the morning. All the residents were met when they returned home from their afternoon out. Two of the residents showed the inspector around their home. The residents that spoke with the inspector indicated that they were happy with their home. They sat to have tea, and appeared comfortable, when they returned home from their activity. Another resident greeted the inspector at the door as the inspector was leaving the designated centre.

The third house was visited near the end of the inspection. Two of the residents were met there. One resident spoke about their part time job they were undertaking and the interests they had in their home. The resident showed the inspector various areas in the home that they liked to use. The spoke with the inspector about the particular hobbies they had. The other resident greeted the inspector from their bedroom and chose to stay there while the inspector was in their home.

Many of the residents had en-suite bathrooms and had appropriate mobility equipment available for example rooms had hoists and a further hoist was being installed in the weeks following the inspection. The homes that made up the designated centre had appropriate kitchen and laundry facilities. Residents had medical equipment such as pressure mattresses in place when required.

The bedrooms and communal rooms in the designated centre were personalised for the residents and had personal items and pictures on display. Residents were seen using these areas during the inspection and were comfortable in these areas of their homes.

Staff supporting the residents were seen to be respectful and interacted with the residents in a humorous and kind manner. The staff, including the person in charge, knew the residents well. Staffing levels and mix of staff on the day of the inspection were appropriate for the needs of the residents. Staffing levels at night time is discussed later in the report.

The next two sections of the report 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 being delivered.

Capacity and capability

This inspection found that the management and staff team in place in the centre were familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining oversight and that these individuals maintained a strong presence in the centre.

Staff during the day of the inspection were seen to support residents engaging in activities of their choosing. Staffing resources and levels during the night time required review to ensure residents safety and rights were being met.

The person in charge had ensured that the staff team had received appropriate training to meet the needs of the residents. There was evidence of the training programme being monitored to ensure that the staff team remained up-to-date with training. There was a supervision schedule in place for staff, that was being completed throughout the year.

Regulation 14: Persons in charge

The person in charge was appointed in the designated centre on a full time basis. The person in charge was suitably qualified and had the relevant skills and experience required by the regulations.

It was evident that the person in charge knew the residents and their individual needs well and was working to ensure there was a person centred service in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the registered provider had not ensured that appropriate staffing levels were in place at all times to meet residents' assessed needs. In particular staff resources at night in the designated centre required review.

One of the homes in particular had a changing need for residents which meant that the residents required more support for personal care. The residents in question had become less mobile and often required two staff members to assist them. Two staff were available to the residents during the day time. However, from 10pm to 8am a staff member worked alone in this part of the centre. They relied on floating staff support from the registered provider's campus area. This was at least a 10 minute drive away. Staff reported that there were times where the staff could not leave the campus depending on what duties were being undertaken there. This meant there was a delay in residents having the opportunity to have their personal care needs attended to.

There was a planned and actual staff rota available in the designated centre. The staff in the designated centre provided an appropriate skill mix of staff available to the residents. Residents that required nursing staff support were provided with this. Regular relief staff were used in the centre to support residents when the permanent staff were unavailable.

Judgment: Not compliant

Regulation 16: Training and staff development

The registered provider had ensured there were effective systems in place for the training and development of the staff team.

The person in charge maintained a training matrix to monitor the training needs of staff and ensure these were addressed promptly. The inspector viewed the training matrix for all the staff working in the centre. It was evident that the person in charge was maintaining good oversight of the training needs of the staff. Training being provided to staff included fire safety, manual handling, children's first, safeguarding and hand hygiene.

The person in charge had ensured effective measures were in place for the appropriate supervision of staff. There was a schedule shown to the inspector on the day for the completion of supervision and appraisals for staff members in the designated centre for the current year.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a suitable governance structure in place with staff members reporting to a person in charge who was full time in the designated centre. The person in charge had support from senior management within the organisation.

There was a schedule of various audits for completion in the designated centre to monitor the safety and quality of the service provided. These audits were being completed in a timely manner. Examples reviewed by the inspector included a quality and compliance audit and person centred planning audits.

The registered provider had completed an annual review of the quality and safety of care and support for 2024 and this was currently being completed for 2025. The registered provider's six monthly unannounced visits were taking place every six months, as required by the regulation, and had been completed in February 2025 and August 2025.

Staff meetings were taking place taking place on a regular basis in the designated centre. These meetings discussed such items as fire checks, risk assessments and all residents were individually discussed.

The use of resources in the designated centre required review as three of the residents were experiencing a change in needs. This is further discussed under regulation 15.

Judgment: Compliant

Quality and safety

The inspector found that the residents in this designated centre were in receipt of person centred care and support and lived in warm comfortable homes.

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These were reviewed in a timely manner.

These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents had set goals for the year together with staff and these goals were realistic and reviewed. Risk was well managed in the centre and measures were in place for safeguarding of residents.

Regulation 10: Communication

The registered provider and the person in charge had ensured the communication needs of the residents were well met.

Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with.

There were various items in the centre such as schedule boards and calendars with easy to read items on display. They were used to assist various residents with their selection of activities and in remembering their schedules of activities. Social stories were also created and used when the residents were undertaking new activities to help them understand what may happen.

Residents had access to Internet and televisions in their homes and were seen using lap tops and electronic tablets during the inspection.

Judgment: Compliant

Regulation 17: Premises

The designated centre as stated comprised of three premises. In each home visited the inspector found that the premises was meeting the residents' assessed needs in terms of having adequate communal and private spaces for the residents. There were sufficient bathrooms, kitchens and laundry rooms in each home. Residents who needed it had appropriate equipment in their home to assist with their mobility. A hoist had been installed in one of the resident's bedrooms and another resident was waiting for installation of another hoist for their bedroom and currently had access to a portable hoist. Residents' bedrooms were decorated in a personalised manner and reflected the residents interests. Residents had personal photographs on display in their rooms and one resident had flowers, that they made themselves, which added colour to their bedroom.

Areas of the premises had been recently painted and furniture no longer used had been removed.

The inspector on completing a walk through of the premises found that some sections of the premises required attention:

- rust on tiles in one of the bathrooms
- areas of the kitchen units were worn and scuffed in two homes
- flooring in a corridor in one of the homes had become discoloured.

The rust on tiles and the worn kitchen units had been identified by the person in charge as works required to be completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers were checked and serviced in a timely manner.

Staff were completing fire safety checks in the designated centre in line with registered provider's policy. Fire doors checked during the inspection by the inspector were operating correctly.

All residents had personal emergency evacuation plans in place which were reviewed in the last 12 months or as required. The residents were participating in the fire safety drills in the centre on a regular basis and if action was required following these it was documented.

The emergency plan in the event of a fire was displayed throughout the centre. There was a fire safety overview guidance for staff and fire evacuation procedure, which explained what would happen if the designated centre needed to be evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. The person in charge had ensured that a review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year.

Residents undertook both enjoyable activities and also ways of increasing the residents' independence. It was evident that these achievements for the residents were being monitored and the achievements being documented. One resident had their plan adjusted due to their ongoing changing health need. Residents were engaging in their preferred activities such as going to the cinema and visiting pet farms.

Judgment: Compliant

Regulation 6: Health care

The registered provider was providing access to appropriate health care for residents.

Health care records were reviewed in detail for two residents in the centre and a sample of records from other residents' files were viewed also during the review of documentation in the centre. There was detailed information recorded in each residents' personal file about the assessment and management of their health care needs and how these were supported in the designated centre.

Health care action plans were in place for identified health care needs and the records reviewed showed that residents were supported to access appropriate health care and had access to appropriate health and social care professionals. Residents had received significant health and social care input including occupational therapy and physiotherapy. Mental health supports were provided where required and residents had access to both psychology and psychiatry services as needed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider promoted a positive approach when responding to behaviours that challenge.

The person in charge ensured that appropriate supports were in place for residents that required them. The inspector found that residents that required behaviour support plans had them in place. These plans where required were reviewed within the last 12 months. The three plans viewed by the inspector contained clear information for staff including how their behaviour may impact themselves and others around them. Early indicators of when the person required behavioural support were also identified.

Staff were provided with training in the area of de-escalation and intervention when residents required this. Restrictive practices used in the centre were logged and

were subject to regular review. Restrictions were also reviewed by the multidisciplinary team for example padding used in an area for a resident had been reviewed by an occupational therapist.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that residents' rights were promoted and protected. The registered provider ensured that residents' privacy and dignity was respected and that residents were supported to understand their rights and to exercise their rights.

Staff were observed to speak with and interact respectfully with residents and the person in charge and staff team spoke about residents in a manner that was rights focused. Records reviewed in relation to weekly residents' meetings showed that residents were consulted with and informed about issues in this centre such as their activities and their food choices.

Residents had a choice of activities available to them. There was adequate space in the centre for the residents to undertake their activities in private if they wished.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Comeragh View Residential Services OSV-0004961

Inspection ID: MON-0044155

Date of inspection: 10/03/2026

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Night Time supports for all houses within the Designated Centre remains under review in order to ensure appropriate supports are in place for residents. A number of actions have been initiated since the inspection.</p> <p>1. A business case has been submitted to the HSE for an additional staff member on the roster who will respond to call outs across the Designated Centres at night. (mobile staff member at night). The business case set out that this staff member will be available to locations where a second staff member is required with the expectation that call outs are for short periods of time.</p> <p>2. For a 4-week trial period a further member of staff Healthcare Assistant has been rostered from 7:00am to support residents in 1 of the houses with personal care needs – this action brings the staff compliment to two members of staff at this time in the house. From review it had been identified that times between 7:00am and 8:00am were peak times where additional input was required in the houses. (a) where the second member of staff was called to (required) (b) and in the house / location on campus where the staff member was called from</p> <p>The impact of this action will be reviewed by way of a Provider Review in the context of appropriate response times and staffing to support residents in the community house.</p> <p>Currently a second member of staff from campus attends the Community House between 3:00am and 4:00am to assist with planned call and the requirement for same will also form part of the Provider Review.</p> <p>It is not possible to predict when residents may require the support of two members of staff for care supports. A care plan is in place for a single member of staff to utilize mobility aids however there are times when a second member of staff will be required to support and the response times too such calls will be reviewed under a Provider Review</p>	

of Night Supports across Designated Centres OF Carriglea Cairde Services. This review will be completed in the context of care and support requirements and appropriate response times. The outcome of this review will inform the support requirements to be deployed.

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Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Rust was identified on radiators during an environmental inspection completed on 17/02/2026. A list of maintenance issues was subsequently submitted for action. The affected radiators were repainted on 18/03/2026, and this work has now been completed across all houses.

Additionally, kitchens in two houses were identified as requiring updating. A quote has been obtained to have both kitchens painted and this work will now be progressed.

Flooring in corridor in one house discolored – the maintenance team are to establish if it is possible to remove the discolored appearance and if this is not possible replacement flooring will be installed.

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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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/06/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2026