

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

Issued by the Chief Inspector

Name of designated centre:	Kare DC19
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 November 2025
Centre ID:	OSV-0008047
Fieldwork ID:	MON-0048880

About the designated centre

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

Kare DC19 provides a residential service for up to three adults with a primary diagnosis of intellectual disability, who may have a range of support requirements including physical support needs. The objective of the service is to support residents with their activities of daily living as well as identifying and encouraging involvement in meaningful social, leisure and personal development activities underpinned by a model of person-centred support. The designated centre consists of two premises, a bungalow house in a rural area of County Kildare with each resident having a private bedroom, a living room, dining area, kitchen and garden and a two-storey house situated in a large village with residents bedroom, staff office and sleepover room, living room and kitchen and dining area. The centre is staffed by social care personnel, with access to clinical services when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 November 2025	10:00hrs to 16:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings from an unannounced risk-based inspection completed in this designated centre. The inspection was carried out following the receipt of solicited information submitted by the provider to the Chief Inspector of Social Services. The inspection found that the centre had good governance and oversight systems in place which promoted a safe and good quality service for residents. This inspection found full levels of compliance with all regulations inspected. It was evident that residents living in the centre were engaging in activities of their choosing, with a consistent support team promoting individual choice while promoting residents rights.

The designated centre comprises two houses located in close proximity of one other, one situated a small distance away from a large town in County Kildare and the second situated within the town. The centre is registered for three residents, at the time of the inspection there were no vacancies. The centre is close to local amenities and both houses have access to full time vehicle use which benefits all residents. Residents in one house are within walking distance of shops, restaurants, local parks and public transport, with residents in the second house requiring a short drive to the nearest town. The inspector visited both houses that make up the designated centre on the day of inspection and had the opportunity to meet with two residents. One resident was at an appointment in Dublin and had planned to complete Christmas shopping with staff, the inspector did not have the opportunity to meet this resident during the course of the inspection.

The first house was a large bungalow and is home to two residents. The premises is divided into two separate living areas with both residents having access to their own kitchen and dining area, living room, individual bedroom and bathroom. Support staff discussed that on occasion both residents will meet for special occasions such as birthdays, but that both individuals request their own private living area and support staff. Residents have access to a large enclosed garden, to the rear of the house, the garden has a large trampoline and outdoor activities for residents to avail of. There is a small picnic area that residents can use during periods of warm weather.

The inspector met with one resident who was being supported by staff to get ready for the day. Support staff informed the inspector that the resident had enjoyed getting out of bed a little later than usual as they had attended the local disco the evening before. The support staff explained that the resident greatly enjoys attending the disco and that they enjoy the music and sound beats that come from the amplifier systems. The inspector observed the resident enjoying their breakfast and seeking staff to support them with some activities such as getting a drink ready after eating their food. Support staff helped the resident to use different applications on their electronic tablet communication system.

The inspector met with one resident who was sitting in their living room discussing their plans with support staff. The inspector greeted the resident and asked about

their plans for the day. The resident requested that the inspector view their visual communication plan, they talked the inspector through what they had planned for the whole day. The resident told the inspector that they like to see what is happening each day and what staff are in the house to support them and their peer member. The resident told the inspector that they had a big birthday party recently to celebrate a milestone birthday. They said that their family, friends, current staff and previous staff attended the party. The resident told the inspector that they like art and like to go out with staff. The inspector observed the resident to be at ease with support staff throughout their interactions.

In the afternoon, the inspector visited the second house. This house was a two-storey house in close proximity to a large town. The resident had access to a full-time vehicle, however, support staff explained that the resident would walk to a number of activities due to the locality of their home. The inspector found that the premises was decorated in line with the resident's own tastes with family pictures and art work on display. The resident had access to a small garden to the rear of the house and this was decorated with garden furniture.

The inspector found that residents participated in a number of activities both within the designated centre and the wider community. The inspector reviewed residents' goals and daily plans and found that they were participating in a number of activities such as shopping, meals out, attending shows, visiting family. One resident informed the inspector that they like to go shopping with support staff and often visit a number of the shopping centres in their local town. There was a clear focus on supporting family contact and connections, with support staff assisting residents with visits to family and making arrangements to celebrate important family events.

Residents had a variety of communication support needs and used speech, electronic systems, vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents' communications styles and preferences. The inspector observed that for residents the use of picture communication was essential, support staff were seen freely communicating activities throughout the day for residents with this system.

