



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

Issued by the Chief Inspector

Name of designated centre:	Miltown Respite
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	25 November 2025
Centre ID:	OSV-0005501
Fieldwork ID:	MON-0039850

About the designated centre

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

In this designated centre a respite service, based in their own community, is provided for residents; a maximum of three residents can be accommodated at any one time. The residents availing of respite present with a diverse range of needs ranging from a requirement for minimal staff support to full dependence on staff support at all times. This diversity is reflected in the organisation and delivery of the respite service such as occupancy and staffing levels. The centre is comprised of two houses located in a small housing development on the outskirts of the town. One house can accommodate one resident while the other can accommodate up to two residents at a time for respite breaks. The location of the centre facilitates ease of access to and from home, to the day service and, to the range of amenities offered by the town. During respite breaks, residents are supported by a staff team including the person in charge and support workers. Staffing levels are adjusted to reflect each resident's need for support and, there are a minimum of two staff on duty at all times when residents are in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 25 November 2025	09:15hrs to 15:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was announced and was carried out to monitor regulatory compliance in the centre, and following the provider's application for renewal of registration for the centre. As part of this inspection, the inspector met with both residents who were availing of respite breaks at the time, spoke with staff on duty, and also viewed a range of documentation and processes.

This is a respite service where residents, who live mainly with their families in the community, can avail of short residential breaks, usually for one to two nights. The centre can provide respite services for up to nine adults at separate times. The centre had the capacity to accommodate up to three residents in the centre at any time. The person in charge explained that when planning respite placements, consideration is given to the compatibility of residents, which enhances the enjoyment of the breaks for all residents. At the time of inspection the service was providing respite breaks to two individuals, one of whom were receiving the service on an individualised basis in each house.

The centre consisted of two houses. It suited the needs of residents and provided them with a safe and comfortable living environment. The location of the centre in a residential area close to a busy coastal town, gave residents good access to a wide range of facilities and amenities. Both houses in the centre was clean, bright, suitably furnished and decorated, and there was adequate communal and private space for residents. All residents had their own bedrooms during respite breaks. There were well-equipped kitchens in both houses as well as refuse collection services and laundry facilities.

Residents who attended this service for respite breaks had a good quality of life, had choices in their daily lives, and were well supported with their care needs. Staff were very focused on ensuring that a person-centred service was delivered to residents and that they enjoyed their respite breaks in the centre. From conversations with staff, observation in the centre, and information viewed during throughout inspection, it was very clear that the wellbeing and quality of life of residents was being prioritised during their respite stays. This ensured that they had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community. Residents who chose to, were also supported to attend day service activities. Some of the activities that residents enjoyed and took part in during respite breaks, included going to the cinema, bowling, parties and discos, farm visits, outings to places of interest, going for picnics and walks, visiting the local library, and shopping.

Although residents were out and about doing things during the day, the inspector had the opportunity to meet with both residents who were availing of respite breaks on the day. These residents did not have the verbal capacity to speak with the inspector or to discuss living there. However, the inspector observed the interaction

between staff and residents. One resident was happy for the inspector to be present in the centre, and the inspector observed this resident's lifestyle for the times that they were present during the day. The second resident was not comfortable with the inspector's presence in their space and clearly indicated this preference. This choice was respected and the inspector only remained briefly in the house in keeping with the resident's wishes.

Both residents were observed to be at ease and comfortable in the company of staff, and appeared relaxed and happy in the centre. Staff were observed spending time and interacting warmly with the residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. Staff were very aware of the communication needs of residents. There were a range of communication aids in place and these were in use to support residents to express their views. The inspector also saw that information and sources of knowledge were being provided to residents to enhance their comfort and safety. For example, fire safety and rights training were delivered to any residents who wished to take part.

As each resident on the day of inspection had one-to-one staffing, arrangements for outings and activities were flexible and could be accommodated in line with residents' preferences. The inspector learned that one resident enjoyed a combination of time in the centre and external activities. One of the activities that they enjoyed was going to the library and they returned to the centre with a selection of books which the staff read out loud to them. They also enjoyed sensory activities and this was taking place in the house. The resident was relaxed and smiling and was clearly enjoying their time in the centre. This resident liked to be busy during respite breaks and recent activities during respite breaks included going to see the Christmas lights in Bunratty Park, meals out, personal and grocery shopping, cinema, and lunch out with friends. They also had plans to attend two Christmas parties in the coming weeks.

It was clear from observation in the centre, conversations with a resident and staff, and information viewed during the inspection, that residents had a good quality of care during their respite breaks. Residents had choices around how they spent their time and were supported by staff to attend day services, and to be involved in other activities that they liked, both in the centre and in the local community.

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

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These

arrangements ensured that a good quality and safe service was provided to the residents who availed of respite breaks there.

There was a clear organisational structure in place to manage the service and this was described in the statement of purpose. The provider had appointed a suitably qualified and experienced person in charge. While the person in charge had other management responsibilities, they were very involved in the day-to-day running of the service and were knowledgeable regarding the individual needs of each resident. Arrangements were also in place to support staff when the person in charge was not on duty.

The centre was well resourced to ensure the effective delivery of care and support for residents during respite breaks. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, televisions, games and equipment. Adequate staffing levels of appropriately trained staff were also allocated to support residents' preferences and assessed needs. Training had been provided to staff to enable them to carry out their roles effectively.

It was clear that the provider was focused on quality improvement in the centre and any issues that had been identified for improvement at the previous inspection of the centre had been addressed. The provider's auditing systems were not reviewed at this inspection as they had been examined in full at a recent inspection of the centre in April 2025. On that occasion the inspector found that there were effective auditing systems in place to oversee the quality and safety of care in the centre. These systems included an annual review of the service and detailed audits carried every six months on behalf of the provider.

Documents required during the inspection were kept in the centre and were available to view. The records viewed by the inspector, such as fire safety documentation, healthcare records and medication management records, were clear, informative and well organised.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector read this documentation and found that it had been suitably submitted. This ensured that that the required information available to the Chief Inspector to assess the fitness of the provider and to inform the registration renewal decision.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. The role of the person in charge was full-time. The inspector read the information supplied to the Chief Inspector in relation to the person in charge and this indicated that they had the required qualifications and experience for this role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived in the centre, and was also knowledgeable of their regulatory responsibilities. The person in charge worked closely with the wider management team, and with staff. They told the inspector that they spent some time in the centre each weekday.

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. Staff had also attended other training relevant to their roles, such as training in manual handling and people movement, basic first aid, epilepsy awareness and rescue medication, infection control and hand hygiene. Training in restrictive practice, personal outcomes and code of practice were also being delivered to staff. The range of training provided to staff ensured that staff had the knowledge and skills to support residents appropriately and safely.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's insurance arrangements which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it provided insurance cover for residents and their property.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed. This ensured that a good quality and safe service was being provided to residents who availed of respite breaks there.

An organisational structure with clear lines of authority had been established to manage the centre. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty. The centre was suitably resourced to ensure the effective delivery of care and support to residents. The inspector saw that these resources included the provision of suitable, safe and comfortably furnished and equipped accommodation, transport, and adequate staffing levels to support residents. Clear informative and up-to-date records and documentation were being maintained in the centre, to guide practice. The provider was also mindful of addressing any required improvements in the centre. For example, since the last inspection of the centre, the provider had strengthened the arrangements for supporting personal care, for providing additional choice at these times.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. While the statement of purpose was generally suitable, it required minor amendment on the day of inspection.

The inspector read the statement of purpose and found that it met most of the requirements of the regulations, and was being reviewed annually by the person in charge. However, some of the required information was not clearly stated and required to be reviewed and updated. As the statement was informative and generally suitable, this did not have any negative impact on residents who lived in the centre. Following the inspection, the person in charge amended the statement of purpose and a suitable version was supplied to the Chief Inspector.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, the provider had good measures in place to ensure that the wellbeing and health of residents was promoted and that residents were kept safe during respite breaks. There was evidence that a good quality and safe service was being provided to residents.

During a walk around the centre, the inspector found that both houses were comfortable, and were decorated, furnished and equipped in a manner that supported the needs of people who received respite breaks there. The inspector saw all the bedrooms in the centre and these were comfortable and suitably furnished. The centre was kept in a clean and hygienic condition. Surfaces throughout the house were of good quality, were clean and were well maintained.

The provider had measures in place to safeguard residents from risks associated with fire. Fire safety measures included staff training, development of personal evacuation plans for each resident, and completion of fire evacuation drills, all of which had taken place in a timely manner. Fire doors were fitted throughout the building to limit the spread of fire.

During this inspection the inspector reviewed the arrangements for management of personal and intimate care and found that it was being managed appropriately. There was clear guidance for staff on how to support personal care having regard to the dignity and choice of residents.

There was a personal planning process in place to ensure that residents' care needs were identified and were being met during respite breaks. Individualised personal plans had been developed for residents based on a combination of assessments of their their healthcare, personal and social care needs needs and information supplied by their families. Although residents' medical and healthcare appointments were mainly being managed by their families, they were supported with healthcare needs as required during respite breaks. The inspector also found that there were safe and appropriate medication management practices in place in the centre.

Residents' human rights were being well supported by the provider's systems during respite breaks. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way, residents were treated respectfully by staff, they had access to privacy as required, and they had access to complaints and advocacy processes. Information was supplied to residents through ongoing interaction with staff, and suitable communication techniques were being used to achieve this.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents who availed of respite breaks there. The centre comprised two houses situated close to each other in a residential area of a coastal town. The location of the centre gave residents good access to the amenities of the town. The

inspector visited both houses in the centre and found that these houses were well maintained, clean and comfortably decorated. The houses had gardens, well equipped kitchens, laundry facilities and had access to refuse collection services.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it met the requirements of the regulations. The inspector saw that other information that was relevant to residents was displayed in user friendly format in the centre. This included information about advocacy, details of the designated safeguarding officer and the confidential recipient, recognising abuse, and information about the organisation's name change which is due to happen in the near future. A visual information sheet had also been developed to inform residents of the finding of the most recent inspection of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good measures in place to safeguard residents, staff and visitors from the risk of fire.

The inspector reviewed records of fire drills carried out in the past year, personal evacuation plans and staff training. There were internal fire doors throughout the house. Training records viewed by the inspector confirmed that all staff had attended up-to-date fire safety training. Personal emergency evacuation plans had been developed for each resident. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner both during the day and at night. Records of evacuation drills were well recorded and included details of the staff and residents involved and the time taken to evacuate. Evacuation sheets were available to use as appropriate if required. These had been included in an emergency evacuation drill which had been completed in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the management, storage and administration of residents' medication.

The inspector viewed the storage of medication and found that residents' medications were safely stored and, there were suitable arrangements in place for storage and management of any medications intended for return to pharmacy. Assessments for suitability for self-administration of medication had been carried out for all residents and medications were being administered accordingly. Each resident has access to a pharmacist in the community. The inspector viewed the management of a resident's medication and found that there was clear information available to guide staff on administration of medication, including 'as required' medication to the resident.

Judgment: Compliant

Regulation 6: Health care

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

As residents' stays in the centre were for short respite breaks, their healthcare needs were primarily managed by their families. However any required healthcare interventions were supported during respite breaks. The inspector viewed a resident's healthcare file and found that health needs assessments had been completed, and that plans of care had been developed to guide on the care of any identified healthcare needs. Any guidance from healthcare professionals was included in plans of care. For example, clear, up-to-date guidance from a speech and language therapist was included in a care plan for supported eating. There was a 'Healthy Active Me' programme in the centre and staff supported residents' health by supporting residents to take part in exercise and offering healthy meal choices.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the management of personal and intimate care in the centre and found that it was being well managed.

Since the last inspection of the centre the provider had introduced some measures to strengthen the personal care process. The person in charge showed the inspector the intimate care procedure that had been developed for the centre. This provided

guidance to staff around giving residents' choice around whether or not to lock bathroom doors and seeking verbal consent for each action of personal care. As some residents preferred not to lock the bathroom door, a hanging sign could be displayed on door to indicate if the bathroom was occupied or free. These measures ensured that resident's privacy, dignity and choice would be protected during personal care.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights during respite breaks. Review of information, discussion with staff and observation of practice in the centre, indicated that residents had choices around how they spent their days, and how their lifestyles were being managed. As residents were only present in the centre for short stays, their religious, political and civil rights were mainly being supported by their families, although the staff in the designated centre supported these rights as required during respite stays.

Records that the inspector viewed showed that staff had established and recorded residents' likes, dislikes and preferences, based on assessments, input from residents and their families, observation, and knowledge of each individual. The provider had both complaints and advocacy processes available to residents and their families. The inspector saw that each resident had choice and control in their daily life. The staffing levels and availability of transport ensured that each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Residents were being supported to communication in line with their need during respite breaks. The inspector saw, for example, a visual board that had been developed for a resident and included meal choices, days of the week and respite routine.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant