



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

## Issued by the Chief Inspector

Name of designated centre:	Hazelbrook
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0005689
Fieldwork ID:	MON-0049121

## About the designated centre

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

Hazelbrook is a residential home in Co. Waterford, catering for two adults with an intellectual disability over the age of 18 years. The centre operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers. Supports afforded to residents are reflected in each individualised personal plan to ensure the service facilitates residents in all aspects of their daily life. The service is a detached house which is designed to provide two comfortable apartments.

**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
Wednesday 7 January 2026	09:30hrs to 17:00hrs	Linda Dowling	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and carried out with a specific focus on safeguarding, to ensure residents felt safe in the centre they were living in and they were empowered to make decisions on their care and how they wished to spend their time.

Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to make decisions. However the area of risk management required some improvements.

On arrival to the centre the inspector completed a walk around of the centre. This designated centre is registered for two adults who each reside in their own apartment. While there is an interlocking door between both apartments this door was not utilised and was recorded as a restrictive practice. Both apartments have a kitchen and sitting room, one bedroom and bathroom facilities. The centre for the most part was clean and tidy, residents had been supported to decorate their apartments in line with their wishes and interests.

During the walk around the inspector met with one resident who was resting in bed, they liked to get up at a time of their choosing. When they got up they requested to go on the bus, this is their everyday routine, as they enjoy a trip to the beach where they enjoy spending time in the water. Later in the day the resident was seen to go swimming and they played games on their computer. This resident had their own communication style with specific sounds and phrases for their preferred items. The staff supporting them were able to understand their communication attempts with ease.

The inspector met with the second resident who was up, dressed and sitting in their sitting room. They were keen to speak with the inspector, have a cup of tea and do some colouring. They spoke about things they enjoy doing such as horse riding, playing video games, colouring and art work, they also showed the inspector a photo album that had lots of photos of them doing a variety of activities such as trips to the beach, woodland and areas of interest. This resident was also seen to seek assurance from their staff in relation to the staff coming in on the night shift, their support staff was seen to give them reassurance in line with their support plan.

Both residents were observed to be comfortable in the presence of staff and the staff were observed to be person centred in their approach to residents. From review of documentation, the use of professional and respectful language was used throughout residents assessments and plans.

Throughout the day the inspector got to speak with a number of staff member. It was evident that all staff had an awareness of their role and responsibility to

safeguard residents in the centre. Staff spoke about the individuals they support, their likes and dislikes and how to meet their assessed needs.

The inspector was made aware of a recent safeguarding referral. Staff on duty at the time had followed the provider's safeguarding procedure and the resident received appropriate care and support.

Throughout the inspection it was evident the local management team had been actively working on a reduction in the restrictive practices in the centre. Residents were being supported with skills teaching to reduce the impact of some of these restrictions. For example, one resident was taught how to enter the code for the key pad on their front door and they were seen to do this on the day of inspection when they were ready to leave the house.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

Overall, the findings from this inspection were positive. The inspector found that there was a clearly defined management structure in place and regular management presence in the designated centre, with a full time person in charge who was supported by a social care worker who had specific delegated duties.

The provider had established good systems to support the provision of care and support to the residents. There was evidence of regular quality assurance audits of the quality and safety of care both at provider and local level.

There was a consistent staff team in place and while some shifts were covered by agency these were consistent and familiar with the residents. In addition there was ongoing recruitment to fill the vacancies permanently.

## Regulation 15: Staffing

Daily staffing in the centre consisted of two staff on twelve hour shifts with an additional third staff starting at 12 midday until 19.00. Each resident is supported by one staff in their individual apartments, the third staff supports across both apartments depending on the planned activities. In addition the centre is supported at night by one waking night staff.

While there was vacancies in the centre these shifts were being covered by consistent agency staff and the provider was engaging in recruitment to fill these vacancies.

Staff reported the team is more settled in recent months and they felt supported in their role. They spoke about their roles and responsibilities with confidence. Staff members were aware of residents individual preferences and their assessed needs. Staff and management spoke about residents in a respectful manner and were seen to be patient and understanding when engaging with residents.

From review of team meeting minutes they were happening regularly and included detailed discussions in areas such as health and safety, incidents, staffing, safeguarding, complaints and maintenance. The minutes of meetings were printed and available for all staff to read.

The inspector reviewed the personnel files for three staff members and these were reflective of the necessary documents required under Schedule 2 of the regulations For example they all had up -to -date photo identification, complete employee history inclusive of two references and in date Garda Vetting all stored on file.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed the training records for all staff in the designated centre. It was found that all staff were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being. All staff had undertaken human rights training. From observing staff engagement with the residents the benefits of human rights training was evident. All staff supported residents to choose activities, one resident spoke about colouring, then wanted to view their photo album and then choose to play a video game, the staff was seen to support each decision.

All staff had up-to-date mandatory training such as fire safety, medication management, people and moving handling along with centre specific training such epilepsy and administration of rescue medication.

The person in charge had a schedule in place to ensure all staff received supervision twice yearly as per providers policy. The inspector reviewed three staff supervision record for the year 2025 and they were found to be up to date and included detailed discussions and actions identified.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this centre. There was a clearly defined management structure in place which was lead by the person in charge who also had responsibility for three other centres operated by the same provider. They were supported in their role by a social care worker who had some assigned duties including auditing and updating support plans.

The designated centre had been audited as per the requirements of the regulations. An annual review of the service has been completed in February 2025 for the year 2024 and the annual review for the year 2025 was in progress to be completed by the end of January 2026. Two six monthly unannounced visits to the centre were completed in May 2025 and November 2025. The audits contained detailed findings about the centre and actions had been identified for any areas requiring improvements. For the most part these actions had been addressed in a timely manor and were seen on the day to be completed. For example, an action had been set to review and reduce the use of restrictive practices in the centre, this was seen to be in progress on the day of inspection

The management in the centre were also completing local level audits including financial reviews, medication, food and nutrition and health and safety. From review of a sample of these audits they were being completed regularly and had action plans in place where improvements were required.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents, were was of a good standard. The inspector observed that residents had planned activities and were supported in line with their assessed needs. Some minor improvements were required in the area of risk management.

The premises was suitable to the needs of each resident and was found for the most part to be warm and clean. Each resident had their own apartment that was decorated in line with their preferences. They each had communal living space that held some of their personal belongings along with a bedroom that had sufficient storage for clothing and personal items.

The management and staff team were striving to provide person centred care to the residents in the centre. This meant residents were able to express their views and were supported to make decisions about their care and they were listened to.

Safeguarding concerns were being identified, reported to the relevant authorities and managed well within the centre.

## Regulation 10: Communication

Residents' communication needs were outlined in their personal plans and throughout their stress management support plans. Staff were familiar with their communication requirements and this was observed by the inspector on the day of inspection. For example, a resident used specific sounds and words to communicate. There was clear written guidance available to staff to ensure that they knew what each word and sound represented. From speaking with staff members they were all very familiar with these unique words and sounds and their meaning. The resident was seen communicating their needs and wishes to staff and staff understood them with ease.

The inspector reviewed a sample of residents' meeting minutes. Each resident was supported to have the meeting individually each week and discussed items such as meal planning and schedule for the week ahead. Staff also took the opportunity to read social stories when explaining restrictive practices or introducing new activities for the resident at these meetings.

Judgment: Compliant

## Regulation 17: Premises

The premises was laid out to meet the assessed needs of the residents and generally kept in a good state of repair. The property was well ventilated throughout, with the provision of adequate lighting and heating so as to ensure a comfortable and safe living environment for the residents.

As previously mentioned each resident had their own apartment that was decorated in line with their preferences. One resident liked to keep some of their clothing in a wardrobe in the sitting room, they had access to this as they wished. Both residents had table top activities available to them in their sitting room and had photos and items of importance to them on display. One resident liked to keep their items in specific locations and checked daily to ensure they were in their preferred location. Staff were aware of these items and refrained from moving them.

The property had some external space with parking, a small lawn area and some paving where the residents have their garden furniture in the summer. A small number of improvements were required in the property and these were seen to be identified by the management team and requests had been made to their maintenance team to have them completed. For example, power hosing to clean the paving and patio area after the winter, new flooring in one of the apartments and

access to an external office to be reconfigured. These works remained outstanding on the day of inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The inspector reviewed the individual risk assessments in place for two residents and found that for the most part risks were being identified, risk rated and appropriate controls out in place to manage risk. However, some risks required review as they were not in line with residents' assessment of need or support plans. For example, one resident's risk assessments for absconding identified that the resident requires supervision at all times. The inspector reviewed this resident's stress management plan which indicated that staff were to give the resident space in their apartment when presenting with specific behaviours. This meant leaving the resident unsupervised for specific periods of time. The risk assessment required updating to be reflective of the current controls in place.

Another resident was also assessed to spend short periods of time in their apartment without staff supervision. There was no risk assessment completed in relation to this and therefore it was unclear if any control measures were in place and managed appropriately.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed each resident's personal plan and found them to be clearly laid out and contain good guidance. For example, residents' needs were assessed annually and care plans were developed to ensure their care and support needs were met. Support plans included epilepsy, medication, introduction of new activities, and food and nutrition to name a few.

From the inspector's conversations with one of the residents it was clear they were supported to make decisions about their daily life. They spoke about things they like to do and they explained that they enjoyed doing specific activities on set days. The resident also spoke about in house activities they enjoyed such as colouring and

playing video games. In the afternoon the resident was observed requesting to play a game on their gaming device and their support staff supported them to get it ready.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

Both residents had stress management plans in place that identified proactive and reactive strategies to support the person when experiencing periods of stress. Staff reported these plans are effective and the level of incidents have greatly reduced. This was also evident when the inspector reviewed the incident record.

As previously mentioned there had been a significant reduction in the use of restrictive practices within the centre. This included the reduction of the use of a key pad lock on a front door. A resident also had access to the external office where additional stocks of food were kept. This had previously been locked.

Judgment: Compliant

### Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents. The inspection found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre.

There was one recently opened safeguarding concern in the centre with an interim safeguarding plan in place at the time of the inspection. The inspector reviewed the measures that had been put in place to keep residents safe.

Safeguarding was reviewed regularly through team meetings, supervisions and through both provider and local level audits. Staff spoke about their safeguarding vulnerable adults training and human rights training and the benefits of the training. They reported feeling confident in the reporting any concerns and were aware of the provider's safeguarding policy and procedure.

Judgment: Compliant

## Regulation 9: Residents' rights

Overall, the provider was ensuring residents were informed about matters that effected them, their rights, access to advocacy and the complaints system. Residents who engaged with the inspector said they liked living in the centre and were supported to exercise their rights.

Residents were supported individually, to have weekly residents meetings, where they had the opportunity to make decisions about things they would like to do for the week ahead. This included activities, planning what meals they wanted to have and residents were informed about updates in relation to the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hazelbrook OSV-0005689

Inspection ID: MON-0049121

Date of inspection: 07/01/2026

## 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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A detailed review of all risk assessments and stress support plans will be completed by the Person in Charge. All documentation will be in place detailing the required controls to manage risk. To be completed by 30th March 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/03/2026