

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

## Issued by the Chief Inspector

Name of designated centre:	Grancore
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	11 April 2025
Centre ID:	OSV-0001520
Fieldwork ID:	MON-0046534

## About the designated centre

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

The statement of purpose describes the services as providing a home to five adult residents both male and female, with acquired brain injuries (ABI). The purpose is to provide specialist neuro-rehabilitation to the residents, readjustment to daily life and community living, regain or learn new skills to manage everyday life following an injury. The supports available are entirely based on each individual's need. There is access to specialist clinical supports via the local community services, national neurological services and ABIs own service including psychology and occupational therapy. The service is open and staffed on a 24/7 basis with high staff ratios to support the residents. The designated centre is a spacious, detached three story house on its own grounds in a rural setting. There were pleasant, large and private gardens to the front and rear of the house, including parking for several cars. There were ramps at the entrances to the house, and the corridors were wide so as to accommodate wheelchair users. Each person living there has their own bedroom and en-suite. The accommodation comprised two apartments containing a bedroom, bathroom and living room which were entered via the main accommodation. There were three further bedrooms, sitting room and en-suites for the residents on the second floor. The third floor is not used to accommodate the residents but contains office and storage space. There were various communal areas, including a large kitchen/dining room, living rooms, sun-room and a utility room. The lay-out of the accommodation is such that the residents can have communality access in the main areas as they wish, but also private time to engage in their own preferred activities in private if they wish.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Friday 11 April 2025	09:45hrs to 15:30hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

From what residents told them, and what the inspector observed, this was a well-run centre where residents were leading busy lives, making decisions and choices in their day-to-day lives and engaging in activities of their choosing. This unannounced inspection was completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019). The inspection was completed by an inspector of social services over the course of one day. The inspector had an opportunity to meet and communicate with the three residents living in the centre, three staff members, the person in charge and a person participating in the management of the designated centre (PPIM). Overall, the inspector found that the team were implementing the provider's systems effectively to ensure they had good oversight in respect to safeguarding in this centre. This inspection had positive findings, with full levels of compliance with the regulations inspected.

Grancore is a neuro-rehabilitation service providing full-time residential care for up to five residents with an acquired brain injury. The centre comprises a three storey house on its own grounds on the outskirts of a village in County Wexford. On the ground floor there are two self-contained apartments which have a sitting room, bedroom and bathroom. One of these apartments had a multisensory room with equipment, sensory toys, different lighting options and aromatherapy oils. There is also a communal kitchen, dining room, utility room and sun room on the ground floor. On the first floor there is a self-contained apartment with two bedrooms, a sitting room and a bathroom. There is also a further bedroom and two offices on the first floor. The second floor is used exclusively for office space. Residents have access to televisions, mobile phones, books, computers and music systems. There are two vehicles to support residents to attend appointments, take part in activities and to access their local community.

There were three residents living in the centre on the day of the inspection. During the inspection, the inspector of social services had an opportunity to engage with each of them and to observe them as they went about their day. They had a variety of communication support needs and used speech, mobile phone applications, vocalisations, facial expressions, and body language to communicate. In line with their communication support needs and preferences, two residents told the inspector what it was like to live in the centre and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of the third resident.

Over the course of the inspection, the inspector observed that there was a warm, friendly and welcoming atmosphere in the centre. On arrival, the inspector was greeted by staff and a dog who spends time in the centre on a regular basis. Later in the day, the inspector observed residents interacting positively and spending time

with the dog.

Residents informed the inspector that they liked living in the centre, felt safe and were well supported by the staff team. They informed the inspector that staff were encouraging and supportive. They described them as "great", "helpful", respectful", and "good people".