In summary, the inspector found that residents were happy living in their home and were being encouraged by staff to enjoy activities of their choosing both in their home and local community. The inspector found that the person in charge and support staff had put an emphasis on promoting meaningful relationships in the home, with family and the local community.

The next two 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 being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. Overall, there was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

There were a range of resources in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre audit plan, six-monthly unannounced audits by the provider, and an annual review of the service. The inspector found that clear learning was identified from the annual review and this information was utilised to further enhance service provision of residents.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to facilitate their choices. For example, the inspector observed residents and support staff detailing their plans for the day through the use of social stories and picture timetables. The inspector observed a resident completing their picture timetable throughout the day, with activities including going shopping and going out for lunch.

The inspector found that incidents were appropriately managed and reviewed as part of continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge ensured that incidents were notified in the required format and within the specified time frames.

Regulation 14: Persons in charge

The person in charge was employed full-time in this centre only. The person in charge was ensuring effective governance, operational management and administration of the designated centre.

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. Furthermore, the inspector found that the person in charge had a clear understanding of the assessed needs of each resident and was actively participating in supporting residents to achieve identified goals.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff team comprised of the person in charge, social care workers, and social care assistants.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts. The inspector found that the shift pattern was changeable in line with the needs of each resident in the centre. On review of rosters from August, September and October 2025, the inspector found that there was continuity of care provided to residents. Staff were familiar with the needs of residents throughout the centre. Staff spoken to on the day of the inspection told the inspector that they work with residents in both houses in the centre in order to ensure that residents get continuity but also that they get to meet all members of the team. Staff discussed that this is beneficial as it supports residents when staff are on planned leave or at times when there might be periods of sick leave in the centre.

There were visual rosters in place for residents in line with their communication needs and preferences. The inspector found that the residents also had access to a number of social stories around staff support in the centre and who to talk to if they had a concern or issue they wanted to address.

The inspector had the opportunity to speak with four support staff during the course of the inspection and found that they had a clear knowledge of the assessed needs of each resident. The inspector observed staff supporting residents to attend activities in the community, to use their communication systems and on review of documentation observed that staff had supported residents to make complaints to the provider when required. The inspector found that these complaints ranged from Internet connection issues and transport issues. The inspector found that each of these complaints had been acted upon and a satisfactory outcome was noted.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, manual handling, and safeguarding of vulnerable adults.

All staff were in receipt of formal and informal supervision and support relevant to their roles from the person in charge. The inspector reviewed team meetings from January to October 2025 and found that the person in charge was utilising team meetings as a form of shared learning for the staff team. For example, the team meetings were used to discuss psychology review completed with the behavioural support specialist on residents behaviour support plans. In addition, the person in charge had requested the community nurse to attend a staff meeting in September 2025 to review medication management within the designated centre to provide further support for staff.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2, Schedule 3, and Schedule 4 were maintained and were made available for the inspector to view.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

An annual review of the quality and safety of care had been completed for 2024, which consulted with residents, their families/representatives, and staff. The inspector found that the person in charge and staff team had identified feedback from families which included that their loved one would benefit from spending more time in their local community. In response to this concern the person in charge had identified the feedback as a complaint and had actioned appropriate measures to support the resident. The inspector reviewed a goal setting plan which was completed with the resident to identify a number of activities which could be included in their social plans. The inspector found that the resident was key to the process with staff clearly identifying activities that the residents enjoyed and times when they would like to relax within their own home. The inspector found that the support staff and person in charge had completed a number of social stories and

picture exchanges in order to further promote the individuals choice of activities. The annual review also highlighted positive feedback from residents who noted that they like their home and that they would make no changes.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. In addition, local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard. The provider also had in place a suite of audits, which included; medication, infection prevention and control and health and safety checklists.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found that the centre provided a homely, pleasant and warm environment for residents. It was evident that the person in charge and the staff met with during the inspection were aware of each residents' assessed needs and had the relevant training and knowledge required to meet those support needs. The inspection found that residents were provided with support to make daily choices and that residents were encouraged to participate in and try new activities within their local community with an emphasis on individual choice.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found that risk was well managed. All identified risks were subject to a risk assessment, with control measures in place to support residents and minimise risks to their safety or well being. Risk control measures were found to be proportionate, and supported residents to safely take positive risks. Furthermore, the inspector found that there was an emphasis on shared learning from adverse incidents amongst the person in charge and the support team. The inspector found that the provider was reactive to identified risks and had implemented appropriate reviews and control measures in order to support

residents.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant health and social care professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The registered provider had ensured that residents had access to media sources and technology.

Communication aids including visual supports such as picture exchange communication systems (PECS), social stories and visual timetables had been implemented in line with residents' needs and were readily available in the centre. The inspector reviewed a number of individualised PECS communication folders for residents including PECS for use at home, in the community, during seasonal activities and for holidays. The inspector reviewed timetables on display in the centre, with residents demonstrating to the inspector their plans for the day through their visual timetable.

The inspector spoke with staff during the course of the day and observed that staff were familiar with residents communication needs and were guided by both verbal and non-verbal cues including: body language and gestures. The inspector found that there was a consistent staff team in place which promoted each residents communication style.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre. Each resident had access to their

own living room, dining area, kitchen, bathroom and bedroom with one of the two premises divided into single occupancy for each resident. The inspector found that the designated centre was decorated in line with each residents individual taste. For example, art work created by residents, and pictures of loved ones and milestone events hung in the centre.

In one of the premises, residents had access to a large garden to the rear of the property. The garden in one house was fitted with a trampoline, football goals and picnic area. In the second premises, there was access to a small garden area, this was fitted with garden furniture. The resident also had access to exercise equipment to use at their leisure.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed a sample of reports related to adverse events, incidents and accidents which had occurred in the designated centre in August, September and November 2025. These records clearly described the nature of the incidents, the actions taken to de-escalate incidents and keep residents and staff safe, and actions and learning required following the events.

At the time of this inspection, the provider was in the process of gathering information and engaging with all relevant parties as part of a serious incident review, following a substantive incident in this centre. The provider committed to keeping the Chief Inspector updated on the conclusion or findings of this analysis when available. However, on review of the information available on the day of the inspection, the inspector was satisfied that the provider and person in charge had implemented appropriate control measures in place to support residents in the centre.

There was evidence that the person in charge carried out quarterly review of adverse incidents occurring in the centre and where required the information gathered from the review was used to update risk assessments and residents' care and support plans. The inspector reviewed minutes of staff meetings from May to October 2025 and found that shared learning from adverse incidents were further reviewed to promote safe practices.

The person in charge maintained a risk register which rated and set out control measures to mitigate risks related to the service and the service users. The inspector found that individual risk assessments for residents identified residents rights within their home and the residents right move freely both in their home and their local community while being supported by staff.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed fire risk assessments, records of practice evacuation drills, staff training records, personal evacuation plans, and equipment service records related to fire safety in this designated centre. The inspector also completed a walk through of both premises and observed evacuation routes, door closure mechanisms and fire containment features.

Staff spoken to were found to be knowledgeable in relation to evacuation procedures in the centre. Drill records indicated that residents and staff could exit safely and promptly in a house evacuation. One premises in the designated centre had not completed a night-time simulated fire drill, the inspector found that the person in charge had a planned simulated fire drill in place as part of ongoing training for the premises planned for 28 November 2025.

Residents' personal evacuation plans were routinely updated to ensure that they were accurate and reflected findings attained from drills and risk assessments.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for the management of each residents medication. The inspector found that support staff were knowledgeable and could discuss control measures and how to report a medication incident through the providers systems. The inspector found that there was clear learning as a result of medication errors or near misses that had occurred in the centre. The person in charge discussed medication management at team meetings and invited the provider's assigned nurse to staff meetings to discuss medication management and the safe administration of medication.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. Medication audits were being completed as per the provider's policy and any recommendations or findings from audits were a topic discussed within staff meetings.

The inspector found that all staff had received appropriate training in safe administration of medication for each resident in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' assessments of need, and found that they were comprehensive and up to date. The assessments were informed by residents, their representatives and multidisciplinary professionals as appropriate. The inspector found that when residents' presented with a changing need this was reviewed and updated in their assessment and aligned with the relevant support plan.

The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Communication
- Dental
- Emotional and physical health
- Fun and leisure

The inspector reviewed resident and key worker meetings that were occurring in the centre on a monthly basis. The inspector found that these meetings reviewed residents current personal planning goals and highlighted actions to be taken in order to achieve plans in place.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

The inspector reviewed two preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant