



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

Issued by the Chief Inspector

Name of designated centre:	Leixlip Oaks
Name of provider:	Brindley Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	24 July 2025
Centre ID:	OSV-0008799
Fieldwork ID:	MON-0045700

About the designated centre

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

Leixlip Oaks is a designated centre registered to provide full-time residential care and support for up to two adults with autism spectrum, intellectual disability or acquired brain injury diagnosis, including those with mental health or responsive behaviour support needs. The objective of the service is to provide a home-like environment which enables each resident to participate in recreational activities within the centre and the local community that they choose. The centre consists of a two-storey house in a residential area of County Kildare, with each resident having a private bedroom and access to shared kitchen and living room areas. The residents are supported by a full-time team of social care personnel.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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 24 July 2025	10:10hrs to 18:10hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with both residents in the centre and to speak with their direct support staff team. The inspector also observed interactions in the centre and reviewed documentary evidence of residents' activities, outings, hobbies and goals, as evidence to indicate the lived experience of residents living in this designated centre.

The inspector met one resident who was preparing to go out for the day to visit a men's shed and to spend time with their family. The resident chatted to the inspector for a while, and talked about what they liked to do in the house and in their community. They said liked the house and got along well with their staff team. During the day they actively sought out preferred team members to support them with their tasks. The inspector observed mutually respectful interactions between the resident and staff members during the day. The resident had recently purchased a comfortable recliner sofa for their living space and showed the inspector the settings and functions on it and how it could also be used to charge their electronic devices.

Before living in this designated centre, the resident had been living in a nursing home. The inspector was provided examples of how the staff team were working with the resident to regain their independence which was reported to have been negatively impacted by this setting. For example, having transitioned to the centre it was identified that the resident did not require the use of incontinence wear and use of these had stopped and the resident had returned to using the bathroom independently. The provider was also supporting the resident to obtain assessment for replacement dentures and glasses. The inspector observed that the resident was supported to understand their healthcare needs and had been prepared to make informed consent on an upcoming medical procedure.

The inspector met with another resident through the day, who did not wish to participate in the inspection and spent the day either asleep or watching television. The inspector spoke with multiple staff members who advised that the resident had stopped engaging with many of their social engagements. They also required increased support to encourage them to maintain a healthy routine in their personal hygiene and establishing a sleep pattern, with staff giving examples of how the resident often stayed awake all night and slept during the day, and could go for extended periods of time without showering or brushing their teeth. While staff were trying to support the resident, and gave anecdotal examples of ideas they had each used to encourage participation in healthy routines, they explained that the guidance and personal care strategies set out in personal plans had been largely ineffective in practice.

Both residents were involved in tidy town initiatives in their local area, and also met up with friends from another service nearby. One resident enjoyed drives to parks, beaches, lunch out and to watch planes at the airport. They wanted to travel and

the provider was in the process of supporting them to get a passport, so they could fly on a plane for the first time. The resident was registered to vote in their community and there was an action required to have it changed to their current address.

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

Capacity and capability

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013), follow up on solicited and unsolicited information received by the Chief Inspector of Social Services, and to follow up on actions taken by the provider following non-compliant findings of a previous inspection in December 2024. In the main, while some areas still required development, there had been an overall improvement in the systems which facilitated the team to identify, report and record incidents, concerns and changes in care and support needs.

Staff commentary and inspector observations indicated that there had also been improvement in the governance structure, operational oversight and formal staff supervision. The centre was appropriately staffed with minimal reliance on contingency measures, and staff were subject to regular meetings with their line manager and with each other.

During the time following the departure of one person in charge and the commencement of their replacement, the centre had been overseen by the house manager, who was generally familiar with their role and responsibilities. The inspector also spoke with the incoming person in charge who was meeting the staff team and residents for the first time, who held the appropriate qualifications and experience for this role.

While documentary evidence was more readily available following actions taken from the previous inspections, some gaps were observed in the timeliness of actions from audits, the commencement of the annual report for this designated centre, and the notification of incidents to the Chief Inspector.

Regulation 14: Persons in charge

The person in charge had commenced in their role the day before this inspection and were in the process of being inducted and introduced to the staff and residents.

They were suitably qualified for the role of person in charge per the requirements of this regulation, and were appropriately experienced in leadership and management roles in health and social care settings.

Judgment: Compliant

Regulation 15: Staffing

The inspector was provided evidence of residents' assessed needs and how the service was funded for staff, and reviewed six weeks' worth of worked rosters. At the time of this inspection, the centre had a full complement of front-line staff recruited based on residents' assessed support needs, including residents requiring a specific allocation of staff during the day or waking night shifts. Centre rosters indicated that shifts could be filled consistently without requiring use of contingency resources. The inspector spoke with all staff members on duty during this inspection, and in the main the team demonstrated a good knowledge of residents' assessed needs and the duties required of their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

Following the non-compliant findings of the previous regulatory inspection, the inspector observed examples of how the provider had implemented improvements in the oversight and accountability of the service operation. There was a clear management structure in place and staff met on this inspection commented, that in 2025 there had been an overall improvement in the support received from management, and clarity on recording and reporting systems. The inspector reviewed a sample of governance meetings between local and provider management, and meetings held locally among centre management and staff. These records demonstrated discussions of incidents, complaints and concerns, residents' needs, and where staff required additional training. Formal structured supervision meetings had commenced for a sample of five staff members including those on their probationary period. These included actions for staff pursuant to their competencies and continuous development in their respective roles.

The provider told the inspector that the annual report for this designated centre had not yet been started. The provider had conducted an inspection on the quality and safety of care and support provided in the centre in April 2025. This report highlighted areas in which action was required to come into compliance with regulations, standards and provider policy. However, many of the actions set out were not measurable or specific, and did not consistently identify timeframes in

which the actions were to be completed. Some of the actions required from this report had not been progressed at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for this centre, which had been most recently updated 24 June 2025. While the statement of purpose contained information required under Schedule 1 of the regulations, information related to services provided did not accurately reflect the staffing complement of the designated centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the records of incidents, accidents and concerns raised related to the residents in this designated centre. The inspector observed evidence to indicate that the provider had not reported notifiable events to the Chief Inspector in accordance with the requirements of this regulation. This included examples of resident injuries, concerns related to financial discrepancies, and allegations of staff misconduct.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector reviewed records of complaints made in or about the designated centre. In the main, the provider demonstrated evidence that relevant parties has responded to the complainant and taken action to resolve the matter and be assured that the complainant was satisfied with the outcome. Complaints were discussed in governance meetings to identify actions required to reduce risk of repeat concerns.

Judgment: Compliant

Quality and safety

The inspector observed mixed levels of improvement in regulatory compliance following the previous inspection. While the provider had appropriate systems in effect to ensure that supports related to health and medical needs were being met, improvement was required in the ongoing development of risk analyses and care and support planning related to changing personal and social care needs.

The provider had conducted their assessment of care and support needs for both residents and in the main these plans were informed by multidisciplinary input and with notes added by staff. However the inspector observed examples of gaps in care planning, plans which did not reflect the current care needs of the residents, and plans which contradicted each other. Where the inspector observed and was told that some care plans were not effective in achieving the desired outcome for the resident, they had not been evaluated and reviewed accordingly.

The inspector observed that staff supported residents to access their community, manage their belongings and plan out their meals and outings. While some goals required development to set out specific and measurable steps towards completion, the outcomes identified were appropriate to the wishes and aspirations of residents.

There had been an improvement in the incident reporting and risk management structures in the service since the previous inspection. Systems available to staff had ensured that incidents were reported in a detailed and timely fashion, and the house manager demonstrated how they took action to be assured that staff conduct, financial safeguards and medication errors were in line with good practice. The inspector observed some risk assessments which had not been created, had not been updated to reflect changing needs, or where the risk rating was not reflective of the current active risk or recent incidents. A suite of risk controls set out to protect staff from identified risks and support healthy routines had not been implemented in practice in the weeks leading up to this inspection.

Regulation 13: General welfare and development

Following the findings of the previous inspection, there had been a decrease in the level of activation of one of the residents in their community. They no longer attended a day service and had stopped attending much of the outings and activities supported by their direct staff team. The inspector reviewed three weeks of planned activities and the daily notes indicating what the resident did, and observed that many planned activities did not take place, and many days were planned as "free days" in which nothing was arranged. As referenced elsewhere in this report, staff told the inspector that the resident was not engaging in healthy routines related to sleep or hygiene, which had had an impact on their social engagements. There was a lack of development of the resident's care plan to guide staff on how this could be addressed.

Another resident enjoyed a routine which included a men's shed, staying in frequent contact with family and friends, and going to parks, beaches and lunches out. They had been supported by staff in objectives such as attaining a passport to travel abroad for the first time. The staff had also supported the resident to rebuild their independence which the resident reported had been negatively affected by time spent in a nursing home.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector observed examples of how the local management was responding to adverse incidents or concerns, including measures to address identified concerns such as allegations of staff sleeping on shift, periodic checks on how money was spent, and errors in medication administration. Incidents and accidents involving residents were recorded locally and discussed at team meetings to identify any trends or patterns of concern.

The provider maintained a register of active risks in the centre, setting out nature of the risk, and control measures required to bring the risk rating to an acceptable level. Some identified resident risks had not been subject to risk assessment, and some risks were rated low despite the control measures not being effective in practice as referenced elsewhere in this report.

The inspector observed a risk assessment which had been composed in response to a recent safety concern related to staff allocation. This assessment was detailed and set out multiple risk control measures to protect people in the centre. However, the inspector observed that of the 20 days since the risk controls had been set out, they had not been implemented in eight of the days in practice to protect the staff and the residents in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed assessments carried out to identify the health, personal and social care and support needs of both residents, and the associated plans and staff guidance from same. The inspector also spoke with all staff on duty during this inspection and reviewed personal plans with them.

The provider had developed support plans for key aspects of the residents' personal needs, including support for specific healthcare needs such as epilepsy and wound care, and information on residents' personal and intimate support needs. Where

necessary, there was evidence that the multi-disciplinary team had contributed to these plans, though some support plans had not been updated to reflect the most recent clinical recommendations following appointments or reviews. The inspector observed some contradictions between assessments and personal plans regarding levels of required supports and independence. For goals reviewed on life enhancement wishes such as going on holidays, the outcome had been set out however there was limited specific, time bound and measurable steps set out for the team to progress this outcome. Other sections of the residents' needs had not yet been filled or retained the generic template text, for example, residents' vaccination status and behavioural support needs.

Staff informed the inspector of where one of the residents required additional support to maintain a healthy sleep pattern, engage in personal hygiene activities, and engage in meaningful and stimulating activation in the community. Where plans were created in response to these needs, the inspector observed that they had not been updated to reflect the current support needs of the residents. Staff and management told the inspector that the support plans were not effective in achieving the desired outcome and that the resident did not engage with them. The inspector reviewed evaluation notes for the relevant care plans, which noted changes made to the text of the plans, but did not evaluate the effectiveness of the support strategies in place, or identify where plans were not working. Where staff were advised to encourage the resident to engage in healthy routines, there was limited specific information on how they would do so. Each staff member who spoke with the inspector verbally gave examples of where they had individually had some success, but this had not contributed to development of strategies to support consistent engagement.

Judgment: Not compliant

Regulation 6: Health care

The inspector observed evidence that both residents had access to a general practitioner (GP) with an action in place to attain one closer to this house for one resident. As part of the comprehensive assessment of need, residents were subject to assessments to identify their needs related to nutrition, skin integrity, epilepsy, chiropody, mobility and falls risk.

The inspector observed evidence that residents were attending appointments with their dentist, and where residents were supported to go for X-rays and be fitted for new dentures. One resident was eligible for the national screening service and the inspector was provided evidence that they had availed of these services. Where residents were eligible for discounts on items such as glasses through their medical card, this was also supported. At the time of this inspection, one resident was awaiting a date for a surgical procedure. The inspector observed evidence that this had been discussed with the resident, including the potential risks and recovery

period involved, as well as the benefits to them of getting it done, to support them to make an informed decision.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant

Compliance Plan for Leixlip Oaks OSV-0008799

Inspection ID: MON-0045700

Date of inspection: 24/07/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual report has now been finalised – complete A SMART action plan to address areas for improvement identified in the provider visit in April has been developed and actions will be fully complete by 30th September 2025.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: By 31st August 2025, the Statement of Purpose will be updated to reflect the current staffing complement of the centre- complete	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Incidents are being monitored daily by the PIC and deputy to ensure that all incidents are reported in a timely manner and notified in accordance with regulations- complete	

and ongoing.

Training will be completed by 31st October 2025 to ensure that all investigations are completed comprehensively with due regard for the safeguarding of residents

Regulation 13: General welfare and development

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

The assessments and care plan for the individual have been updated to reflect the individual's specific needs and preferences and to guide staff in their support of the individual- complete

Staff have all been made aware of the needs of the individual and given strategies to optimise their welfare and development, in consultation with the individual and their key worker- complete.

The individual's key worker as well as the PIC and deputy are working with other service providers and social groups to identify opportunities for social engagement and meaningful activity that meet the needs of the individual- complete and ongoing

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Training in risk management will be provided to all staff by 31st August to ensure that they are aware of the importance of identifying, measuring and controlling risk and how this is documented, in accordance with agreed policies.

A system will be in place by 31st August 2025, to ensure that weekly reviews of the risk register are completed by the PIC and PPIM and that agreed controls are implemented or reviewed and updated.

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A review of support plans has been completed to ensure that all are up to date, comprehensive, reflect each individuals' current assessed needs and preferences and accurately and specifically set out the measurable actions to guide staff in their support of the individuals- complete</p>	

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/08/2025
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/08/2025
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/09/2025

	management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/09/2025

Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Substantially Compliant	Yellow	30/09/2025
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	31/08/2025
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	31/08/2025
Regulation 31(1)(f)	The person in charge shall give	Not Compliant	Orange	31/10/2025

	the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	31/10/2025
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/10/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident	Not Compliant	Orange	31/08/2025

	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.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	31/08/2025