Residents spoke about the important people in the lives, their hobbies and interests and the supports that were in place to enable them to explore their community. They spoke about making choices and decisions on a daily basis. From what the inspector observed, residents dictated the pace of the day. They got up when they wished to, had meals and snacks when it suited them and went out and about, if they wished to. During the inspection residents were engaged in a number of activities in their home or in their local community. They were observed making snacks and drinks, relaxing watching moves or listening to music, and coming and going to appointments and out for meals and snacks with the support of staff.

Residents could choose to take part in day services on a sessional basis. For example, one resident was attending woodcarving on a regular basis, one resident had tried wire sculpture and one resident liked to attend social events run by the day service. Based on a review of residents' plans they were engaging in their local community on a regular basis. For example, they were attending mass, going to the local shops, using local services such as hairdressers, meeting and spending time with their friends and family, horse therapy, attending the local men's group and taking part in local events such as the St. Patrick's day parade.

Staff were observed to respect residents' privacy in their home. They were observed to knock on residents' apartment and bedroom doors before entering. Staff who spoke with the inspector used person-first language and focused on residents' strengths, talents and how they contributed to their home and community. In addition, throughout the inspection, staff were observed to be very familiar with residents communication styles and preferences. They were available to residents should they require support. They were observed spending time with residents, affording them space if they wished to spend time alone, to encourage their independence and to take time to listen to them and support them to make choices and decisions.

There were easy-to-read documents available about areas such as, complaints, residents' rights, how to access advocacy services, and safeguarding. There were picture rosters and menu planners on display. There was also an information board for residents in the sunroom which display information on upcoming events, activity ideas, the minutes of residents' meetings, the statement of purpose and residents' guide.

Resident and family input was sought as part of the provider's annual and six-monthly reviews. The feedback from residents indicated they were happy in their home, and with staffing supports. Resident feedback was also sought at keyworker meetings and discussed at monthly staff meetings. Their feedback related to the progress of their goals, maintaining their independence, restrictive practices,

choices, activities, mealtimes, staffing, menu planning and shopping, complaints and compliments and safeguarding.

In summary, it was evident that residents living in this centre were receiving a high quality service which was promoting their rights, and ensuring that they were safeguarded. Residents described what was important to them and how they were supported to achieve their goals, and to stay safe. Residents appeared to be comfortable and content in their home.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

The inspector found that this was a well-run service where residents' rights were respected and upheld. There were an appropriate number of staff who had the necessary skills and experience to support residents. The provider supported staff to be aware of their roles and responsibilities in relation to the care and support they provide for residents. The inspector found that staff had access to training and refresher training in line with the organisation's policy, including safeguarding training. Information was shared with the staff team through detailed handovers, email and staff meetings to ensure that all staff were kept informed of residents' wishes and goals, any control measures in place to keep them safe and on any developments in the centre.

The provider had effective governance and management arrangements in place to assure itself that a safe service was being provided to residents. There were clear lines of responsibility and accountability. Staff meetings, area-specific audits, the provider's annual review and six-monthly review, all included a review of safeguarding and trending of incidents.

Overall, the inspector found that the focus in this centre was on moving beyond compliance. The person in charge had a quality improvement plan and the actions from this plan were bringing about improvements in relation to the residents' home and their quality of life. For example, plans were in place for the health promotion officer to provide bespoke education with residents around maintaining a healthy diet and lifestyle. Following this a nutrition day was due to be held monthly where recipes, food of the month and healthy eating guidelines would be discussed. In addition, fundraising had been completed and grants applied for to make the outdoor spaces more attractive and accessible for all.

## Regulation 15: Staffing

The centre was fully staffed in line with the statement of purpose. There was one staff on extended planned leave. The provider was ensuring continuity of care and support for residents while they were on leave. Part time staff were completing additional hours and two regular relief staff were covering the remaining shifts.

There were planned and actual rosters and a sample of two months rosters in 2025 were reviewed. These demonstrated that all the required shifts were covered by regular or relief staff. These rosters identified when staff were rostered for keyworking and administration days to ensure they could complete paperwork without impacting the care and support for residents.

A sample of three staff files were reviewed and these were well-maintained and contained the required information. This included Garda or police vetting, reference checks and valid identification for staff.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and a sample of 4 certificates of training for two staff. 100% of staff had completed safeguarding training. In addition, four staff had completed human rights training and two staff had completed training on the Assisted Decision-Making (Capacity) Act 2015.

The inspector spoke with two staff who reported that they were well supported by the local management team and aware of how to report any concerns they may have. The inspector reviewed a sample of supervision records for two staff and found that discussions were held regularly about staff's roles and responsibilities, residents' goals and wellbeing, complaints and compliments, incidents and safeguarding.

The inspector also reviewed a sample of staff meeting minutes, which demonstrated staff' commitment to, maintaining a safe environment for residents, ensuring they were satisfied with care and support in the centre, developing and maintaining their independence, making choices and decisions once they are made aware of benefits and potential risks, and engaging in activities they enjoy on a regular basis. Complaints, compliments, incidents and accidents, risk management, resident feedback and safeguarding were regular agenda items at staff meetings.

Judgment: Compliant

### Regulation 23: Governance and management



The inspector found that the provider was successfully implementing a number of control measures to reduce presenting risks relating to incidents, accidents and safeguarding in this designated centre. There was a clear focus on promoting residents' safety and wellbeing.

The person in charge also identified as such in another designated centre operated by the provider. Based on a review of rosters and discussions with residents and staff it was evident that they were present in this centre on regular basis. They were supported in their role by a full-time team leader who is additional to the staffing compliment. They both receive support and supervision from persons participating in the management of the designated centre, including a national service manager and a national safety and practice development manager. There was an on-call manager available out-of-hours.

The provider's last annual review and two six-monthly reviews were found to be highlighting areas of good practice and areas where improvements were required. The actions from audits and reviews were being tracked in a quality improvement plan.

Judgment: Compliant

## Quality and safety

The inspector found that the provider was making every effort to implement the principles outlined in the National Standards for Adult Safeguarding to ensure residents were receiving a service which promoted and upheld their rights. Residents had things to do and things to look forward to. If and when they wished to, they were engaging in activities they found meaningful. Their experience of care and support in the centre was being captured on a regular basis.

Residents had support and risk management plans which had considered their safety and safeguarding. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. Where possible, they were reduced or eliminated. Residents were kept informed of the supports available to them in a manner that was meeting their communication needs and preferences. They were supported by the relevant health and social care professionals such as consultants, general practitioners, occupational therapists, physiotherapists and speech and language therapists.

Residents rights were recognised and promoted and they were supported to engage in shared decision-making about their care and support. They were supported by staff to understand how to reduce the risk of harm and maintain their health and wellbeing.

## Regulation 10: Communication

From a review of the residents' plans, they had their communication needs assessed and those who required it, were supported by a speech and language therapist. They had a communication section in their care plan which described how staff should present information to them in a way that best suits their communication needs, styles and preferences.

Residents were supported to access equipment and technology to support them to communicate. For example, one resident used a mobile phone application to augment their communication and another resident had an application on their phone to magnify text. Plans were in place for another resident to get a tablet computer to support them to look at their photos.

Judgment: Compliant

## Regulation 17: Premises

The provider had considered safeguarding in ensuring the premises was designed and laid out to meet the number and needs of residents. Each resident had their own apartment and there were a number of private and communal spaces where residents could choose to spend their time. In each apartment, the art work and soft furnishings contributed to how homely and comfortable they appeared. They had photos and art work which reflected their interests. For example, one resident who loved animals had pictures of different animals and photos of them with their favourite animals.

The grounds around the house were large and well maintained. There were a number of outdoor seating and patio areas, a pollytunnel which was used by a local men's club, outdoor gym equipment which had just been installed, a tennis court, a sensory garden and an accessible pathway around a large garden area with mature shrubs and trees. As previously mentioned a number of works had been completed to make the grounds more attractive and accessible for residents and further enhancements were planned.

Judgment: Compliant

## Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There were systems to identify, assess and manage risks in the centre. The inspector reviewed the centre-specific risk register

and 16 general and individual risk assessments. These outlined control measures which mitigated against risks in the centre. Risks were discussed at staff meetings to ensure staff were knowledgeable about risks and the controls in place to address these risks.

Safeguarding was recognised as a risk, and there was a general risk assessment in place. In addition, where specific risks presented for residents, plans were put in place to ensure each person's safety in areas such as finances and personal and intimate care. As outlined in other areas of the report, there was evidence of positive risk taking which meant that residents were engaging in activities of their choosing, including those which contained elements of risk.

Incidents and accidents were documented and reported. They were monitored by the management team and it was evident that follow up actions were taken and learning was shared with the team at handover and staff meetings.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector viewed each of the residents' assessments and personal plans. Where necessary safeguarding risk assessments and plans were developed and reviewed. From what the inspector read, heard and observed, residents were supported to make decisions and choices. They were involved in the development and ongoing review of their personal plans.

Residents were meeting with their keyworkers on a regular basis and developing and reviewing their goals. They were supported to attend appointments and to access health and social care professionals in line with their assessed needs. For example, one resident was attending an appointment with a speech and language therapist during the inspection.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a behaviour support and restrictive practice policies in place. There were a number of restrictions in the centre such as a locked gate (at specific times), and a low level physical hold to support one resident at specific times and in specific situations. Residents' support plans demonstrated a clear rationale for any restrictions which were in place in addition to criteria for reducing and eliminating these practices, where possible. The inspector reviewed a restrictive practice register, restrictive practice risk assessments and intervention plans for residents, a

restrictive practice log, and an audit of restrictive practices. Restrictive practices were discussed regularly with residents at keyworker meetings.

The inspector reviewed a residents' positive behaviour support plan which was sufficiently detailed to guide staff practice. It detailed proactive and reactive strategies and when and how restrictive practices should be implemented.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured policies and procedures were in place to ensure residents were safeguarded from abuse. Significant efforts were being made to ensure that residents' finances were safeguarded. For example, residents were supported by staff to complete regular balance checks of their income and expenditure. If they wished to, staff supported residents to develop and implement a weekly budget.

The inspector reviewed a centre-specific safeguarding plan which outlined potential vulnerabilities for residents and a number of preventative measures which were in place. These measures included capturing residents' feedback on safeguarding which was discussed at staff meetings, a regular safeguarding audit was being completed by the local management team, staffing supports 24/7, risk assessments, behaviour support plans and intimate care plans.

The inspector reviewed the three residents' personal and intimate care plans. These were detailed and gave staff clear guidance on what level of support residents needed in different care routines, what restrictive practices may be required and how to implement them, and how to ensure that their privacy and dignity was maintained.

Two residents communicated with the inspector about how happy and safe they felt in the centre. They were aware of who to go to if they had any concerns or worries. Two staff who spoke with inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

As outlined throughout the report, there was a positive approach to risk taking in the centre and residents' rights to make decisions. Residents were supported to assess risks associated with choices they made to help them weigh up the benefits and potential harms. For example, residents referred to steps staff take to encourage their independence. One resident spoke about spending time with staff

discussing the benefits of healthy choices. They spoke about reviewing risks with staff and engaging in positive risk taking. Another resident discussed regularly cooking their own meals, collecting their medicines from the pharmacy and self-administering their medicines.

Residents were observed making decisions on their daily routines, and activities they wished to take part in. They were being supported to develop short and longer-term goals. Their right to access information was promoted and upheld. For example, as previously discussed there was easy-to-read information on display in communal areas. Complaints and safeguarding were regularly discussed during keyworker meetings. There was information available and on display in relation to the local complaints process, how to access independent advocacy services, the confidential recipient and the Ombudsman.

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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant