



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

Issued by the Chief Inspector

Name of designated centre:	Deise Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0004962
Fieldwork ID:	MON-0044364

About the designated centre

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

Deise Residential Services is a designated centre operated by Carriglea Cairde Services. It provides a community residential service to a maximum of 18 adults with a disability. The designated centre consists of three houses. Two of the houses are located on the same grounds with the third house is located close by in a housing estate. The three houses are located on the outskirts of a town in Co. Waterford and is close to local amenities. Each house consists of kitchen, dining room, living room, individual resident bedrooms and a number of bathrooms. The staff team consists of staff nurses, social care workers and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Wednesday 11 February 2026	10:00hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to briefly meet with 13 of the 18 residents over the course of this inspection. Four of the residents were accessing day services and one resident was attending an appointment and were not in the centre when the inspector visited.

In the morning, the inspector visited the first house which was home to six residents. On arrival, one resident said hello to the inspector as they left the centre to attend a regular appointment, one resident was preparing to attend day services, two residents were having a lie in and two residents were preparing for the day in the sitting room and dining room. The inspector sat and had a cup of tea with two residents in the sitting room. The residents spoke of plans to go to an appointment at the hairdressers and to spend time in town. The residents said they liked living in the centre and spoke positively about the care and support provided by the staff team. One resident showed the inspector their bedroom which was decorated in line with their preferences. Later in the morning, the inspector met with the another resident as they had their breakfast. They smiled at the inspector and appeared comfortable in their home. The inspector then observed the staff team and residents engaged together in table top activities such as puzzles.

The inspector completed a walk around of this house. The house was a detached purpose built bungalow which comprised of kitchen-dining room, sitting room, office, staff bedroom and six individual resident bedrooms. In general, the house was observed to be well-maintained and residents' bedrooms decorated in line with their preferences with individual colours, personal possessions and photographs.

Later in the morning, the inspector visited the second house which was located on the same grounds and was home to six residents. At the time of the inspection, four residents had left the service to attend day services. The inspector was welcomed by one resident in the hallway. The resident said that they liked living in the house and showed the inspector their bedroom which was decorated with posters of the soccer team they followed. The inspector met with a second resident in the kitchen as they were being supported to have breakfast. They smiled and waved at the inspector. The residents were observed leaving the centre later in the morning to attend day services.

The inspector also completed a walk around of this house. Similarly, the house was a detached purpose built bungalow which comprised of kitchen-dining room, sitting room, study, staff bedroom/office and six individual resident bedrooms. In general,

the house was observed to be well-maintained and residents' bedrooms decorated in line with their preferences.

In the afternoon, the inspector visited the third house. The house was home to six residents and located in an housing estate. The inspector observed residents returning from their day service and met with five residents as they settled in for the afternoon. They appeared happy returning to the centre and each resident said hello to the inspector. The residents spoke positively about the staff team and positive interactions were observed between residents and the staff team.

Similarly, the inspector also completed a walk around of this house. The house consisted of kitchen-dining room, sitting room, activity room, six individual bedrooms, staff room and shared bathrooms. The house was well maintained and the resident bedrooms were personalised.

Overall, the inspector observed a well managed centre which provided quality care and support to residents. The residents appeared content and comfortable in their homes. The inspector observed the staff team supporting the residents in an appropriate and caring manner. However, the arrangements in place to support two residents with personal plans and specifically their finances, required further attention.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure the service provided was safe, consistent and appropriate to residents' needs.

There was a defined governance and management structure in place. The centre was managed by a suitably qualified and experienced person in charge. The annual review and six-monthly provider audits had been carried out as appropriate.

On the day of the inspection, the inspector found that there was appropriate staffing arrangements in place. The roster demonstrated that there was an established staff team in place which ensured continuity of care and support to the residents.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster for January 2026 and February 2026, there was an established staff team in place. Due to the residents' needs changing, it was demonstrable that the staffing arrangements had been reviewed and shifts reorganised in line with the changing needs. For example, a waking night shift had been introduced in one house. The centre was operating with two whole time equivalent vacancies. Where cover was required regular relief and agency staff were used. This ensured continuity of care and support provided to residents.

In the first house, the six residents were supported by three staff during the day, two staff in the evening and one waking night staff at night. In the second house, the six residents were supported by one staff in the morning, three staff during the evening and one sleepover staff at night. Finally, in the third house, the six residents are supported by two staff in the morning and two staff in the evening. At night, the six residents were supported by one sleepover staff. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the services manager, who was also the clinical governance lead of the organisation, and the Chief Executive Officer. The designated centre was managed by a person in charge who was responsible for this designated centre alone. The person in charge was supported in their role by a Clinical Nurse Manager and senior staff nurses.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review for 2024 and six-monthly provider visits. The annual review demonstrated consultation with the residents as required by the regulations. The audits identified areas for improvement and action plans were developed in response. For example, identified issues with fire containment measures had been addressed. In addition, the provider had submitted an application to remove one unit of this centre and register it under another designated centre. This reconfiguration was part of the provider's strategic plan to improve the governance and structure arrangements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment. However, some improvement was required in personal plans.

The inspector reviewed the a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team. However, the arrangements in place to support two residents with their finances required further attention.

There were appropriate systems in place to keep the residents safe. Incidents and accidents records demonstrated that the were appropriately managed and responded to. The residents appeared content and comfortable in their home.

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of the residents. The designated centre consists of three houses. Two of the houses are located on the same grounds with the third house is located close by in a housing estate. The three houses are located within a close proximity to each other on the outskirts of a town in Co. Waterford close to local amenities. The inspector viewed the three houses and found that they were generally well maintained. The residents bedrooms were personalised with individual colours, residents belongings and pictures of people important in their lives.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre.

The previous Inspection identified that fire containment measures required improvement as a number of fire doors were not effectively working. The provider

had completed a review of fire containment measures and upgraded door frames and fire doors as required. This was completed on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place to guide the staff team in supporting the residents with their identified needs, supports and goals. The inspector reviewed a sample of residents' personal files and found that the care plans were up-to-date and appropriately guided the staff team in supporting the residents. On the day of the inspection, residents were observed attending different day services, accessing the community, engaging in individual activities and attending medical appointments. However, two residents were supported by others external to the provider to manage their finances. The inspector found that further clarity was required on arrangements in place to ensure residents had full access to their finances and were supported to manage and have oversight of their finances.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had systems to keep the residents in the centre safe. The inspector reviewed incidents occurring in the centre in the last six months. There was evidence that incidents were appropriately managed and responded to. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in safeguarding vulnerable adults.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Deise Residential Services OSV-0004962

Inspection ID: MON-0044364

Date of inspection: 11/02/2026

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 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: The PIC and Provider will meet with the residents and their families to discuss finances and how best the residents can be supported to access and manage oversight of their personal finances with their families and within the organisation's processes by 30th June 2026	

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(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/06/2026